

## **NEW PATIENT REGISTRATION PACK**

### **Welcome to Chevin Medical Practice**

Please ensure that all sections of the attached GMS1 (purple form) are completed.

**\*\* Please note it is important that you provide details of your NHS Number (which can be obtained from your previous GP), Date of Birth, current and previous address, including postcode, previous GP name and address in order for us to process your application.**

**It is important that we have up to date contact details where we can contact you during the day.**

**\*\*Please return your completed questionnaire in person bringing with you two forms of identification, one of which must contain your photograph and proof of address.**

We invite you to visit our website at [www.chevinmedicalpractice.com](http://www.chevinmedicalpractice.com) for further information.

### **Patient Forum**

We have a patient forum which is made up of volunteer patients from this practice, who have agreed to give up their time to attend meetings at the Practice. The purpose of the group is to give Practice staff and patients the opportunity to discuss topics of mutual interest in their Practice and in particular to move forward as a team.

If you would like to become a member of the panel, please let reception know or send an email to our Practice Manager Diane Mulligan at [diane.mulligan@nhs.net](mailto:diane.mulligan@nhs.net)

Thank you

For practice use only

Identity verified by (initials)	Date	<u>Method of verification</u> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Bank Statement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Other <input type="checkbox"/>  Vouched For <input type="checkbox"/> Vouched for details ..... ..... Photo ID and proof of residence <input type="checkbox"/>
Patient contact details recorded		Landline <input type="checkbox"/> Mobile <input type="checkbox"/> E-mail <input type="checkbox"/>
Online services completed		Yes / No
Pharmacy nomination/prescription request options completed		Yes / No



For Admin Use

**Form Checked by** .....

## NEW PATIENT QUESTIONNAIRE

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

<b>Name:</b>	<input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>
<b>Address:</b>		
<u>Telephone Numbers</u> – Please “tick” which number we can contact you on during the day.		
<b>Home Telephone Number:</b>		
<b>Work Telephone Number:</b>		
<b>Mobile Telephone Number:</b>		
<b>Email Address:</b>		

Are you happy to receive text or e-mail messages from us (for appointments reminders etc)? ☐ Yes ☐ NO

### Online Services

In association with our clinical software provider we are able to offer you online access which allows you to access your patient record which includes:

- Manage online appointment booking
- Access and print a recent summary of information relating to medications, allergies, adverse reactions, vaccinations and consultations
- Online prescription management
- Complete Practice Questionnaires

The SystmOnline service has been fully developed, tested and accredited by a government body – NHS Connecting for Health. Please use SystmOnline whenever possible as this will help us to improve efficiency.

**The Practice will automatically issue a password to allow you access to online services but ask you to read and sign the Online Services Access Patient Information leaflet ‘it’s your choice’ on the pages below.**

**Please select the option you prefer to receive confirmation of your log in details :-**

In person ☐ via text ☐ via e-mail ☐ via telephone ☐ via letter ☐

For text, e-mail or telephone please ensure you have entered your details at the start of the questionnaire. **THANK YOU**

**This surgery uses an electronic prescribing service where your nominated Pharmacist will order and dispense your repeat prescriptions. Please nominate a local Pharmacy from the list below:**

Boots Pharmacy	
Cohens Pharmacy, Bridge Street	
Otley Pharmacy	
Pool Pharmacy	
Stancliffe Pharmacy, Bramhope	
Other, please specify	

**Do you take any medications? ☐ Yes or No ☐**

**If yes, if possible please provide a repeat prescription counterfoil from your previous doctors  
Our Pharmacist will contact you to discuss your medication if necessary**

**\*\*\* If you have any queries about your medications, please speak to one of our in-house Pharmacists.**

**Have you had any sensitivities, side effects or adverse reactions to a drug?**

☐ Yes or No ☐

**Name of Drug and details of side effects:-**

**Do you have any allergies?**

☐ Yes or No ☐

Name the Allergy:

Allergic Reaction You Had:

## PERSONAL HEALTH HISTORY

**Height:** .....

**Weight** .....

**Your Ethnic Group?**

☐ White British

☐ Pakistani

☐ Chinese

☐ White & Asian

☐ Other

☐ White Irish

☐ Caribbean

☐ Other Black Background

☐ African

☐ Indian

☐ Other White Background

☐ Declined to Say

**Please tell us your first spoken language?**

## CARER INFORMATION

Carers: Do you look after someone or does someone look after you? If yes, please give details below:

## NEXT OF KIN

Please inform us if you wish to give details of next of kin or person to contact below. Please include name, relationship, address and mobile and landline telephone numbers if available - Thank you

Relationship to you? .....

## HEALTH HABITS AND PERSONAL SAFETY

### Exercise

How would you describe your current exercise level?

- Avoids even trivial exercise ☐
- Exercise physically impossible ☐
- Enjoys light exercise ☐
- Enjoys moderate exercise ☐
- Aerobic exercise once a week ☐
- Aerobic exercise twice a week ☐
- Aerobic exercise three or more times per week ☐

### Tobacco

Do you Smoke? ☐ Yes ☐ No

Do you use an e-cigarette ☐ Yes ☐ No

Are you an ex-smoker ☐ Yes ☐ No / Never Smoker Yes ☐ ☐ No

Are you interested in giving up smoking? ☐ Yes ☐ No

If you would like help in stopping smoking, please refer to the last page of this document where you can find contact numbers and details of organisations who can offer you help and support.

### Alcohol

Do you drink alcohol? Yes ☐ No ☐

If yes, please complete the questionnaire below.

## This is one unit of alcohol...



Half pint of  
regular beer,  
lager or cider



1 small glass  
of wine



1 single  
measure  
of spirits



1 small  
glass of  
sherry



1 single  
measure  
of aperitifs

Please complete the questions below, scoring yourself in the end column. The scores for each answer are shown in red.

Add your scores in the end column and enter the total in the space provided.

Questions	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 - 8	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	

**Total:.....**

If your score is 5 or above, please complete the following questions.

Please complete the questions below, scoring yourself in the end column. The scores for each answer are shown in red.

Add your scores in the end column and enter the total in the space provided.

Questions	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	

TOTAL: .....

If your score is above 8 this suggests that you may be drinking at a rate that increases your risk of harm and you might be at risk of problems in the future. Please refer to the last page of this document where you can find contact numbers and details of organisations who can offer you help and support.

### HEALTH HISTORY

Is there a family history of heart disease under the age of 60?	<input type="checkbox"/> Not Known	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a family history of stroke under the age of 60?	<input type="checkbox"/> Not Known	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>Do you suffer from or are you receiving treatment for any of the following conditions</i></b>			
Heart Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Thyroid Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Kidney Disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Chronic Respiratory Failure (such as emphysema, bronchitis, COPD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Schizophrenia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Splenectomy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you served in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Accessible Information Standard

All organisations that provide NHS or adult social care must follow the Accessible Information Standard by Law.

The Accessible Information Standard aims to make sure that disabled people have access to information that they can understand and any communication support they might need.

Do you have any information or communication needs: Yes ☐ No ☐

(if yes, please provide further details: .....  
.....  
.....

Your named GP responsible for your overall care is **Dr Claire Shaw**. Please note, although we have allocated you with the above GP, you are free to see **ANY GP** within the practice

**Privacy Notice:** The information on this form will be processed according to data protection legislation on the legal basis of public task GDPR Article 6(1)(e) and special categories of personal data GDPR Article 9(2)h. It may be disclosed to other NHS authorities for the direct provision of healthcare or for the purpose of healthcare commissioning and planning. Please see our website for full details on how your information is stored, protected and shared.

**You will automatically have a Shared Care Record created unless you request us not to create one**  
**Consent – Yes ☐ No ☐ (please tick one)**

## Access to GP online services

Please tick the boxes

1. I have read and understood the information leaflet provided by the practice	
2. I will be responsible for the security of the information that I see or download and if I choose to share my information with anyone else this is at my own risk	
3. I will contact the Practice as soon as possible if I suspect that the account has been accessed by someone without my agreement and if I think that I may come under pressure to give access to someone else unwillingly	
4. If I see information in the record that is not about me, or is inaccurate, I will contact the Practice as soon as possible	

Name: .....	Date
Signature: .....	



**Please detach this page and retain for your own records**

## Online Services Records Access Patient information leaflet

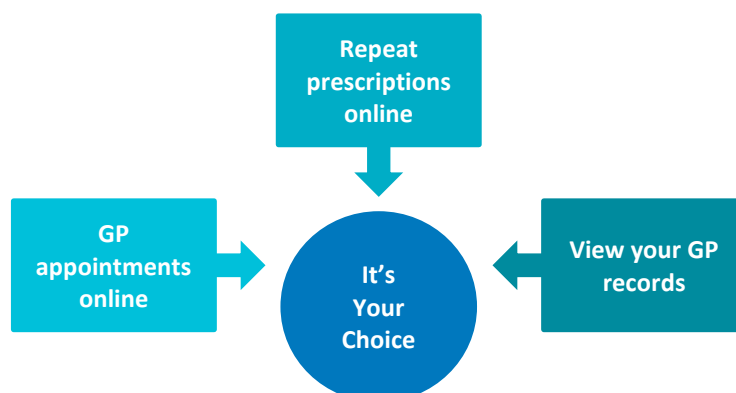
### 'It's your choice'

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. 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 when you are using Patient Online and be especially careful if you use a public computer to shut down the browser and switch off the computer after you have finished.

## Before you are given login details 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.

### 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 are not registered for access at this time. Please inform the receptionist if you do not wish to be included for online services.

### 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>

**Please detach this page and retain for your own records**

## **SUPPORT GROUPS TO HELP REDUCE SMOKING AND ALCOHOL**

### **DO YOU WANT TO BE SMOKE FREE?**

Stopping smoking is the single most helpful thing you can do to improve your health and the health of the people around you. Every year more and more people quit smoking, and enjoy the better wellbeing, wealth, lifestyle and life expectancy this can bring.

#### **SMOKING ADVICE**

One You Leeds - Call on **0800 169 4219** or visit their website at this address;  
<https://oneyouleeds.co.uk/sign-up/>



### **DO YOU WANT TO REDUCE YOUR ALCOHOL INTAKE?**

Forward Leeds is the new alcohol and drug service in Leeds for adults, young people and families. They offer a range of services from 9am-5pm, Mondays and Fridays and 9am-7pm Tuesdays, Wednesdays and Thursdays.

#### **ALCOHOL ADVICE**

Forward Leeds - Call on **0113 887 2477** or visit their website at this address;  
[info@forwardleeds.co.uk](mailto:info@forwardleeds.co.uk)

