

**PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS**

(See page 9 for a list of suitable proof of address/ID documents)

From  
MAY  
2018

Your GP will be: **Dr**

Have you been registered at this practice before? YES / NO (please circle as appropriate)

Surname: [Grid]  
All Forenames: [Grid]  
Previous Surname: [Grid]

Mr / Mrs / Miss / Ms / Other (Please circle)  Male  Female

Date of birth: [Grid] NHS number (if known): [Grid]

Supplying this information gives consent for us to contact you where medically necessary.

Home Telephone: [Grid]

Mobile Telephone: [Grid]  
This mobile belongs to:  Patient  Parent/guardian  Other : \_\_\_\_\_  
All calls are recorded for training and monitoring purposes

Work Telephone: [Grid]

Email: [Grid]  
(CAPITALS PLEASE) See Consent Form Page

Your main language:

Your next of kin (in the UK):

Name: Telephone No: Relationship:

Name: Telephone No: Relationship:

If you are under 16: who looks after you?

Name: Telephone No: Relationship:

School:

Signature of patient: ..... Date:

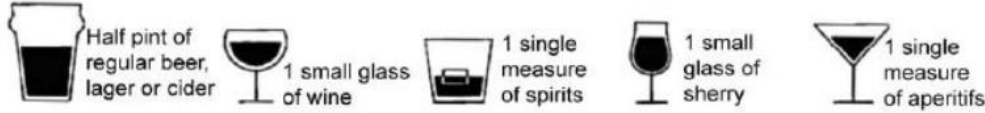
Signature on behalf of patient: ..... Date:

## CHARTER MEDICAL CENTRE HEALTH QUESTIONNAIRE

### ALCOHOL UNITS:

Alcohol use can affect your health and can interfere with certain medications and treatments. Your answers will remain confidential so please be honest.

### This is one unit of alcohol...



**Weekly Unit Consumption**

### ...and each of these is more than one unit



**Two or more alcohol free days**

Yes / No

The following questions are validated as screening tools for alcohol use.

Please circle as appropriate

AUDIT - C: First 3 Questions		Scoring system					Your score
		0	1	2	3	4	
1	How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
2	How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3-4	5-6	7-9	10+	
3	How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

**Total score for questions 1-3 =**

If you score 5 and over please complete the remaining 7 questions below

Full AUDIT: Remaining 7 Questions		Scoring system					Your score
		0	1	2	3	4	
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	
5	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	
6	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	
7	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	
8	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	
9	Have you or somebody else been injured as a result of your drinking?	No	Yes, but not in the last year			Daily or almost daily	

<b>10</b>	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	
<b>Total score for questions 7-10 =</b>						
<b>TOTAL score for ALL questions =</b>						

**Please use the machines in the waiting room to measure your:**

<b>BLOOD PRESSURE:</b>	Take your printed result to reception
<b>HEIGHT AND WEIGHT:</b> Write your numbers here:	Height:..... Weight: .....
<b>SMOKING:</b> Do you ever smoke?  How many per day?	Yes <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Never smoked <input type="checkbox"/>  _____

We offer a smoking cessation clinic at the surgery. If you are interested, please ask at Reception for details. You can also visit [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk) for smoking cessation advice

**CARERS:**  
Do family, friends, neighbours rely on you because they have long-term ill health, disability or problems of old age?

YES I regularly care for a family member, friend or neighbour  
 YES I would like more information about support for carers;

Please ask reception for a **CARERS PACK**.

**Your medical history:**  
Do you have, or have you had, any serious health problems (including operations) or long term conditions?

Date: \_\_\_\_\_ Details: \_\_\_\_\_

**Your allergies ( e.g. medication, bee sting):**

**Your family's medical history:**  
Please TICK if your close blood relatives have any of the following health problems or other inherited disease?  
Give details if you can (e.g. "mother aged 45")

	Family member	Family member
<input type="checkbox"/> heart disease		<input type="checkbox"/> stroke
<input type="checkbox"/> diabetes		<input type="checkbox"/> asthma
<input type="checkbox"/> cancer		<input type="checkbox"/> any inherited disease

## Some questions about how you describe yourself

To comply with the Equalities Act 2010 please tell us some more about yourself so that our services take your needs into account.

How would you describe your <b>Ethnicity</b> ?			
<b>Asian</b>	Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background <input type="checkbox"/>	<b>White</b>	British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy <input type="checkbox"/> Traveller <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Any other White background <input type="checkbox"/>
<b>Black</b>	Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Sudanese <input type="checkbox"/> Any other Black background <input type="checkbox"/>	<b>Other</b>	Chinese <input type="checkbox"/> Turkish <input type="checkbox"/> Arab <input type="checkbox"/> Japanese <input type="checkbox"/> Any other ethnic group (please detail) <input type="checkbox"/> I do not wish to say <input type="checkbox"/>
<b>Mixed</b>	Asian & White <input type="checkbox"/> Asian & Black <input type="checkbox"/> Asian & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/>		

How would you describe your <b>Sexual Orientation</b> ?				
Gay <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	I do not wish to say <input type="checkbox"/>

Do you describe yourself as <b>Transgender</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
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How would you describe your <b>Religion / Belief</b> ?					
Agnostic <input type="checkbox"/>	Christian <input type="checkbox"/>	Jewish <input type="checkbox"/>	Roman Catholic <input type="checkbox"/>	No particular faith <input type="checkbox"/>	
Atheist <input type="checkbox"/>	Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>	I do not wish to say <input type="checkbox"/>	
Buddhist <input type="checkbox"/>	Jehovah's Witness <input type="checkbox"/>	Pagan <input type="checkbox"/>	Other <input type="checkbox"/>	<i>please specify</i>	

How would you describe your <b>Employment / Education status</b> ?					
Paid work <input type="checkbox"/>	Looking for work <input type="checkbox"/>	Unable to work for medical reasons <input type="checkbox"/>			
Not looking for work <input type="checkbox"/>	I do not wish to say <input type="checkbox"/>		Parent <input type="checkbox"/>		
Retired <input type="checkbox"/>	Student <input type="checkbox"/>		Homemaker <input type="checkbox"/>		
Other <input type="checkbox"/>	<i>please specify</i>				

<b>Do you consider yourself to have a disability?</b>			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not wish to say <input type="checkbox"/>	<b>If yes please give brief details below</b>

**YOUR CONSENT for TEXT and EMAIL communication**  
**Please read carefully.**

**Mobile phone numbers & email addresses**

We ask all our patients to provide us with their mobile phone numbers and their email address, if they have them and should they so wish.

We use your mobile phone number in two ways:

- To contact you, as an alternative to your landline number.
- To send you SMS text messages (Parents of children UNDER 13 and patients OVER 16 Only.)

The texts that we send are only ever related to your medical care - for example, reminding you of a forthcoming appointment at the surgery, an invitation for a check-up or immunisation, or to inform you that a blood test or x-ray result is back. We do **not** use SMS for direct marketing in any way.

If you would prefer us not to ring you on your mobile phone then please say so and we will either not add your mobile phone number to your record, or remove any existing mobile phone number.

If you would prefer us not to send you SMS text messages - but you *are* happy for us to ring you on your mobile phone (when needed) - then please say so and we will mark your record as "no SMS text messages".

**SMS messaging is not the most secure method of messaging. Phones can be shared, stolen, and accessed without consent. Any SMS message sent will be brief and contain as little sensitive information as possible**

**TEXT: Parents of children UNDER 13 and patients OVER 16 Only.**

- YES** - I have read the above and consent to the practice contacting me by text.  
 **NO** - I do not consent to the practice contacting me by text – please OPT ME OUT of ALL texts.

**EMAIL**

We occasionally use email to communicate with our patients, again for matters related to your direct medical care.

*Unless you have separately given us your explicit consent on a case by case basis, we will not email you for non-medical matters (such as surgery newsletters and other information).*

**Email is not secure and should contain the minimum sensitive information necessary to achieve the aim.**

If you would prefer us not to email you then please say so and we will either not add your email address to your record, or remove any existing email address.

**EMAIL: Patients OVER 16's Only**

**If you supply an email address we will send you an automatic verification email. Please follow the instructions to verify your email – you will need to click on a link and answer security questions. We cannot verify email manually.**

- YES** - I understand that by verifying my email I will be consenting to the surgery contacting me by email  
 **NO** - I do not consent to the practice contacting me by email– please OPT ME OUT of ALL emails.

**'Consent for 'Patient Partner' 24/7 Automated Telephone service PIN - OVER 16's ONLY**

You will be able use our 24 hour Automated Telephone service to book new appointments without a PIN.

You will need a PIN to

- check / change / or cancel existing appointments
- order repeat prescriptions

A higher standard of documentation is needed to apply for a PIN. You will need two forms of documentation, one of which must contain a photo. Acceptable documents include passports, photo driving licences and bank statements, but not bills. See website for full list.

- YES** Please create a Patient Partner PIN for me and send it to my verified email address or mobile number \*

**\*Please note:** PIN details will be sent to your email or mobile only after you have responded to an automated verification message. Speak to reception if you prefer to collect your PIN from surgery.

**RECEPTION DEPARTMENT**

<b>Identity verified by (initials)</b>	<b>Date:</b>	<b>Method ID provided (give details):</b>
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*Admin: if under 16, bar from PP*

*Admin: if consent given: create PIN and send to S1 verified email address or verified mobile*

## Application for online access to my medical record (OVER 16's ONLY).

A higher standard of documentation is needed for online registration. You will need two forms of documentation, one of which must contain a photo. Acceptable documents include passports, photo driving licences and bank statements, but not bills (see website for full list). Online login details will be emailed/text to you (providing you have consented) only after you have responded to an automated verification message.

<b>Surname:</b>		<b>Date of birth:</b>	
<b>First name:</b>			
<b>Address:</b>			
Email address:			
Telephone number:		Mobile number:	

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my Summary Care Record (SCR)	<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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement.	<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"/>
Signature	Date

### For practice use only

RECEPTION DEPARTMENT			
<b>ID verified by (initials):</b>	<b>Date:</b>	Vouching <input type="checkbox"/>	Vouching with information in record <input type="checkbox"/>
		ID provided <input type="checkbox"/> (give details) _____	
ADMIN DEPARTMENT			
Patient NHS number:		Date passphrase sent:	
<b>Level of record access enabled:</b>			
Booking appointments <input type="checkbox"/> Requesting repeat prescriptions <input type="checkbox"/> SCR <input type="checkbox"/>			
<b>Authorised by:</b>		<b>Date:</b>	

**Please note:** If you wish to have access to your Detailed Coded Access please ask a member of reception for a request/consent form. There is a waiting list for this functionality due to the high workload required in checking and enabling coded record access. Access cannot be granted until your medical record has been received from your previously surgery and summarised, which currently takes in excess of 8 weeks. Full record access is not available at this surgery.

## PATIENT INFORMATION SHARING AND CONSENT:

### You have a choice about whether your information is shared and for what purpose.

All information you give to a member of the practice team is safeguarded by the Data Protection Act and the NHS Care Record Guarantee. At all times, everyone working for the NHS, has a legal duty to keep information about you confidential. However, information is sometimes shared where it is absolutely necessary to support your care or help improve the service provided by the NHS. A copy of the NHS Care Record Guarantee is available online at <http://www.nigb.nhs.uk/pubs/nhscrg.pdf> or from reception.

#### ENHANCED DATA SHARING: SystemOne TTP (over 16's only)

This GP practice is able to share your electronic GP record with healthcare professionals caring for you elsewhere (e.g. in community, hospital or urgent care services). This may help in your care and may save you from needing to remember your medical history and medications.

This surgery uses a computer system called **SystemOne** that allows the sharing of full electronic records across different healthcare services that use the same computer system if patient consent is given.

There are two ways in which your information can be shared:

1. **Sharing OUT**- This controls whether your information entered at this surgery can be shared with other NHS Services.
2. **Sharing IN**- This controls whether information that has been made shareable at other NHS care services can be viewed by the surgery.

**Consent Model:** Opt-in

<b>SHARING OUT: Do you consent to the sharing of data recorded at our surgery with any other organisations that may care for you?</b> <b>(PLEASE SIGN)</b>	
<b>YES</b>	<b>NO</b>
<b>SHARING IN: Do you consent to the viewing of data by our surgery that is recorded at other healthcare organisations that may care for you where you have agreed to make the data shareable?</b> <b>(PLEASE SIGN)</b>	
<b>YES</b>	<b>NO</b>

#### SUMMARY CARE RECORD (SCR)

For your care in an emergency situation or where access to detailed records is not available



The SCR is an electronic record that is available **nationally** which contains information about your medication, allergies and adverse reactions to medicines, to ensure those caring for you have enough information to treat you safely.

**Consent Model:** Implied Consent

Implied consent is automatically recorded unless you opt-out. However we ask all newly registered patients for their express consent/dissent.

#### What are the two levels of SCR and what does this mean for consent?

1. **Core:** this is the standard SCR which is created automatically and includes medications, allergies and adverse reactions.
2. **Additional Information:** Further information can be added to the core SCR on a patient-by-patient basis however express consent is required. (Please see next page regarding this)

<b>Do you want a CORE Summary Care record?</b>	
<b>YES:</b> a record will be created for you, BUT you can opt out at any time <b>(PLEASE SIGN)</b>	<b>NO:</b> please ask for an opt-out form at reception <b>(PLEASE SIGN)</b>

If you would like further information on any of the above, please ask a member of reception for a leaflet detailing further information on the above sharing preferences.

## NHS Summary Care Record with Additional information (SCRAI)

There may be **unplanned or emergency** situations where you may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs. Having an SCR means that when you need healthcare you can be helped to recall vital information. SCRs can help the staff involved in your care make better and safer decisions about how best to treat you.

**You can choose to have additional information included in your SCR, which can enhance the care you receive.** This information includes:

- Your illnesses and health problems.
- Operations and vaccinations you have had in the past.
- How you would like to be treated - such as where you would prefer to receive care.
- What support you might need.
- Who should be contacted for more information about you.

### What to do next

If you would like this additional information adding to your SCR (or the SCR of someone you are a carer for), then please complete this form.

### Children/Under 16's

Currently there is no national system for reviewing patients SCR/SCRAI consent options when they reach the age at which they are competent to make decisions about their own care therefore any sharing decisions made by a parent or guardian will continue to be valid unless the patient actively amends their consent preferences when they are older.

If you are the parent or guardian of a child under 16 and feel they are old enough to understand then you should make this information available to them and support them to come to a decision as to whether they wish to supplement their SCR with additional information. If your child cannot understand but you believe they may benefit from additional information within their SCR as a parent or guardian you can consent to this on their behalf however we advise that once they become old enough to understand this decision that you advise them of your choice and it's implications. Consent preferences can be changed at any time simply by contacting the surgery.

### Vulnerable patients and carers

Certain vulnerable patient groups such as those with dementia or with detailed and complex health problems can particularly benefit from additional information in their SCR. If you are a carer for another person and believe that they may benefit from additional information in their SCR and they lack the capacity to consent themselves then you can consent on their behalf.

Name of Patient: .....

Date of Birth: ..... Patient's Postcode: .....

Surgery Name: ..... Surgery Location (Town): .....

NHS Number (if known): .....

Signature: ..... Date: .....

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; **you** sign the form above and provide your details below:

Name: .....

Capacity:

Please circle one

Parent	Legal Guardian	Lasting power of attorney for health and welfare
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If you require any more information, please visit [www.hscic.gov.uk/scr/patient](http://www.hscic.gov.uk/scr/patient) phone HSCIC on **0300 303 5678** or to a member of reception.



### Secondary uses of your medical record

The NHS shares information from your medical records for some Secondary uses *unrelated to your direct medical care*.

Examples include using your information for research, commissioning, audit, healthcare planning, risk profiling (or "stratification"), "population analytics and management", extraction of sick note data to the DWP, commercial and political uses.

### Opting out from Secondary uses

#### 1. The National Data Opt Out will launch on 25<sup>th</sup> May 2018

From 25<sup>th</sup> May 2018 you can choose whether to allow NHS Digital to use your confidential data for Research and Planning.

Confidential information means information that identifies you and says something about your health, care or treatment.

You can Opt Out by contacting NHS Digital direct:

Visit: [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters) or call 0300 330 9412

#### 2. Type 1 Opt out from secondary uses of my medical record

You also have the right to Opt Out of **ALL** Secondary uses of your medical record:(You can ask to opt in again at any time)

You can do this by asking reception for a Data Processing Opt Out form.

### **Electronic Prescription Service: Pharmacy Nomination**

The Electronic Prescribing Service allows us to send your prescription forms electronically to your nominated, preferred choice of local pharmacy to be made up and collected at your convenience. Please ask reception for a leaflet for further information.

<b>Pharmacy Nomination:</b>	
<b>Pharmacy Post Code:</b>	
<b>Patient Name:</b>	

I am the patient/carer of the patient named above. Nomination has been explained to me and I have also been offered a leaflet that explains the nomination process.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For office use only:

This document has been checked by receptionist:

NAME:

SIGNATURE:

DATE:

#### **Proof of Address: (Any one of the following)**

- Utility bill (less than 3 months old)
- Bank / Credit card statement (less than 3 months old)
- Council Tax bill
- Tenancy Agreement

#### **Proof of Identity: (Any one of the following)**

- Passport
- UK Photo Driving Licence
- European ID Card
- UK Birth Certificate
- Red Book (children under 5)

**If under 18: Has proof of ID and address been provided?**

- YES     NO, Provide details.....

**If under 18: Is an adult with parental responsibility registering/registered at the practice?**

- YES     NO, Provide details.....

**Has the patient been offered a "Your communication needs" form?**     YES

**Were any Communication or Information needs identified?**     YES     NO

**Additional Notes:**



**PLEASE TAKE THIS PAGE HOME WITH YOU**  
**Charter Patient Group is looking for volunteers**

We are volunteer patients who work with the managers and clinicians at the practice to support and promote the best possible health care for all patients at the practice. We also act as the patients' "voice" in seeking to influence the local provision of health and social care. We do this by working with other health-related organisations in Brighton and Hove on health issues beyond the practice, such as clinical commissioning.

**Are you interested in volunteering for The Charter Patient Group?**

Would you be able to help with any of the following activities?

- Talk and listen to patients with whom you share some needs or Interests
- Search websites at home for information useful to patients
- Help with refreshments at quarterly patient group meetings
- Take notes at quarterly patient group meetings
- Lay out information in the waiting areas
- Think of questions for surveys to send to patients
- Send your ideas to the patient participation group committee
- Join the committee which meets four times a year
- Write for the patient group newsletter and/or produce the newsletter
- Join special groups in Brighton and Hove that support health and social care
- Design publicity materials
- Help organise events for patients
- Use your IT skills to support the work of the PPG
- Keep our website up to date

**For more Information, Newsletters, Meeting dates visit:**

- the Patient Participation section of the surgery **website** [www.chartermedicalcentre.co.uk](http://www.chartermedicalcentre.co.uk)
- Our **notice board** and table at the back of the ground floor waiting room
- **Facebook:** Charter-Medical-Centre-Patient-GroupPPG

**Please contact Charter Patient Group if you would like to get involved:**

- **Email:** [charterpatientgrouphove@gmail.com](mailto:charterpatientgrouphove@gmail.com)
- **Webform:** 'Contact Us' form on the Patient Participation section of the surgery website [www.chartermedicalcentre.co.uk](http://www.chartermedicalcentre.co.uk)
- **Post** this form in our Patient Group Post box at the back of the ground floor waiting room.

**Dear Patient Group – please telephone me**

**My Name is:**

**My Telephone Number is:**

**Comments / Ideas / Suggestions:**

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

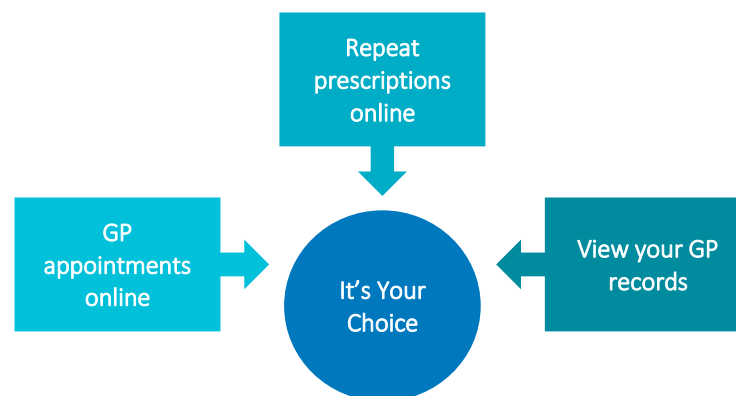
If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical SRC online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

SCR- Summary Care Record  
Your Summary Care Record contains important information from the record held by your GP practice and includes details of any medicines you are taking or have taken in the past 12 months, any allergies you suffer from and any bad reactions to medicines that you have previously experienced. Your Summary Care Record also includes your name, address, date of birth and NHS Number.

The SCR is an electronic record that is available nationally in urgent care situations. For more information on SCR and how to opt out please speak to a member of reception.

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.



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 practice has the right to remove online access to services for anyone that doesn't use them responsibly.

## Before you apply for online access to your record, there are some other things to consider.

You will be asked that you have read and understood the points given below, as well as the content of this leaflet before you are given your login details.

### Things to consider

#### Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

#### Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Once registered 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.