



## ADULT Patient Registration Questionnaire

Please complete this questionnaire about you and your health. This is important as it takes some months before your medical records reach us from your previous GP.

### **PLEASE COMPLETE IN BLOCK CAPITALS**

#### ***About you***

Surname

Date of Birth

Forename(s)

Email address

Home phone number

Mobile number

(For confidentiality we recommend that where practical, your own mobile number is used not a relatives)

**Can the practice send you appointment reminders & messages which may include clinical information like test results?**

**By Text?** ☐ Yes ☐ No

**By email?** ☐ Yes ☐ No

**Occupation?**

Please tick if 75 years or older ☐

**Religion?**

**Next of kin?** Name:  Phone:

**Please note:** It is *your* responsibility to inform us of any changes in your address and phone numbers and email address. This is necessary to make sure that we are able to contact you about your care if that be necessary. Please let us know of any changes **as soon as possible**.

**Are you**

Single ☐ Married/civil partnership ☐ Common law partnership ☐ Separated ☐

**If you consent, please provide details of children for whom you have parental responsibility:**

Name	Date of Birth	Address, if different to yours
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**If you consent, please list any parents, partners or other persons that you live with who are registered at our practice**

Name	Date of Birth

## **Gender & Sexuality**

**Which of the following best describes how you think of yourself?**

Female (including trans women) ☐ Male (including trans men) ☐ Non-binary ☐

In another way (please state) .....

**How would you describe your sexuality?**

Heterosexual or Straight ☐ Gay or Lesbian ☐ Bisexual ☐

In another way (please state) .....

**Is your gender identity the same as the gender that you were given at birth?**

☐ Yes or ☐ No

**Are you a military veteran** ☐ Yes ☐ No **or military reservist?** ☐ Yes ☐ No

**Are you a carer** (where this is not your occupation) ☐ Yes ☐ No *that is you look after someone more than usual and help them with things like washing, dressing or taking medicines.*

With consent – please tell us who you care for if they are registered at this practice: .....

**Do you have any special communication needs or other disability, what is it? Do you need any special help from the practice help you deal with it?**

.....

.....

**Are you housebound, meaning you can't leave your house?** ☐ Yes ☐ No

## **Regular prescribed medications**

Do you take any regular medicines or inhalers?

☐

Yes

☐

No

## **Your choice of chemist:**

All prescriptions are now sent electronically to the chemist of your choice. Please indicate below which chemist you would like your prescriptions sent to. The 3 closest local ones are listed below. You can change your choice at any time by letting us know.

K's Chemist, 120 Phoebe St, M5 3PH (next door to the surgery)

☐

Lloyd's Chemist, 100 Regent Rd, M5 4QU (in Sainsbury's Supermarket)

☐

Boots Chemist, Regents Park, M5 3TP.

☐

Another chemist: ☐ Name of chemist & Post Code:.....

## **Allergies**

Please list any drugs that you are allergic to and what happens when you take them:

Please list any other allergies and how it affects you:

## **Smoking** Please tick the one that applies for you.

☐

Never smoked

☐

Used to smoke.

When did you stop?

How many cigarettes did you smoke before stopping? .....

☐

Yes, currently smoke.

How many cigarettes per day?

*Smoking is harmful to your health. We encourage you to stop smoking. If you would like some help with this, please make an appointment with the practice nurse or assistant practitioner.*

## **Your measurements**

**Please check your height, weight and blood pressure using the equipment in reception and enter the results below. If needed please ask receptionist for assistance.**

Height.....

Weight .....

Blood Pressure .....

## **Ethnic origin**

Please indicate your ethnic origin / group by ticking one of the boxes below:

<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> White Scottish	<input type="checkbox"/> White Welsh
<input type="checkbox"/> White Other	<input type="checkbox"/> Eastern European	<input type="checkbox"/> Other European	
<input type="checkbox"/> Black African	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Black British	<input type="checkbox"/> Black Other
<input type="checkbox"/> American	<input type="checkbox"/> Canadian	<input type="checkbox"/> Australasian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Kurdish	<input type="checkbox"/> Iranian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Indian
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Do not wish to disclose	

If your ethnic origin / group is not included above, please state origin / group below:-

.....

## **Country of origin and language**

**What is your first language?**

Do you need an interpreter to help you during appointments?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**Which country do you come from?** .....

If you do not come from the UK, how long do you intend to stay in the UK?.....

**If you are a refugee, are you?:**

an asylum seeker

failed to be granted asylum

been granted leave to remain

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**Is this your first time to register with a GP in UK?** ☐ Yes ☐ No


**All patients are invited, if they so wish, to have the following:**

- **A new patient health check with the nurse to discuss their health – this is a 20-minute appointment.**
- **A HIV blood test – please book in for a blood test**
- **Patients age 15-25 are invited to have a chlamydia test**


**Please ask at reception about any of these.**

## Alcohol consumption


UNITS




Pint of Regular Beer/Lager/Cider




Alcopop or Can of Lager



Glass of Wine (175ml)



Single Measure of Spirits



Bottle of Wine

<b>Thinking about how much alcohol you drink, using the chart above:</b>	<b>Scoring system</b>					<b>Your score</b>
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
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	
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	
<b>Total</b>						

**Roughly how many units of alcohol do you normally drink in a week?**

.....

## **Your record and consent**

All patients 16 years of age or older will automatically have access to their GP records that have been added to their care history from 1<sup>st</sup> November 2022 onwards via the NHS (or other provider) APP facility.

If you are concerned about who may see your records or that you may not be able to keep your information safe, now or in the future, we can turn this facility off at any time.

Please contact a member of the practice reception team by phone or by emailing to [gmicb.ordsallhealthsurgery@nhs.net](mailto:gmicb.ordsallhealthsurgery@nhs.net) to arrange this for you.

Ordsall Health Surgery makes every effort to protect the privacy of your medical record in line with current laws and guidance and only share it for the following reasons:

- when needed for your direct personal care – for example a referral to a specialist
- at your request e.g. for insurance or Subject Access Requests, or if you have agreed to join a research project
- when required by law e.g. in the interests of public safety or by the coroner

Your electronic data is also shared in the following ways:

- National Summary Care Record
- Greater Manchester Care Record & the Salford Integrated Care Record
- NHS Digital

If you would like to find out more information about how your record is shared or would like to know how to opt out of the sharing of your record then please visit our practice website.

<https://www.ordsallhealthsurgery.nhs.uk/patient-information/data-protection-privacy-and-confidentiality>

## Online Services Records Access

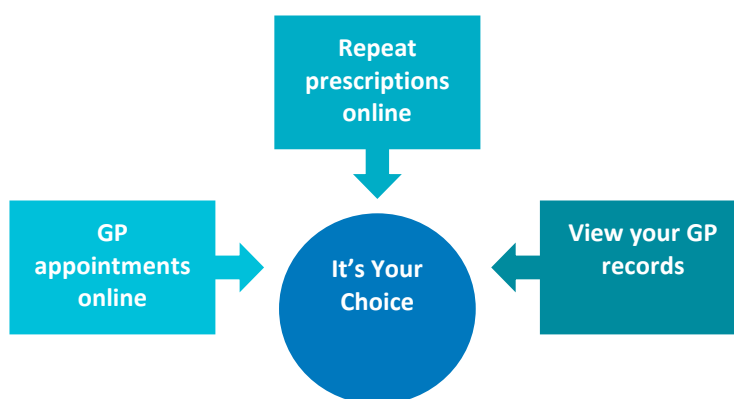
### Patient information leaflet 'It's your choice'

*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.*

*Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. 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 for anyone that doesn't use them responsibly.*



*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.*

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.

## **Things to consider when accessing your medical records**

### ***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 to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.*

### ***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.*

### ***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>



## ***Application for On-line Appointment Booking and Repeat Prescription Ordering***

**Once completed, this form must be presented with Photographic evidence of Identity to a member of the Practice team.**

<b>Surname</b> ..... <b>First name</b> .....	
<b>Date of Birth</b> .....	<b>Phone number</b> .....
<b>Address</b> .....	
..... <b>Post code</b> .....	
<b>My email address is: (Please use capital letters)</b> .....	
<ul style="list-style-type: none"><li>• I have read and understood the leaflet on online access provided by the practice..... <input type="checkbox"/></li><li>• I will be responsible for the security of the information that I see or download ..... <input type="checkbox"/></li><li>• If I choose to share my information with anyone else, this is at my own risk ..... <input type="checkbox"/></li><li>• I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement ..... <input type="checkbox"/></li><li>• If I see information in my record that is not about me or is inaccurate, I will exit the account as soon as possible and contact the practice as soon as possible..... <input type="checkbox"/></li></ul>	
<i>Once registered you will be sent an activation code to allow access to online booking of appointments and ordering of repeat prescriptions.</i>	
<b>Signature</b> .....	
<b>Date</b> .....	

.....

**For Practice use only:**

<b>Verification provided:</b>	<b>Passport</b> <input type="checkbox"/> <b>Driving licence</b> <input type="checkbox"/> <b>Bank statement</b> <input type="checkbox"/> <b>Vouching</b> <input type="checkbox"/> <b>Vouching with information in record</b> <input type="checkbox"/>
<b>Identity verified by whom:</b>	<b>Initials</b> ..... <b>Sign</b> ..... <b>Date</b> .....
<b>Date account created for appointments and medication</b>	