

PATIENT ONLINE ACCESS:

If you wish to, you can 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.

Being able to see your record online might help you to manage your medical conditions as you will be able to information such as test results, immunisations and referrals made or letters received.

Please complete the attached online access form if you would like to register.

You will be asked that you have read and understood the leaflet before consenting and you will need to complete an application form for online access.

At the time of application you will need to provide the practice with two forms of I.D. (One photographic and the other proof of address).

Would you like to be registered for online access with the email address provided on this form? Yes No

Do you want to have access to your records online?

Yes No

The Surgery @ Wheatbridge
30 Wheatbridge Road
Chesterfield
S40 2AB

T: 01246277287
F:01246223399
W: www.wheatbridge.co.uk
E: surgery.wheatbridge@nhs.net

New Patient Information

We would like to take this opportunity to gather some basic background information about your health. This will enable us to assess any treatment you may need in the near future.

Any other medical history will be transferred from your medical records when we receive them from your previous GP.

On the basis of this information you may be invited to attend an appointment for a registration medical with one of our Practice Nurse's or GP's.

PLEASE NOTE: WE WILL NOT BE ABLE TO PROCESS YOUR REGISTRATION WITHOUT ALL OF THE QUESTIONS BEING COMPLETED

**Thank you for taking the time to complete this questionnaire.
Please hand your completed registration forms back to a receptionist to check we have all the relevant information to process your registration.**

For Office Use Only:	
Nurse Appointment How Long / which nurse?	
Dr Appointment	
Refer to Midwife Base—Queens Park Leisure Centre 01246 206161	
Named Allocated GP	

NAME:	
DOB:	
NHS NUMBER:	
STAFF INITIALS :	DATE CHECKED :



Address:

Postcode:



Home Tel:

Work Tel:

(OPTIONAL)



Mobile Tel:

CONSENT TO RECEIVE SMS REMINDERS:

Email Address:

Sex: M  () F  ()

Marital Status:

Ethnic Origin: (Please tick)

First Language: _____

White: British () Irish () Other ()

Mixed: White & Black Caribbean () White & Black African () White & Asian () Other ()

Asian/Asian British: Indian () Pakistani () Bangladeshi () Other ()

Black/Black British: Caribbean () African () Other ()

Other Ethnic Groups: Chinese () Any Other ()

Not Stated ()

Next Of Kin

Name:

Relationship:

Address (if different to yours):

Tel no:

Are they also registered at the surgery @ wheatbridge? Yes () No ()

Preferred Contact Method:

POST



EMAIL



SMS



PLEASE NOTE: if you choose to have your preferred method of contact recorded as Email
—your appointment reminders may also be sent via email not SMS.

Accessible Information Standards:

Do you have any learning disabilities? Yes () No () *If yes please give brief details below:*

Do you have a significant hearing impairment? Yes () No ()

Do you need to have a hearing loop during consultations? Yes () No ()

Are you registered blind? Yes () No ()

Are you registered partially sighted? Yes () No ()

Is there any other way we can make information more accessible to you? For example, large print, Braille, easy read, contact via carer. *If yes please give details below:*

Do you have a carer? Yes () No ()

If yes please give details:

Are you a carer? Yes () No ()

If yes who for?

Are they registered at Wheatbridge Surgery? Yes () No ()

Please ask at reception for our 'Carers Leaflet' - you may be entitled to a free annual influenza vaccination

Height: _____ **Weight:** _____

When was the last time you had your blood pressure checked? DATE:

Latest BP reading if known: /

Have you ever had high blood pressure? Yes () No ()

Do you suffer from any of the following medical conditions:

Asthma () COPD () Diabetes () Anti-coagulation (INR) () Cardiovascular Disease ()

Epilepsy () Mental Health () Rheumatology () Hypertension () Substance Misuse ()

Other () *If 'Other' please give details:*

Family History:

Have your parents, brothers or sisters developed any of the above conditions under the age of 65? Yes () No () *If yes please give details below:*

DATA SHARING:

***The NHS is moving into a new era of information sharing.
Locally we have two areas of information sharing which require
a decision from you as a patient.***

- **Summary Care Record (SCR)**
- **Enhanced Data Sharing Model (eDSM)**

***Information leaflets relating to the above data sharing areas are
included in your "New Patient Information Pack"***

PLEASE READ THESE CAREFULLY TO HELP YOU MAKE THE RIGHT DECISION FOR YOU

The Summary Care Record (SCR)

You may recall receiving a letter on the subject of the National Summary Care Record (SCR). Your SCR contains up to date information relating to your medications, any allergies and adverse reactions you have, only. You will always be asked by the clinical staff for your permission to view your SCR. (You may have already opted out of this service).

You will automatically be set up with a standard version SCR unless you opt out.

I consent to opt into the Enhanced SCR

(this will include all the above plus significant medical history, anticipatory care, communication needs, immunisations and end of life care information.)

I have decided to opt out

The GP surgery can no longer do this on your behalf. If you wish to opt out you will need to go to www.nhs.uk/your-nhs-data-matters or call Freephone 0300 303 5678.

Enhanced Data Sharing Model (eDSM)

This is a local information sharing initiative for Healthcare units using the same computer system as your GP Practice (SystemOne). With your permission it allows services such as District Nurses, Physiotherapy and some hospital departments, to share your **detailed** GP record. It also allows the GP to view what other units record about you, with your consent.

We have two questions for you.

Are you happy for - Information on our computer system to be seen by Clinicians treating you in other health care settings who use the same system?

YES NO

Are you happy for - This practice to view the information recorded about you at other healthcare settings who use the same system?

YES NO

DATA SHARING DECLARATION:

(PRINT NAME) _____ DOB: _____

ADDRESS: _____

I have read the information given to me regarding my data being shared and understand my decision to opt in / out of the two Data Sharing areas outlined in the previous section.

SIGNED: _____ DATE: _____

Do you take any regular medication? Including creams/inhalers as well as tablets.



Yes () No ()

PLEASE NOTE:

IF YOU TAKE ANY REGULAR MEDICATION YOU WILL NEED TO SEE A GP BEFORE ANY MEDICATIONS ARE ISSUED.

If yes please give details:

Are you allergic to any medication? Yes () No ()

If yes please give details:

Electronic Prescription Service (EPS / ETP)

It is now possible for your repeat prescription to be sent electronically to your preferred pharmacy ready for you to collect. If you would like to sign up for this service please contact your chosen pharmacy and they can arrange this for you.

Please let us know your preferred Pharmacy and Branch:

PLEASE NOTE: *If you had a nominated EPS pharmacy at your previous surgery please make sure you find a local pharmacy and sign up there as your prescriptions will automatically be sent to your current/previous nominated pharmacy electronically which may no longer be convenient for you to collect from.*

SMOKING STATUS:

Smoker () how many per day?.....

Cigarettes () Cigars ()

Ex-Smoker () when did you quit?.....

Never Smoked Tobacco ()



If you are a 'current smoker'

- are you interested in advice to help you stop smoking? Yes () No ()

	0	1	2	3	4	SCORE
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

2 UNITS

Pint of beer/
lager/cider



1.5 UNITS

Alcopop or
Bottle of lager



2 UNITS

Glass of wine
(175ml)



1 UNIT

Single measure
of spirit



9 UNITS

Full bottle of
wine



Females Only

Are you currently pregnant?

Yes () No ()

Which method of contraception do you use?