

Steyning Medical Practice New Patient Form

Welcome to Steyning Medical Practice

We are sorry that this form may seem a little daunting but we would be grateful if you would complete it carefully.

1. Personal details

Please complete in black ink

First name(s)		Surname			
Title		Previous surname			
Date of birth		Ethnic origin		Language	
Address <small>IF CROFT MEADOW RESIDENT – PLEASE STATE FLOOR</small>					
Post code		Key safe code			
Home telephone		Work telephone			
Mobile					
Email address					
NHS number		Occupation			

2. Communication method consent

Voicemail	I give consent for my Practice to leave me a voicemail message	Yes / No
Mobile	I give consent for my Practice to send me an SMS message <i>(including appointment confirmation, reminders and test results)</i>	Yes / No
Email	I give consent for my Practice to send me an email	Yes / No

If you wish to withdraw or amend any of your consent choices, please contact the admin office on 01903 843400

3. Relationships

Marital status	Single / Married / Living with Partner / Divorced / Widowed
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Next of kin		Please state relationship	
Address			
Telephone number			

Are you a carer?	Yes / No	For whom?	
Address			
Are they registered at this practice?	Yes / No	Please ensure the person you care for has given their written consent for us to discuss their condition with yourself	

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Do you have a spouse, partner or carer etc. with whom you would like us to be able to discuss your past or future medical problems? Yes / No		Please state relationship	
Name of above			
Address			
Are they registered at this practice?	Yes / No	Please sign here to give us consent for us to discuss your medical condition with them	
Telephone number		Signature	

4. Medical history

Problem	Date of onset (approx.)	Problem	Date of onset (approx.)
<input type="checkbox"/> Asthma		<input type="checkbox"/> Chronic Kidney Disease	
<input type="checkbox"/> Cancer		<input type="checkbox"/> Lung disease (COPD)	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Heart Disease		<input type="checkbox"/> High Blood Pressure	
<input type="checkbox"/> Stroke		<input type="checkbox"/> Mental Health Problems	
<input type="checkbox"/> Thyroid Disease		<input type="checkbox"/> Learning Difficulty	

Please list any other significant medical history and, if possible, please provide the approximate date.

Do you have any communication/information needs relating to disability, impairment or sensory loss, if so what are they? (E.g. Deafness, Blindness etc.)

What is the best way for the practice to communicate with you? (E.g. Large print / sign language etc.)

Please sign below to give consent for the practice to share the above communication needs with other NHS providers.

Signature:

Please advise us of any family history of significant illness (e.g. cancer)

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5. Medication

Please list all medication you are taking currently and include a repeat prescription slip, if possible.

PLEASE ENSURE THAT YOU OBTAIN AN ADEQUATE SUPPLY OF YOUR MEDICATION FROM YOUR PREVIOUS PRACTICE PRIOR TO REGISTERING AT STEYNING MEDICAL PRACTICE

Medication	Dose	Times per day

6. Prescriptions / Medication – Prescriptions are now sent to your chosen Pharmacy electronically

Where would you like to pick up your medication from: (You may change your nomination at any time, but if you do not select a pharmacy, we will allocate you Paydens, Steyning as a default)				
Paydens, Steyning		Upper Beeding Pharmacy		Ashington Pharmacy
If you would like to nominate a different Pharmacy elsewhere in England please provide the full address:				

7. Allergies

Do you have any allergies? **Yes / No**

Details and nature of the reaction:

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8. Exercise

General Practice Physical Activity Questionnaire (GPPAQ)*

Please tell us the type and amount of physical activity involved in your work. Please tick one box that is closest to your present work from the following five possibilities:

		Please mark <u>one</u> box only
A	I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)	
B	I spend most of my time at work sitting (such as in an office)	
C	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	
D	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)	
E	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	

During the last week, how many hours did you spend on each of the following activities?

Please answer whether you are in employment or not

		None	Some but less than 1 hour	1 hour but less than 3 hours	3 hours or more
A	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.				
B	Cycling, including cycling to work and during leisure time				
C	Walking, including walking to work, shopping, for pleasure etc.				
D	Housework/Childcare				
E	Gardening/DIY				

How would you describe your usual walking pace? Please mark one box only.

Slow pace (i.e. less than 3 mph)		Steady average pace	
Brisk pace		Fast pace (i.e. over 4mph)	

*The GPPAQ is ©Crown copyright. Reproduced under the terms of the Open Government Licence

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9. Height and Weight

Height _____ Weight _____

If you do not know your height and weight there is a machine in the first floor waiting room

10. Smoking:

A smoker Ex-Smoker Never smoked
 Cigarette smoker Pipe smoker Cigar smoker E- cigarette smoker

If you are an ex-smoker in which year did you give up? _____

If you are a smoker, how many a day? _____

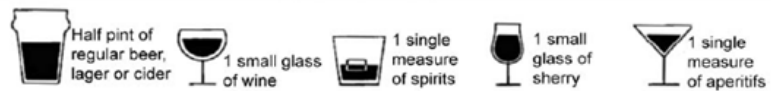
We provide a smoking cessation service at Steining Medical Practice and we would recommend you to use this service to aid you in giving up smoking, should you wish to. For a phone call regarding this service please tick this box

11. Alcohol:

Please tick the answers that are correct for you:

1 unit of alcohol is approx. ½ pint average strength beer/lager or 1 small glass of wine or 1 single measure of sprit

This is one unit of alcohol...



...and each of these is more than one unit



How often do you have a drink containing alcohol?				
Never <input type="checkbox"/>	Monthly or less <input type="checkbox"/>	2 - 4 times a month <input type="checkbox"/>	2 - 3 times a week <input type="checkbox"/>	4 or more times a week <input type="checkbox"/>
How many units of alcohol do you have on a typical day when you are drinking?				
1 or 2 <input type="checkbox"/>	3 or 4 <input type="checkbox"/>	5 or 6 <input type="checkbox"/>	7 to 9 <input type="checkbox"/>	10 or more <input type="checkbox"/>
How often do you have 6 or more units on one occasion?				
Never <input type="checkbox"/>	Monthly or less <input type="checkbox"/>	monthly <input type="checkbox"/>	weekly <input type="checkbox"/>	Daily or almost daily <input type="checkbox"/>

Alcohol can be detrimental to your health; we can provide help to those whose drinking poses a health risk. Please book an appointment with a GP if you would like to discuss this further.

12. Blood Pressure

If you are 16 or over, please take your blood pressure using the machine in the first floor waiting room.

The machine will print out your reading on a ticket, please hand it into reception with this form.

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13. Summary Care Record – your emergency care summary

Please read the leaflet enclosed at the back of this form.

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely. Also, if you specifically choose to do so, your Summary Care Record can hold other information you have agreed with your GP Practice to have included.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, the doctors treating you will have immediate access to important information about your health.

For more information talk to our Patient Advice and Liaison Service (PALS) (0300 303 5678), or ask for a leaflet from the reception desk. You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

Children under 16 will automatically have a Summary Care Record containing details of medications, allergies and bad reactions created for them unless their parent or guardian chooses to opt-out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Summary Care Record Options	Please Tick
YES I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had	
YES I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had AND any other information that I have agreed with my GP Practice to have included in my Summary Care Records	
NO I do not want a Summary Care Record	

If you do not return this form, a Summary Care Record will be created for you based on implied consent.

What does it mean if I DO NOT have a Summary Care Record?

- NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.
- Your records will stay as they are now, with information being shared by letter, email, fax or phone.
- If you have any questions, or if you want to discuss your choices, please contact your local Patient Advice Liaison Service (PALS); or contact Steining Medical Practice.

Signed:

Date:.....

Steyping Medical Practice New Patient Form

14. Sharing Your Data – Enhanced Data Sharing

Please read the leaflet enclosed at the back of this form.

Steyping Medical Practice is able to share your electronic GP record with healthcare professionals caring for you elsewhere (e.g. in community, hospital or urgent care services) where there same information system is used. This may help in your care and may save you from needing to remember your medical history and medications. ***Everyone looking at your record, whether on paper or computer, is required by law and the NHS code of confidentiality, to keep your information confidential.***

You can choose whether to share your electronic record with other services. You can choose whether information from these other services is shared with the GP Practice.

A leaflet explaining more about your choices is available from reception.

Please answer the following questions:

- 1. Do you consent to the information that is recorded by this GP Practice being made available to other NHS care services that care for you?**
 - YES** - This means that health care professionals working in health services that care for you WILL be able to see the information about you.
 - NO** - This means that health care professionals working in health services that care for you will NOT be able to see the information about you.
- 2. Do you consent to allow this GP Practice to view information about you that has been recorded at other care services where you also receive care?**
 - YES** - This means this GP Practice WILL be able to see information recorded about you by health care professionals working in other health services that care for you.
 - NO** - This means this GP Practice will be NOT able to see information recorded about you by health care professionals working in other health care settings.

Please be aware that the decisions recorded on this form do not affect any decisions you may have made about having a Summary Care Record created for you. The Summary Care Record contains a limited set of key information about your health and is available to Health Professionals treating you in an urgent or emergency care situation. If you would like information about the Summary Care Record please ask at reception.

Signed:

Date:

If providing you are completing this form on behalf of another person please provide-

Name:

Relationship to patient:

Steying Medical Practice New Patient Form

15. Application for online access to my medical record

Registration for Online Services

If you are over 16 years and applying to register to use the practice's online services for yourself please complete the section below. If you wish to complete a form for children under 12 years or as a Guardian / Carer of another then please ask for a separate form at reception.

I wish to have access to the following online services (please tick all that apply):

- 1. Booking appointments
- 2. Requesting repeat prescriptions
- 3. Accessing my medical record

If you wish to access your medical record online above please tick the following six statements

- a. I have read and understood the information leaflet provided by the practice
 - b. I will be responsible for the security of the information that I see or download
 - c. If I choose to share my information with anyone else, this is at my own risk
 - d. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible
 - e. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible
 - f. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.
- 1. I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not, access may be withdrawn.
 - 2. I agree that it is my responsibility to keep secure the username and passwords I will be given. If I think these have been shared inappropriately I will reset them using the instructions supplied.
 - 3. I agree that my details may be used to contact me with information about my online account and the online services I use.
I agree that I may also be contacted about how useful I find the services and whether they could be improved.
 - 4. I agree that online services are provided at the discretion of the practice, and may be withdrawn by the practice at any time.
 - 5. I understand that I cannot use this service as a means of communication with the surgery for other purposes and will not use it for urgent matters.

I wish to register for online services and would like to use the email address and mobile numbers given in section 1 for this purpose

If this email address is shared with others please consider whether you agree that it can be used to send you confidential information about your account / the services used.

To be signed at reception by patient Date
(Photo I.D. must be shown)

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16. Registration Form signature

Please sign below to state that the details you have entered on this form are correct and you are happy for this information to be entered on your medical records.

Signed:

Date:

For practice use only:

Identity verified by (initials):	Date:	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/>
If Photo ID please state whether: Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/>		

Steyping Medical Practice New Patient Form

Privacy Notice – Direct Care (routine care and referrals)

Steyping Medical Practice keeps data on you relating to who you are, where you live, what you do, your family, possibly your friends, your employers, your habits, your problems and diagnoses, the reasons you seek help, your appointments, where you are seen and when you are seen, who by, referrals to specialists and other healthcare providers, tests carried out here and in other places, investigations and scans, treatments and outcomes of treatments, your treatment history, the observations and opinions of other healthcare workers, within and without the NHS as well as comments and aide memoires reasonably made by healthcare professionals in this practice who are appropriately involved in your health care.

When registering for NHS care, all patients who receive NHS care are registered on a national database, the database is held by NHS Digital, a national organisation which has legal responsibilities to collect NHS Data.

GPs have always delegated tasks and responsibilities to others that work with them in their surgeries. On average an NHS GP has between 1,500 - 2,500 patients for whom he or she is accountable. It is not possible for the GP to provide hands on personal care for each and every one of those patients in those circumstances, for this reason GPs share your care with others, predominantly within the surgery but occasionally with outside organisations.

If your health needs require care from others elsewhere outside this practice we will exchange with them whatever information about you that is necessary for them to provide that care. When you make contact with healthcare providers outside of the practice but within the NHS, it is usual for them to send us information relating to that encounter. We will retain part or all of those reports. Normally we will receive equivalent reports of contacts you have with non NHS services but this is not always the case.

Your consent to this sharing of data, within the practice and with those others outside the practice is assumed and is allowed by the Law.

People who have access to your information will only normally have access to that which they need to fulfil their roles.

You have the right to object to our sharing your data in these circumstances but we have an overriding responsibility to do what is in your best interests - Please see below.

We are required by Articles in the General Data Protection Regulations to provide you with the information in the following 9 subsections.

1) Data Controller contact details	Steyping Medical Practice, Steyping Health Centre, Tanyard Lane, Steyping, West Sussex, BN44 3RJ Tel. 01903 843400 Fax. 01903 843440
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<p>2) Data Protection Officer contact details</p>	<p>Trudy Slade SCWCSU.IGEnquiries@nhs.net</p>
<p>3) Purpose of the processing</p>	<p>Direct Care is care delivered to the individual alone, most of which is provided in the surgery. After a patient agrees to a referral for direct care elsewhere, such as a referral to a specialist in a hospital, necessary and relevant information about the patient, their circumstances and their problem will need to be shared with the other healthcare workers, such as specialist, therapists, technicians etc. The information that is shared is to enable the other healthcare workers to provide the most appropriate advice, investigations, treatments, therapies and or care.</p>
<p>4) Lawful basis for processing</p>	<p>The processing of personal data in the delivery of direct care and for providers' administrative purposes in this surgery and in support of direct care elsewhere is supported under the following Article 6 and 9 conditions of the GDPR:</p> <p>Article 6(1)(e) <i>"...necessary for the performance of a task carried out in the public interest or in the exercise of official authority..."</i></p> <p>And</p> <p>Article 9(2)(h) <i>"necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services..."</i></p> <p>We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality"*</p>
<p>5) Recipient or categories of recipients of the processed data</p>	<p>The data will be shared with health and care professionals and support staff in this surgery and at hospitals, diagnostic and treatment centres who contribute to your personal care.</p>
<p>6) Rights to object</p>	<p>You have the right to object to some or all the information being processed under Article 21. Please contact the Data Controller or the practice. You should be aware that this is a right to raise an objection, that is not the same as having an absolute right to have your wishes granted in every circumstance</p>

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7) Right to access and correct	You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have accurate medical records deleted except when ordered by a court of Law.
8) Retention period	The data will be retained in line with the law and national guidance: https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016 or speak to the practice.
9) Right to Complain	You have the right to complain to the Information Commissioner’s Office, you can use this link https://ico.org.uk/global/contact-us Or call their helpline Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate) There are National Offices for Scotland, Northern Ireland and Wales, (see ICO website).

* “Common Law Duty of Confidentiality”, common law is not written out in one document, like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.

The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.

In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.

Three circumstances making disclosure of confidential information lawful are:

- Where the individual to whom the information relates has consented;
- Where disclosure is in the public interest; and
- Where there is a legal duty to do so, for example a court order.