

# Cherry Hinton & Brookfields Medical Practice

## New Patient Confidential Questionnaire

(please complete this confidential questionnaire which will help our clinicians appreciate your healthcare needs)

Personal details – please complete in block capitals			
Title	Mr/Mrs/Miss/Ms/Other	Have you been registered here before?	Yes No
Surname		Forename	
Previous Surname/s		Date of birth	
Home Tel no		Mobile no	
E mail		Occupation	
Whom you like to us to contact in the event of an emergency?			
Name		Contact no	
Relationship		Is the person a patient of this practice?	Yes / No
<b>SMS Messaging -</b> Would you like to receive text messages?		*Yes / No	*If yes – please sign the consent
I consent to receiving appointment confirmations, reminders and other health notices via text messages and will update the Practice of any changes to my mobile number			
Signature		Date	
<b>Online services</b> - The Practice offers Internet facilities for booking GP appointments and ordering repeat medication online. You need to be registered in order to access this service. You can only apply for yourself and must be aged 16 and over.			
Do you want to be registered for the online services?		*Yes / No	*If Yes – please sign the declaration
Declaration - Please supply me with my User Name and password details to allow me to access the online appointment and repeat medication ordering services. I understand that I am responsible for securing these details to prevent unauthorised persons from accessing my record on line. In the event that my security details have been compromised I will inform the practice immediately so that access can be blocked and a new password issued. If, at any time, I wish to permanently cease Internet access I will inform the practice in writing. I confirm that I have read the terms and conditions and agree to them			
Signature - Patient Parent/Guardian		Date	

## Cherry Hinton & Brookfields Medical Practice

<b>Disability &amp; Carers information</b>		
Do you consider yourself to have a disability?	*Yes / No	*If yes - please provide details:
<b>Carers</b> – Do you need or do you have anyone who looks after you or your daily needs?	*Yes / No	*If yes - would you like them to deal with your health affairs here?  *Yes / No
*If yes, please supply carer's contact name & telephone number		
Do you care for anyone else?	*Yes / No	*If yes - relationship to you
Is this person a patient with the Cherry Hinton and Brookfields Medical Practice	Yes / No	

<b>Medical History</b>
<b>Please detail any current health issues or long term conditions e.g. asthma, diabetes - giving approximate date of onset</b>
<b>Medications - Please list any medications you take including those bought over the counter</b>
<b>Allergies – Are you allergic to any medications or foods etc.? Please give details</b>

## Cherry Hinton & Brookfields Medical Practice

Medical History continued:					
Height		Weight			
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 day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10 +
How often do you have <b>6 or more</b> standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Do you currently smoke?	*Yes / No	*If yes, how many per day?			
Would you like help to quit smoking?	Yes / No	<b>We strongly advise you to quit smoking. Our Practice Nurses can help or you can contact CAMQUIT: <a href="http://www.camquit.nhs.uk">http://www.camquit.nhs.uk</a> or 0800 018 4304</b>			
Are you an ex-smoker?	*Yes / No	* If yes, please give the date you quit:			

If you have NEVER been registered in the United Kingdom before please provide details of :
Operations (you have undergone):
Immunisations (you have received):

Family Medical History			
Is there any history of the following in your immediate family - (brothers/sisters/parents)?			
	Family Member		
Asthma	Yes / No	Aged	
Cancer *site	Yes / No	Aged	
Diabetes	Yes / No	Aged	
Glaucoma	Yes / No	Aged	
Heart Disease	Yes / No	Aged	
High Blood Pressure	Yes / No	Aged	
Stroke	Yes / No	Aged	

Female patients only			
Cervical Screening		Mammography	
Have you ever had a cervical smear?	Yes / No	Have you ever had a mammogram?	Yes/No
If yes please give an approximate date		If yes please give an approximate date	
Was the result normal or abnormal?		Was the result normal or abnormal?	
Would you like to receive contraception advice from the Practice?			Yes/ No

## Cherry Hinton & Brookfields Medical Practice

<b>Language &amp; Ethnicity – How would you describe your ethnic group? Please circle one</b>					
White	British	Irish	Other white		
Asian	Asian British	Bangladeshi	Indian	Pakistani	Other Asian
Black	Black British	African	Caribbean	Other Black	
Mixed	Asian & White	Asian & Black	Asian & Caribbean	White African	White Caribbean
Other	Chinese	Japanese	Middle Eastern	Turkish	
Any other please specify					
Please give details of your first language:					
If English is not your first language, do you require an interpreter?			Yes / No		

<b>We want to hear from you.....</b>				
<p>We <b>really appreciate</b> your feedback. You can tell us what you think via the NHS choices website <a href="http://www.nhs.uk">www.nhs.uk</a> , via comment cards in the surgery, via our website <a href="http://www.cherryhintonmedical.co.uk">www.cherryhintonmedical.co.uk</a>, or by telephoning Emma, the Practice Manager. In addition to this, there is the <b>Friends &amp; Family</b> question which can be completed in hard copy in the surgery, or online via our website.</p> <p>It is always great for the staff to hear if you think they are doing a good job (any online feedback will be passed on) and of course if there are any areas you think we could do better, please do get in touch with Emma.</p> <p>In addition to this we operate an online <b>PATIENT FORUM</b> which if you join you will be contacted via email from time to time by Emma, the Practice Manager, for your views on any service changes we are considering. If you would like to be part of this group please ensure you have added your email address on page one and please sign the declaration below. If at any time you wish to remove yourself from this list, please just let us know. Your details will never be passed to any third party.</p>				
<p>I would like to add my email address to the online forum mailing list and understand that this will be used to ask me for my opinion about the running of the practice and services offered/changes and will not be passed to any third party.</p>				
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"><b>Signature:</b></td> <td style="width: 40%; border: none;"><b>Date:</b></td> </tr> <tr> <td style="border: none; height: 40px;"></td> <td style="border: none; height: 40px;"></td> </tr> </table>	<b>Signature:</b>	<b>Date:</b>		
<b>Signature:</b>	<b>Date:</b>			

<p>Office use only            Id: Photo Type _____ Address _____ Other: _____ Staff Initials _____ Date _____</p> <p>Online account issued YES / NO</p>
---

# Cherry Hinton & Brookfields Medical Practice

## Summary Care Record

The NHS in England is now using an electronic record called the Summary Care Record (SCR), which is being used to support patient care. All the settings where you receive health care keep their own medical records about you. These places can often only share information from your records by letter, fax or phone. At times, this can delay information sharing and this can impact decision making and slow down treatment.

### What information about you is in the Summary Care Record?

It contains a list of your current medication, any allergies or adverse reactions you have had and your name, date of birth and NHS number (so the authorised health care professional can accurately identify you and your SCR).

No other information will be added to your SCR without your prior approval.

### Who can see my Summary Care Record?

Healthcare staff that have access to your Summary Care Record:

- need to be directly involved in caring for you
- need to have an NHS Smartcard with a chip and passcode
- will only see the information they need to do their job and
- will have their details recorded every time they look at your record

Healthcare staff will ask for your permission every time they need to look at your Summary Care Record. If they cannot ask you (for example if you are unconscious or otherwise unable to communicate), healthcare staff may look at your record without asking you, because they consider that this is in your best interest. If they have to do this, this will be recorded and checked to ensure that the access was appropriate.

### When would it be accessed?

If you present at another healthcare provider (that is not your registered GP surgery) and the health care professional thinks this information will be useful in treating you. As mentioned above, unless you are unconscious or unable to communicate, they will always ask you first.

### Children and the Summary Care Record

If you are the parent or guardian of a child under 16, you should make the information in this leaflet available to them and support them to come to a decision as to whether to have a Summary Care Record or not.

If you believe that your child should opt-out of having a Summary Care Record, we strongly recommend that you discuss this with your child's GP. This will allow your child's GP to highlight the consequences of opting-out, prior to you finalising your decision.

### How does the NHS protect my confidentiality?

By law, everyone working for the NHS in England (or on their behalf) must respect your confidentiality and keep all information about you secure. The NHS Care Record Guarantee for England specifies how the NHS will collect, store and allow access to your electronic records. It details your choices for how your information is stored and viewed.

The NHS Care Record Guarantee is available online at <http://systems.hscic.gov.uk/scr/intro>

Considerable care is taken with your records. There are individuals who are responsible for protecting your confidentiality in each place that you are treated.

### For more information about Summary Care Records you can:

1. Ask a member of the practice team
2. Look at our website [www.cherryhintonmedical.co.uk](http://www.cherryhintonmedical.co.uk) which also contains links to national resources
3. Telephone the Health and Social Care Information Centre on 0300 303 5678
4. Visit [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk)

### What should I do if I do not want a Summary Care Record?

If you choose to opt-out of having a Summary Care Record, you need to let us know by filling in and returning an opt-out form. Opt-out forms are available at the websites noted above, or please ask a Receptionist.

If you are unsure if you have already opted out, please ask at Reception. You can change your mind at any time, and if this is the case please contact the practice.