

# Wallingbrook Health Group

Chulmleigh • Winkleigh

## NEW PATIENT QUESTIONNAIRE FORM

For Practice Use Only			
Is the Patient on regular medication?	<input type="checkbox"/>	EDSM unable to code sent to DQT	<input type="checkbox"/>
If above <input checked="" type="checkbox"/> book eConsult Slot with Usual GP	<input type="checkbox"/>	EDSM Consent Coded	<input type="checkbox"/>
Has New Patient Check been booked? (check Alcohol Screen score)	<input type="checkbox"/>	Is the Patient a Carer or do they have a carer?	<input type="checkbox"/>
Patient Informed of Usual GP	<input type="checkbox"/>	Is the Patient a Refugee or Asylum Seeker, need GP/HCA appointment.	<input type="checkbox"/>
Seen patient with photo ID for online access	<input type="checkbox"/>	Is the patient known by any additional services? (page 3)	<input type="checkbox"/>
Online access granted & log in details provided to patient		If above <input checked="" type="checkbox"/> book eConsult Slot with Usual GP	<input type="checkbox"/>

**Please complete this entire confidential questionnaire in BLOCK CAPITALS  
and tick boxes as appropriate.**

**Complete a separate form for each family member being registered.**

PATIENT DETAILS					
<b>Title</b>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other .....
<b>First Name</b>					
<b>Surname</b>					
<b>Date of Birth</b>			<b>Marital Status</b>		
<b>Place of birth</b>					

CONTACT DETAILS				
<b>Address</b>				
<b>Postcode</b>				
<b>Home Phone Number</b>			<b>Work Number</b>	
<b>Mobile Number *</b>				
<b>Email Address</b>				
<i>*Any mobile numbers given within a child's registration form will be removed when they turn 16years old to comply with General Data Protection Regulations (GDPR)</i>				

NEXT OF KIN DETAILS				
<b>Name</b>				
<b>Relationship to Patient</b>			<b>Contact Number</b>	

PREVIOUS SURGERY DETAILS	
<b>Name &amp; Address of Surgery</b>	

**PERSONAL INFORMATION**

<b>Height</b> (Feet Inches / cm)						
<b>Weight</b> (Stones lbs / Kg)						
<b>Waist Circumference</b> (Inches / cm)						
<b>Please circle the description that describes you</b>	Current Smoker	Ex-Smoker	Never Smoked	<i>If you would like help and information on local smoke cessation services please ask us.</i>		
If a current smoker please advise how many per day?				CIGAR / CIGARETTES		
If an Ex-Smoker how long ago since you stopped?						
<b>Please circle the statement that describes you</b>	Light Exercise	Moderate Exercise	Intermediate Exercise	Heavy Exercise	Physically Unable to Exercise	Get No Exercise
<b>DIETARY ADVICE</b>		<b>SELF EXAMINATION</b>				
Have you read the accompanying healthy leaflet about 5 choices a day?	YES	Male – Do you regularly examine your testicles?		YES	NO	
	NO	Female – Do you regularly examine your breasts?		YES	NO	

**MEDICAL HISTORY**

<b>FAMILY HISTORY</b>		<b>ALLERGIES</b>	
Have any of your family suffered from any of the following serious diseases?		<b>List all Allergies below</b>	
<b>Condition / Illness</b>	<b>Family Member(s)</b>	<b>PREVIOUS OPERATIONS</b> List any previous medical procedures you have had and the approximate date/year	
HEART ATTACK or ANGINA <i>before age 60</i>			
HEART ATTACK or ANGINA <i>after age 60</i>			
STROKE			
DIABETES			
ASTHMA			
<b>MEDICAL PROBLEM</b>		<b>PREVIOUS CHILDHOOD IMMUNISATIONS</b>	
Have you got any medical problems (e.g. heart disease, stroke, diabetes, asthmas, eye problems)		List any Childhood Immunisations you have had and the approximate date/year	
<b>MEDICATION</b>			
List any current medication or provide a repeat prescription list			
<b>MEDICATION</b>	<b>MEDICATION</b>		
		<b>List any DISABILITY you have that we should be aware of?</b>	

# Wallingbrook Health Group

Chulmleigh • Winkleigh

--	--	--	--	--

## CARERS

Do you care for someone who cannot manage alone?	YES NO	Who do you care for?		Do you live with them?	YES NO
Are you or is your child a young carer?	YES NO				
Do you have a carer?	YES NO	Who is your carer?		Do you live with them?	YES NO
** If you wish to be referred to Devon Carers Service please ask for a form at Reception **					

Are you currently serving in the Military?	YES	NO
Are you a military Veteran?	YES	NO
Are you living with a military member or veteran?	YES	NO

Are you a Refugee?	YES	NO
Are you an Asylum Seeker?	YES	NO

## CHILDREN

Does your child have a social worker, or have they had support from a social worker within the last 12 months?	YES	NO
Does your child receive additional support from any other professional agency (e.g., Speech and Language, CAMHS)?	YES	NO
Do you require support for your child to access the service specified above following a relocation?	YES	NO

## ADULTS

Do you receive support from any other professional agency (e.g., probation services, mental health teams, domestic abuse services, social services)?	YES	NO
Have you accessed support from any other professional agency in the last three months?	YES	NO
Do you require support to access the agency specified due to relocation?	YES	NO

## Patient Ethnic Origin Questionnaire

This is NOT compulsory but may help with your healthcare as some problems are more common in specific communities and knowing your origins may help with early identification of some conditions. This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act.

White (British)	Black Caribbean & White	Black Caribbean	Indian	Other... (please state)
White (Irish)	Black African & White	Black African	Pakistani	Please tick if you do not wish to complete this <input type="checkbox"/>
White (Other)	Asian & White	Chinese	Bangladeshi	

<b>Communication Needs</b>		
Please tick the boxes which are applicable to you		
<b>Vision</b>	<b>Hearing</b>	<b>Speech</b>
Normal <input type="checkbox"/>	Normal <input type="checkbox"/>	No Problem <input type="checkbox"/>
Impaired <input type="checkbox"/>	Mild Hearing Loss <input type="checkbox"/>	Speech impairment <input type="checkbox"/>
Registered Partially Sighted <input type="checkbox"/>	Moderate Hearing Loss <input type="checkbox"/>	Difficulty with speech <input type="checkbox"/>
Registered Blind <input type="checkbox"/>	Severe hearing Loss <input type="checkbox"/>	Other <input type="checkbox"/>
Wear Glasses <input type="checkbox"/>	Profound Hearing Loss <input type="checkbox"/>	
Wear Contact Lenses <input type="checkbox"/>	Registered Deaf <input type="checkbox"/>	
<b>Language</b>	Hearing Aid Required <input type="checkbox"/>	<b>Reading</b>
What is your 1 <sup>st</sup> Main spoken language?	Do you lip read? <input type="checkbox"/>	Difficulty with reading <input type="checkbox"/>
	Use Sign Language? <input type="checkbox"/>	Unable to read <input type="checkbox"/>
	If yes which one(s)	<b>Writing</b>
Do you require an interpreter? <input type="checkbox"/>		Difficulty with writing <input type="checkbox"/>
		Unable to write <input type="checkbox"/>
<b>Please list any form of communication aid(s) you need</b>		

<b>COMMUNICATION CONSENT</b>			
<b>Text, Email Message Service &amp; Answer Phone Consent</b>			
Text and email messages are generated using a secure facility, but they are transmitted over a public network onto a personal telephone or computer and as such may not be secure.			
Wallingbrook Health Group will not transmit any information which would enable an individual patient to be identified unless the below consent form has been completed and signed			
If more than one person shares the use of the mobile phone number or email address above we will need a consent form from every person sharing this number			
<b>Patient Name</b>		<b>Date of Birth</b>	
<b>Mobile Number</b>		<b>Email</b>	
<b>I consent to:</b> (please mark as appropriate)	<input type="checkbox"/> Wallingbrook Health Group contacting me by text message <input type="checkbox"/> Wallingbrook Health Group contacting me by email <input type="checkbox"/> Wallingbrook Health Group leaving answer phone messages		
<b>Declaration:</b> <ul style="list-style-type: none"> <li>I understand that it is my responsibility to inform Wallingbrook Health Group of any changes to the above information.</li> <li>I understand that once Wallingbrook have sent an email that they have no control over viruses on my computer or hackers getting my information.</li> <li>I understand that I can cancel the text messaging service at any time.</li> <li>I understand that Wallingbrook Health Group can contact me by the above services for the purpose of health promotion, confirmation of appointments and delivering test results. I acknowledge this is an additional service and may not always be used. It is my responsibility to attend or cancel appointments</li> </ul>			
<b>Signed</b>		<b>Dated</b>	

# Wallingbrook Health Group

Chulmleigh • Winkleigh

## NHS PATIENT INFORMATION SHARING – MY CHOICES

Read the Information on Page 9 before completing this page

Patient Name		Date of Birth	
<b>SCR - NHS SUMMARY CARE RECORD</b> (Tick one box only)			
<input type="checkbox"/>	Express consent for medication, allergies and adverse reactions only		
<input type="checkbox"/>	Express consent for medication, allergies, adverse reactions and additional info ( <b>recommended</b> )		
<input type="checkbox"/>	Express dissent – Patient does not want a summary care record and fully understands the risks involved with this decision		
<b>EDSM – ENHANCED DATA SHARING MODEL ‘SystemOne’</b> (Tick one for each option)			
<b>Sharing Out</b> - Do you consent to the sharing of data recorded by your GP practice with other NHS organisations that may care for you?			
<input type="checkbox"/>	YES share data with other NHS organisations ( <b>recommended</b> )		
<input type="checkbox"/>	NO do NOT share any data recorded by my GP Practice; I fully accept the risks associated with this decision		
<b>Sharing In</b> - Do you consent to your GP Practice viewing data that is recorded at other NHS organisations and care services that may care for you?			
<input type="checkbox"/>	Consent Given ( <b>recommended</b> )		
<input type="checkbox"/>	Consent Refused; I fully accept the risks associated with this decision		
<b>Signed</b>		<b>Dated</b>	

## AUDIT C

**1 unit is typically:**

**UNIT GUIDE**

Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)







**The following drinks have more than one unit:**

A pint of regular beer, lager or cider, a pint of strong /premium beer, lager or cider, 440ml regular can cider/lager, 440ml “super” lager, 175ml glass of wine (12%)









Questions - A	Scoring System					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

A score of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is Audit C Positive

<b>TOTAL A SCORE</b>	
----------------------	--

Questions - B	Scoring System					Your score
	0	1	2	3	4	

How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

**Scoring:** 0 – 7, Lower risk, 8-15 Increasing risk,  
16-19 Higher risk, 20+ Possible dependence

<b>TOTAL B SCORE</b>	
----------------------	--

<b>Now add scores from A and B</b>
------------------------------------

<b>TOTAL A SCORE</b>	
----------------------	--

+

<b>TOTAL B SCORE</b>	
----------------------	--

=

<b>OVERALL SCORE</b>	
----------------------	--

# Wallingbrook Health Group

Chulmleigh • Winkleigh

## INFORMATION FOR YOU TO KEEP

Please detach the following pages to keep for your future reference

### Five Choices To Help You Stay Healthy

To help stay healthy and reduce the risk of developing heart disease, stroke, diabetes, liver or lung problems and certain cancers you can do the following.

#### You should not smoke



If you smoke, stopping is often the single most effective thing that you can do to reduce your risk of future illness. The risk to health falls rapidly as soon as you stop smoking (but takes a few years before the increased risk reduces completely). If you need help to stop there are several resources available, speak to the practice nurse for help.

#### Take some regular exercise

Anything that gets you mildly out of breath and a little sweaty is fine. Try jogging, heavy gardening, swimming, cycling, etc. To gain most benefit you should do at least 30 minutes of moderate or vigorous exercise each day. Alternately, you can do 10 minute bouts of exercise three times.



#### Don't drink too much alcohol

A small amount of alcohol is usually fine, but too much can be harmful. Men should drink no more than 21 units per week (and no more than 4 units in any one day). Women should drink no more than 14 units per week (and no more than 3 units in any one day). One unit is in about half a pint of normal strength beer, or two thirds of a small glass of wine, or one small pub measure of spirits.

#### Eat a healthy diet

Briefly, a healthy diet means:

- *AT LEAST* five portions of a variety of fruit and vegetables per day.
- *THE BULK OF MOST MEALS* should be starch-based foods (such as cereals, wholegrain bread, potatoes, rice, pasta), plus fruit and vegetables.
- *NOT MUCH* fatty food such as fatty meats, cheeses, full-cream milk, fried food, butter, etc. Use low fat, mono-, or poly-unsaturated spreads.
- *INCLUDE* 2-3 portions of fish per week. At least one of which should be 'oily' (such as herring, mackerel, sardines, kippers, pilchards, salmon, or fresh tuna).
- If you eat meat it is best to eat lean meat, or poultry such as chicken.
- If you do fry, choose a vegetable oil such as sunflower, rapeseed or olive oil.
- Try not to add salt to food, and limit foods which are salty.



## Try to maintain a healthy weight and waist measurement

Waist measurement is just as important as body weight as fat deposited around the waist is more dangerous for general health than fat elsewhere. At significantly higher risk of problems are men with a waist measurement above 102cm (approx 40 inches) and women with a waist measurement above 88cm (approx 34.5 inches). If you are overweight you can gain great health benefits by losing 5-10% of your weight.



## Helping you to monitor your own health

Our MOT bay at Wallingbrook Health Centre in the Waiting Room enables you to check



- Blood pressure
- Height
- Weight
- Lung function test

There are a range of health advice leaflets available in the reception area and waiting room all without an appointment and details on our website [www.wallingbrook.co.uk](http://www.wallingbrook.co.uk)

## Are you at risk of Hepatitis C?

Hepatitis C is a virus that can infect the liver. If left untreated, it can sometimes cause serious and potentially life-threatening damage to the liver over many years. Have you ever had?

- A blood transfusion before 1991
- Piercing(s), tattoo(s) or acupuncture with non-sterile equipment
- Medical or dental treatment abroad where hygiene standards may have been inadequate
- Had unprotected sex with someone who has the virus
- Shared unsterilized needles – particularly when used to inject recreational drugs

If you can answer YES to any of these questions above you may be at risk, please contact your Doctor.



## SHARING YOUR NHS PATIENT DATA

Information sharing in the NHS is subject to rigorous regulation and governance to ensure your full identifiable and personal medical data is kept confidential and only ever seen by carefully vetted doctors, nurses and administrative staff responsible for overseeing your care.

With the development of information technology the NHS will increasingly be sharing key information from your GP medical notes with Out of Hours GP Services, Hospital A&E Units, Community Hospitals, and Community Nurses all of whom may at various times in your life be looking after you. Sharing information can improve both the quality and safety of care you receive and in some cases can be vital in making life-saving decisions about your treatment.

There are currently two different elements of “sharing NHS patient information”

### SCR - The NHS Summary Care Record

### EDSM - The Enhanced Data Sharing Model ‘SystemOne’

#### SCR - The NHS Summary Care Record

The NHS Summary Care Record was introduced many years ago to help deliver better and safer care; it contains basic information about:

- Any allergies you may have,
- Unexpected reactions to medications, and
- Any prescriptions you have recently received.

The intention of the SCR is to help clinicians in Hospital A&E Departments and GP ‘Out of Hours’ health services to give you safe, timely and effective treatment. Clinicians are only allowed to access your SCR record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Over time, health professionals treating you may add details about any health problems and summaries of your care. Every time further information is added to your record, you will be asked if you agree (explicit consent).

Patients under 16 years have an NHS Summary Care Record created for them so if you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf.

#### EDSM - The Enhanced Data Sharing Model ‘SystemOne’

The database and software used to store your GP health record is called “SystemOne” it is a very secure national system used by over 2000 GP practices and 4800 NHS organisations including GP out of hour’s services, children’s services, community services and some hospitals. Most GP Practices in the Northern locality use this same confidential clinical computer system. The system gives your GP the facility to share your record with other NHS health providers that use the same clinical computer system and are involved in your care for example the local Community Nurses who may look after you if you when you leave hospital or become terminally ill or housebound. Allowing your GP to share your record in the “SystemOne” database helps to deliver better and safer care for you. It is the policy of all local GP practices to automatically opt registered patients into “SystemOne” sharing unless they expressly decline. Those patients who choose to decline are able to determine if their data is “shared out” and/or “shared in”

**Sharing OUT** controls whether information recorded at our GP practice can be shared with other NHS health care providers.

**Sharing IN** determines whether or not our GP practice can view information in your record that has been entered by other NHS services who are providing care for you or who may provide care for you in the future (that you have consented to share out).

# Online Services Records Access

## Patient information leaflet 'It's your choice'

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice. It is the practice policy to only allow online record access to patients 16 years and over.

Being able to see your record online might help you to manage your medical conditions. If you decide not to join or wish to withdraw, this is your choice and Practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

The Practice has the right to remove online access to services. This is rarely necessary but may be the best option if you do not use them responsibly or if there is evidence that access may be harmful to you. This may occur if someone else is forcing you to give them access to your record or if the record may contain something that may be upsetting or harmful to you. The Practice will explain the reason for withdrawing access to you and will re-instate access as quickly as possible.

It will be your responsibility to keep your login details and password safe and secure. If you know

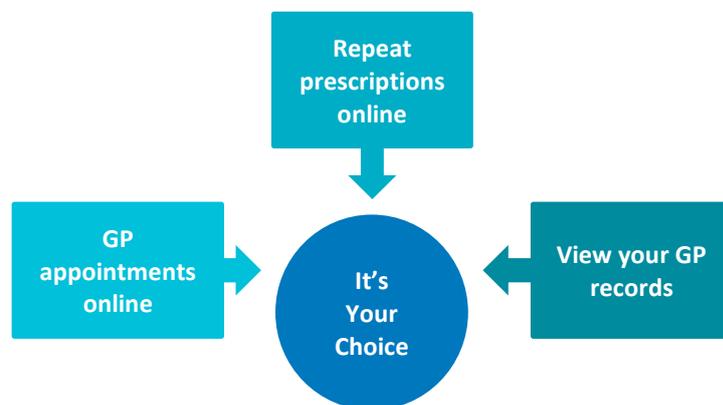
or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the Practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

The information that you can see online may be misleading if you rely on it alone to complete insurance, employment or legal reports or forms.

Be careful that nobody can see your records on screen and be especially careful if you use a public computer to shut down the browser and switch off the computer after you have finished.



### Patient information leaflet 'It's your choice'

**Before you apply for online access to your record there are some other things to consider.**

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

#### **Forgotten history**

There may be something you have forgotten about in your record that you might find upsetting.

#### **Abnormal results or bad news**

If your GP has given you access to test results or letters, you may see something that you find upsetting. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them. If this happens please contact your surgery as soon as possible. The Practice may set your record so that certain details are not displayed online. For example, they may do this with test results that you might find worrying until they have had an opportunity to discuss the information with you.

#### **Choosing to share your information with someone**

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure. If it would be helpful to you, you can ask the Practice to provide another set of login details to your Online services for another person to act on your behalf. They would be able to book appointments or order repeat prescriptions. They may be able to see your record to

help with your healthcare if you wish. Tell your Practice what access you would like them to have.

#### **Coercion**

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time

#### **Misunderstood information**

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

#### **Information about someone else**

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the Practice as soon as possible.

#### **More information**

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

**Online services are only available to patients aged 16years and above.  
 To register for online services, please complete the form below and return to your nearest site along with photo ID. (Passport or driving licences are preferable)**

**APPLICATION FOR ONLINE ACCESS TO MY MEDICAL RECORD**

<b>Full Name</b>		<b>Date of Birth</b>	
<b>Address</b>			
<b>Home Number</b>		<b>Mobile Number</b>	
<b>Email</b>			

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

<b>Type of Access Required</b>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Compete Questionnaires	<input type="checkbox"/>	Booking Appointments	<input type="checkbox"/>
Access to Summary Care Record	<input type="checkbox"/>	Requesting Medication	<input type="checkbox"/>

Access to Detailed Code Record from Date of Birth	<input type="checkbox"/>	PRACTICE NOTE- To be granted by Admin ONLY
	<b>OR</b>	
Access to Full Medical Report from date of online registration	<input type="checkbox"/>	

- I understand and agree with each statement
- I understand I can either have access to Detailed Coded Record from date of birth or access to Full Medical Record from date of online registration
- I understand access to view my detailed coded record can take up to 6 weeks
- I understand access to view my full medical record is from date of online registration
- I will be responsible for the security of the information that I see or download
- If I choose to share my information with anyone else, this is at my own risk
- I will contact the Practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
- If I see information in my record that is not about me or is inaccurate, I will contact the Practice as soon as possible

<b>Patient Signature</b>		<b>Date</b>	
--------------------------	--	-------------	--

For practice use only

Patient NHS Number:	Identify Verified by name staff member:
Date form received:	Method of Verification: <input type="checkbox"/> Photo ID - State type of ID seen:..... <input type="checkbox"/> Vouching - How have you verified this patients identity? .....
Account authorised by:	Date:
Data and IT Administrators to grant detailed coded record access ONLY. Granted? YES <input type="checkbox"/> NO <input type="checkbox"/> If No- reason .....	Detailed coded record access Authorised by: Sign..... Date .....