

## Data Sharing

<b><u>Summary Care Record</u></b>	
Your summary care record contains information relating to your Medication, Sensitivities, Allergies and Adverse Reactions to other Health Care Professionals in an emergency situation. Examples may include contact with GP out of Hours service, Emergency visits to A&E and being seen as a Temporary Resident by a GP whilst on holiday etc. You will always be asked by the clinical staff for your permission to view your SCR. (if consenting please sign ONLY no. 1 or no. 2 option)	
1. I consent to my Medication, Sensitivities, Allergies and Adverse Reactions to be included in the Summary Care Record.	Signed:
Or you may want to include other important information on your Summary Care Record which you think would be helpful in an Emergency situation such as significant medical conditions, e.g. diabetes, epilepsy etc or end of life information	
2. I consent to my Medication, Sensitivities, Allergies, Adverse Reactions and additional information opposite to be included in the Summary are Record.	Signed:  Please list any information you do not want adding:
I do not wish to be included in the Summary Care Record but understand that I can change my mind regarding this at any time.	Signed: <b>You must complete an Opt-out form. These are available from Reception.</b>

<b><u>Enhanced Data Sharing Model (eDSM)</u></b>	
This is a local information sharing initiative where other services who use the same clinical system as Whittington Moor Surgery can access your detailed medical records as part of your appointment with them. It allows services such as District Nurses, Physiotherapy and certain Hospital services to enter information directly in to your records and share it with your GP Practice. It is important that we know about your treatment to allow us to safely monitor your care You will always be asked prior to access for confirmation of your consent to share. Please sign below if you consent to eDSM	
I am happy for my GP Practice to receive information about my consultations with clinicians in other health care settings	Signed:
I am happy for information held at my GP practice to be shared via eDSM with clinicians treating me in other health care settings	Signed

## Whittington Moor Surgery New Patient Questionnaire

Please complete the following questionnaire. 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.  
PLEASE NOTE: This can take up to 4 months

<b>Please complete ALL questions</b>	
Full Name:	Today's Date:
	Date of Birth:
Post Code:	Marital Status:
	NHS No:
*Home Tel:	Ethnic Origin: (Please circle)
	White British      White Other      Chinese
*Mobile Tel:	Indian or British Indian      Asian Chinese
I consent for communications to be sent via text message and email. Signed:	Pakistani or British Pakistani      Polish
	Bangladeshi or British Bangladeshi
I <b>DO NOT</b> consent for communications to be sent via text message and email. Signed:	Asian Other      Caribbean      Black Other
	African      Mixed – White/Black African
*It is extremely important that we have up to date telephone numbers in case we have to contact you urgently.	Mixed – White/Asian      Mixed - Other
Email Address:	Mixed – White/Black Caribbean
	Other Ethnic Background .....

### Next of Kin Details:


Name:	Relationship:
Address:	
Telephone No:	

### Carers Information:

Do you have a Carer?	Yes	No
Are you a Carer?	Yes	No
Do you look after someone who needs support due to a physical or learning disability or illness?		

**Please inform us immediately if your circumstances change and you are no longer a carer**

## Basic Health Information:

Height:	Weight:		
Do you suffer from any allergies?			
Are you sensitive to any medication?			
Are you a member of the Armed Forces?			
Have you ever served in the Armed Forces?			<b>XaX3N</b>
Are you the partner or child of a member or previous member of the Armed Forces?			
Do you smoke? 	Yes	No	If you are a <b>current</b> smoker How many per day? Cigarettes: Cigars: Pipe: Rolling Tobacco:
Have you ever smoked?	Yes	No	
Date stopped smoking?			
<b>Stop Smoking Cessation Advice</b>			
If you would like advice and support to help you to stop smoking you can self-refer to one of our local NHS Stop Smoking Services. For FREE local support call: Derbyshire County Stop Smoking Service on 0800852299 or 01246 868425. Alternatively <a href="http://www.nth.nhs.uk/stopsmoking">www.nth.nhs.uk/stopsmoking</a> has more information. Some Pharmacies also offer this service.			

<u>Alcohol Consumption Questions</u>	<u>Scoring System</u>					<u>Your Score</u>
	0	1	2	3	4	
How often do you have 8 (men)/6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

**Only answer the following questions if your score above is 2 or more.**

How often do you have a drink containing alcohol	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How many units of alcohol do you drink on a typical day when drinking	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

## Accessible Information Standards:

Do you have a learning difficulty, vision impairment or sensory hearing loss?	Yes	No
Do you have any special communication or information needs?	Yes – Y17f2	No – Y17f3
If yes, please tell us more about your preferred method of communication and information so we can do our best to support you		

## Current Medical Conditions

**PLEASE INFORM US IMMEDIATELY IF YOU HAVE ANY SERIOUS MEDICAL CONDITION OR ARE UNDER THE HOSPITAL AT THE MOMENT FOR ANY TREATMENT WHICH MAY NEED FOLLOW UP**

**If you are on any regular medication – please make a New Patient (20 minute appointment) with a GP at least a week before your medication is due to run out – please bring with you a copy of your recent medication so we can update your records.**

## Females Only

Are you currently Pregnant:	Yes:	No:
Due Date:		
Please let us know if you have an IUCD (Coil) or Implant fitted and the date of Insertion.		

## Electronic Prescribing

**PLEASE NOTE:** If you were registered at your previous practice for electronic prescribing, your prescriptions will continue to go to your original designated pharmacy until you register at a local pharmacy close to your new home.

## On-Line Services

We offer online services for appointment booking, repeat prescriptions and access to records. To register and obtain a secure password, you will need to provide ID. If you require online access please tick here   
Signed .....

**Please follow us on Facebook at Whittington Moor Surgery**

Please return this questionnaire to reception with your Registration Form  
**Your Registration will not be processed without this information**

Thank you