

Railway Medical Group

New Patient Questionnaire

Surname Forename (s)

Title Mr / Mrs / Ms / Miss Date of birth

Maiden name(s)

Address

.....

Postcode Telephone number/s

Email address

Current occupation

Marital status Single / Married / Widow/Widower / Divorced/Separated / Other

Please answer the following questions;

1. Do you smoke? Never..... YesCigarettes/Pipe/Cigars If not now, date stopped:

If yes how much per day

2. Alcohol

a) 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
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b) How many standard alcoholic drinks do you have in a typical day when drinking?

1-2	3-4	5-6	7-8	10+
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c) Do you ever have 6 or more standard drinks on 1 occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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3. Ethnic group

To which of these groups do you consider you belong: (tick one box only)					
<i>White:</i>		<i>Black or Black British:</i>		<i>Ethnic Groups:</i>	
British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>	Any other Ethnic group	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>		
<i>Asian or British Asian:</i>		<i>Mixed:</i>		<i>Prefer not to disclose</i>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>		
Pakistani	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>		
Bangladeshi	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>		
Any other Asian background	<input type="checkbox"/>	Any other Mixed background	<input type="checkbox"/>		

4. Height

Weight

5. Are you a carer? Yes No.....

If so, do you consent to us recording this on our system? Yes No

By providing this information it will enable us to flexibly meet your needs.

6. Do you have any medical problems?

Yes No

If **yes** please give details

.....

.....

7. Have you had any other illnesses, accidents or operations in the past?

Yes No

If **yes** please give details

.....

.....

8. Are you under the care of a hospital consultant at the moment?

Yes No

Name of consultant Hospital Diagnosis

.....
.....

9. Do you take any regular medication?

Yes No

If yes please give details

.....
.....

10. Do you have any allergies to medicines or tablets?

Yes No

If yes please give details

.....

11. Female Patients Only

Contraception method:

Date of last cervical smear result

Date of last breast screening result

12. Family History

Please give details of the state of health or cause of death of family members eg. heart attack, stroke, diabetes, hereditary condition or other disease. The relative may alive or dead, please indicate their age now or at death including cause of death or current state of health

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13. Summary Care Record

Did you have a Summary Care Record at your previous doctor's surgery? YES / NO
See enclosed leaflet

Consent for sharing of Summary Care Record (see enclosed leaflet) YES / NO

Consent for sharing of Shared Health Care Record (see enclosed Leaflet) YES/ NO

14. Are you a Military Veteran? YES / NO

Armed forces, regular or reserve, Merchant Navy seafarers and fishermen who served in a vessel which facilitated military operations by armed forces.

If YES can we record this on your medical record? YES / NO

15. Communication Needs

Please inform us if you have any communication needs i.e. Braille, large print etc.

Signature

Date

For Office Use Only

For over 75's enter code 9NN60 as Named GP

First spoken languagePatient not willing to give information:

Please tick to indicate:

Akan		Lithuanian	
Albanian		Luganda	
Amharic		Makaton (sign language)	
Arabic		Malyalam	
Bengali		Mandarin	
Brawa		Norwegian	
British signing language		Pashto (Pushtoo)	
Cantonese		Patois	
Croatian		Polish	
Dutch		Portuguese	
English		Punjabi	
Ethiopian		Russian	
Farsi (Persian)		Serbian	
Finnish		Sinhala	
Flemish		Somali	
French		Spanish	
French creole		Swahili	
Gaelic		Swedish	
German		Sylheti	
Greek		Tagalog (Filipino)	
Gujarati		Tamil	
Hakka		Thai	
Hausa		Tigrinya	
Hebrew		Turkish	
Hindi		Urdu	
Igbo (Ibo)		Vietnamese	
Italian		Welsh	
Japanese		Yoruba	
Korean		Other – please specify below:	
Kurdish			
Lingala			

Pharmacy nomination for prescriptions

Our practice is now moving to an electronic prescribing system (EPS) which means that when your prescription is authorised by the GP it will automatically be sent to the chemist electronically. By nominating a dedicated pharmacy you will not need to pick your repeat prescriptions up from the surgery and then take them to a pharmacy, you will be able to go straight to your nominated pharmacy to pick up your medication after the surgery's specified turnaround time for repeat prescriptions (48 hours).

Please tick **(one)** pharmacy nomination:

Blyth Health Centre Pharmacy Thoroton Street NE24 1DX Tel: (01670) 396 487	
Boots Maddison Street NE24 1EY Tel: (01670) 546 092	
Blyth Health Care Bowes Street NE24 1BD Tel: (01670) 362 111	
Boots Waterloo Road NE24 1BW Tel: (01670) 352 275	
Boots Cowpen Briardale Road NE24 5LA Tel: (01670) 356 545	
Boots Newsham Plessey Road NE24 4AA Tel: (01670) 366 198	
Asda Pharmacy Cowpen Road NE24 4LZ Tel: (01670) 542 710	
Boots Seaton Sluice Beresford Road NE26 4DR Tel: (0191) 237 6880	
Lloyds Delaval Terrace NE24 1DJ Tel: (01670) 366 608	

If you require any further information regarding electronic prescribing please ask a receptionist.

Application for online access to my medical record

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Basic Summary Information	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>

Signature	Date
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For practice use only

Patient NHS number	Practice computer ID number	
Identity verified by (initials)	Date	Method <div style="text-align: right;"> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/> </div>
Authorised by		Date
Date account created		
Date passphrase sent		
Level of record access enabled <div style="text-align: right;"> All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/> </div>	Notes / explanation	

Railway Medical Group

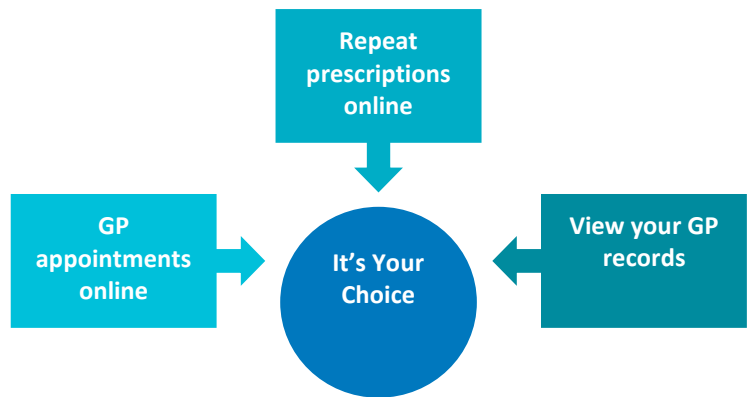
Online Services Records Access Patient information leaflet 'It's your choice'

If you wish to, you can now 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. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

The practice has the right to remove online access to services. This is rarely necessary but may be the best option if you do not use them responsibly or if there is evidence that access may be harmful to you. This may occur if someone else is forcing you to give them access to your record or if the record may contain something that may be upsetting or harmful to you. The practice will explain the reason for withdrawing access to you and will re-instate access as quickly as possible.



It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

The information that you can see online may be misleading if you rely on it alone to complete insurance, employment or legal reports or forms.

Be careful that nobody can see your records on screen when you are using Patient Online and be especially careful if you use a public computer to shut down the browser and switch off the computer after you have finished.