

ID Checked



RIVERSIDE

www.riversidehealth.co.uk

New Patient Questionnaire

Welcome to Riverside Health Centre. To register with the practice please complete this questionnaire. Return the completed form to our reception staff, along with a form of photo identification.

Personal Details		Surname:	First Name(s):
DOB:	Gender:	First Language:	
Address:		UK Military Veterans – Have you served in the UK Military?	Are you a wheelchair user?
Telephone Number / Mobile Number:		Yes / No	Yes / No
Ethnicity: British / Polish / Irish / Indian / Pakistani / Chinese / African / Other <i>(please specify)</i>		Do you have a disability or impairment? Yes / No <i>(please circle)</i> Hearing loss / Complete deafness / Visual impairment / Complete blindness / Learning disability or difficulty	
Online Services – Riverside Health Centre offers a service for patients to order repeat medication, book GP appointments, view your summary care record and view your Detailed Coded Record online. * Patient under 11 years – Parent/Guardian can have proxy access to Online Services. If you would NOT like to be registered for Online Service, please tick the box.		SMS Text Messages – Riverside Health Centre offers a text messaging service where you will receive appointment reminders and texts regarding your health. If you would NOT like to be registered for the SMS Text Messages, please tick the box.	
<input type="checkbox"/>		<input type="checkbox"/>	

OVER 16 YEARS ONLY

Carers			
Are you a carer or a foster carer?	Yes / No	If you are a carer, please detail below whom you care for (if the patient you care for is registered at Riverside, please ask us for our carer form).	
Smoking			
Do you smoke?	Yes / Ex-Smoker / No	If yes, how many per day?	
If you are a smoker, would you like information on our Stop Smoking Clinic?			
Yes / No			
Alcohol – Please circle your answer			
How often do you have a drink containing alcohol?			
Never	Monthly or Less	2 to 4 times a month	4 or more times a week
How many units of alcohol do you drink on a typical day when you are drinking?			
1 or 2	3 or 4	5 or 6	7, 8 or 9 10 or more

How often have you had 6 or more units if female, or 8 or more units if male, on a single occasion?			
Never	Less than Monthly	Weekly	Daily or almost Daily

Repeat Medication	Allergies & Sensitivities
Please provide us with any repeat medication.	Please tell us about any allergies & sensitivities you have.

Summary Care Record (SCR)

The NHS in England has introduced the Summary Care Record, which will be used in emergency care.

The record will only contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

If you would like a Summary Care Record then you do not need to do anything and a Summary Care Record will be created for you. **If you do not want a Summary Care Record** then sign the Opt Out below.

Summary Care Record Opt-Out *Only sign if you want to opt out*

I do NOT want a Summary Care Record		<input type="checkbox"/>	
Signature Patient/Parent/Guardian		Date	

Enhanced Data Sharing Model (EDSM)

Sharing of your Medical Records between Health Professionals

This patient record sharing system will allow you to decide whether you would like to securely share details of your electronic medical records from GP and from other NHS healthcare organisations, where you may be receiving NHS care. If you consent your care record held by your GP practice or medical service will be shared with other medical services involved in your care (such as district nursing, health visiting, physiotherapy, podiatry and Out of Hours (OOH) providers in our area).

Enhanced Data Sharing Consent Opt-In

1. Would you like to share your record held here with other services that are/will be providing your care in the future?	Yes / No		
Declaration: By registering with this Practice you are agreeing to the sharing in of your medical history from other NHS Care Services.			
Signature Patient/Parent/Guardian		Date	

Thank you for taking the time to fill out this questionnaire. Please return to Reception.

Signature Patient/Parent/Guardian		Date	
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***Online Services** – Proxy access can be given to patients when both parties are over the age of 16 with the completion of our consent form. Detailed Coded Record access will not be granted for any proxy access requests. Patients aged between 11-16 will not be given proxy access at this point in time. We are currently looking to introduce this process in the near future.

Please ask at Reception for more information