



Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Previous Surname: \_\_\_\_\_

Forename(s) \_\_\_\_\_ Sex: Male Female (circle)

Marital Status: Married / Single / Divorced / Separated / Widowed (Circle) D.O.B \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Next Of Kin: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact No: \_\_\_\_\_

Are you an unpaid carer for a child or adult with a disability or enduring illness? Y/N (Circle)

Are you cared for? Y/N (circle)

If yes please ask at reception for a carer registration pack

Do you work as a Carer? Y/N (Circle) If yes, are you a live-in carer? Y/N (Circle)

I am a military Veteran? Y/N (Circle) I am an immediate family member of a Military Veteran? Y/N (Circle)

I already use EPS and want to continue to use the following pharmacy: \_\_\_\_\_

I Consent to using the Electronic Prescription Service: Y/N (Circle)

Please send my prescriptions to the following pharmacy: \_\_\_\_\_

### Patient Ethnic Origin Questionnaire

This questionnaire follows the recommendations of the *Commission for Racial Equality* and complies with the Race Relations Act. Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Please record the MAIN SPOKEN language you use \_\_\_\_\_

I require a language interpreter  I require a BSL interpreter

<b>A) WHITE</b>	British #9i0	Irish #9i1	Any other white back ground: #9i2	
<b>B) MIXED</b>	White & Black Caribbean #9i3	White and Black African #9i4	White and Asian #9i5	Any other mixed background #9i6
<b>C) ASIAN OR ASIAN BRITISH</b>	Indian #9i17	Pakistani #9i8	Bangladeshi #9i9	Any other Asian background #9iA
<b>D) BLACK OR BLACK BRITISH</b>	Caribbean #9iB	African #9iC	Any other black background: 9iD	
<b>E) CHINESE OR OTHER ETHNIC GROUP</b>	Chinese #9iE	Any other ethnic group #9iF		
<b>F) DECLINED</b>	#9SD			

## Measurements

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

## MEDICAL HISTORY:

*Please list all significant medical problems where possible, e.g. Major Operations, Diabetes, Asthma, Heart Disease, Strokes*

## **FAMILY HISTORY**

*Have any of your Parents, Brothers or Sisters suffered from Heart Disease, Diabetes, Asthma, High Blood Pressure or Strokes?*

*If yes, please give their ages, relationship to you and age at diagnosis: \_\_\_\_\_*

**PROBLEMS :** *Please list any active problems including dates*

**MEDICATION :** *Please list all medication you are currently taking*

**ARE YOU ALLERGIC TO ANY DRUGS:** \_\_\_\_\_

## Vaccinations :

Date of Last Tetanus: \_\_\_\_\_ Flu Vaccination: \_\_\_\_\_

## SOCIAL HISTORY:

**Do you Smoke?** Y/N (Circle)

*\* We recommend that you do not smoke. Ask at Reception about the 'Quit Smoking Clinics'*

If yes, how many cigarettes do you smoke each day? \_\_\_\_\_

If no, have you ever smoked? Yes / No and approximately when did you stop? \_\_\_\_\_

**Do you use a Vape/Electronic cigarette?** Y/N (Circle)

## Exercise (please tick)

Exercise impossible  Light Exercise  Moderate Exercise  Aerobic Exercise

## Diet (please tick)

Vegetarian  Vegan  Weight Reducing  Low Fat  Low Salt

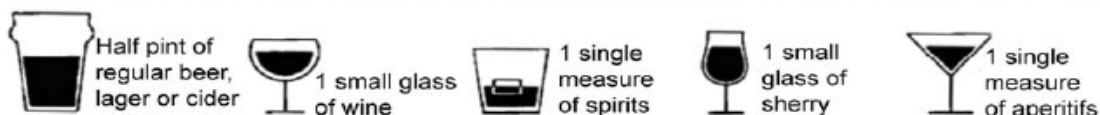
Milk Free  High Fibre  Normal

## ALCOHOL

How many units of alcohol do you drink in 1 week? \_\_\_\_\_

**This is one unit**

**of alcohol...**



**...and each of these is**

**more than one unit**



Questions	Scoring System					Your Score
	0	1	2	3	4	
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 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	

**Now add up your score and write it here:**

*If you scored 5 or above please fill out the questionnaire on the page 4*

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	

**Now add up your score above and write it here:**

**Add the score from Page 3 and above together and write here:**

**Scoring**

*0-7 Lower Risk*

*8-15- Increasing risk*

*16-19- Higher Risk*

*20+- Possible dependence*

OFFICE USE ONLY

Staff Initials

ID Seen

Date Handed in

Last 3 characters of id

Co. Signed

Date Entered on Emis

# Opt In/Out Patient Choice Form

For more information on data sharing please see our web site under GDPR and also [www.nhsdatasharing.info](http://www.nhsdatasharing.info)

Please tick the following boxes if you wish to **OPT-IN**

To receive SMS text reminders for appointments and/or health promotion information YES  NO

*Please note that by opting out of SMS texting you will not receive appointment reminders*

To receive Email reminders for appointments and/or health promotion information YES  NO

## IMPORTANT INFORMATION ABOUT YOUR HEALTH RECORD (Please read carefully)

The NHS shares data from your medical record in a number of ways. You have the right to control how your personal information is used and who has access to it. You can opt out of this data sharing by completing the form below. We will then add relevant coding to your record to stop the extraction and processing.

**I agree to the following information to be extracted and uploaded from my GP record for the following purposes:**

### **National Data OptOut**

This information is used by NHS England and Public Health England to determine future demand on services, or for research into the treatment of conditions. This will also include the National Diabetic Audit and other National Audits that the practice may part in. (<https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/national-diabetes-audit>)

To **Opt Out** of this visit: <https://www.nhs.uk/your-nhs-data-matters/> where you will need to register your preference not to take part.

**The following options are for data sharing related to your direct health care. You are opted in by implied consent unless you let us know.**

**The Summary Care Record** Please opt me out of the Summary Care Record YES  NO

I Express consent for medication, allergies and adverse reactions only. YES  NO

I Express consent for medication, allergies, adverse reactions and additional information. YES  NO

The Summary Care record is a national record which can be accessed by healthcare professionals who may need to treat you in other parts of the country. It contains information on your main diseases, medications, allergies, immunisations, care plans and significant medical history (past and present) which may be crucial to your care in an emergency. If you do not want your data to be available to other services on the national spine, please let the practice know and we will ensure you are **Opted out** of this data sharing

**The Care and Health Information Exchange, -** Please Opt me out of the Hampshire CHIE YES  NO

CHIE is a Hampshire wide database which healthcare professionals in other practices and local hospitals can access if they need to treat you. They can ask you to view your practice record, such as when you visit a local Hub and this may be important to providing you with the correct care. It is not available to health services outside of Hampshire who would use the Summary Care Record to obtain important information about you.

**Please ensure that no further information is uploaded about me. I understand I can opt back in to any or all of these databases at any time in the future by informing the Practice in writing.**

**\*ONLY SIGN HERE IF YOU HAVE TICKED NO ON ANY OF THE HEALTH RECORD QUESTIONS**

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_