

Riverside Surgery
525 New Chester Road
Rock Ferry
Birkenhead
Wirral
CH42 2AG

TEL: 0151 645 3464

Patient Screening Form

Demographic Details

Name:Date of Birth:.....

Address:.....

Telephone No:..... Mobile No.....

Email Address:.....

Name and contact details (phone number) of next of kin

.....
.....

Religion:..... Ethnic Group:.....

Main Spoken Language:.....

Do you have any communication/information needs relating to a disability, impairment or sensory loss? Yes / No

If Yes please give details:

.....

Height:..... Weight:..... Waist:.....cm

Medical History (Please list ALL medical conditions)

.....
.....
.....

Current Medication – Please attach your repeat prescription tearoff slip

Please tell us how you currently request your repeat prescription:

.....

You can request your repeat prescription using online Patient Access/ MyGP app or by bringing your tearoff slip back into us at the surgery when your medication is due. Prescriptions can be ordered a maximum of 7 days early. Please allow 48 hours for any request to be processed.

You can download the free MyGp or Patient Access app through your phone app store. If you wish to sign up for either of the above then please speak to reception, please ensure you have photo ID.

Do you consent to receive SMS notifications for clinical services? YES / NO

CARER AND SCREENING INFORMATION

1) Do YOU have a carer? Yes / No

If Yes, please confirm the following information:

Name of Carer

Address of Carer.....

Telephone Number of Carer.....

2) Are YOU a carer? Yes / No

If Yes, please confirm the following information:

Who do you provide care for.....

Are the caring responsibilities impacting onto your health? Yes / No

3) If you are a carer, have you received your Carer’s Voucher? Yes / No

OTHER DETAILS

1) Are YOU Armed Forces? Yes/No OR

2) Are YOU Ex-Armed Forces? Yes/No

3) Do you give full consent for this information to be recorded onto your medical records? Yes/No

Please continue with following pages

Smoking History

Smoker? Yes / No If yes, amount per day?.....cigarettes / pipe / cigars
What Age did you start smoking?.....
Ex-smoker? Yes / No If yes, amount per day?.....cigarettes / pipe / cigars

Alcohol History

Do you drink Alcohol? Yes / No If yes how many units per week?.....
Half a beer = 1 unit, One pub measure of spirit = 1 unit, One 175ml glass of wine = 1 unit, One Breezer for example = 1 unit

IF YOU HAVE ANSWERED YES TO DRINKING ALCOHOL, PLEASE CONTINUE TO COMPLETE THE FOLLOWING ALCOHOL AUDIT:

Alcohol Audit

1) How often do you have a drink containing alcohol? Please indicate below

Never [] Monthly or less [] 2-4 Times p/month [] 2-3 Times p/week 4 or more Times p/week []

2) How many standard drinks containing alcohol do you have on a typical day?
Please indicate below

1 or 2 [] 3 or 4 [] 5 or 6 [] 7 or 8 [] 10 or more []

3) How often do you have six or more drinks on one occasion? Please indicate below

Never [] Less than monthly [] Monthly [] Weekly [] Daily or almost daily []

4) How often during the last year have you been unable to remember what happened the night before because you have been drinking?

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 of you because of drinking?

Never [] Less than monthly [] Monthly [] Weekly [] Daily or almost daily []

6) In the last year has a relative, friend or medical professional been concerned about your drinking or suggested you cut down?

NO [] Yes, On One Occasion [] Yes, On More than One Occasion []

Please continue with following page

Family History – Please include Mum, Dad, Brother, Sister and Grandparents

	<u>Hypertension</u>	<u>Stroke/ CVA</u>	<u>Angina? What Age <60 or >60</u>	<u>Heart Attack / Heart Disease Age <60 or >60</u>	<u>High Cholesterol</u>	<u>Diabetes Age <60 or >60</u>	<u>Cancer What kind of cancer?</u>
<u>Mum</u>							
<u>Dad</u>							
<u>Brother</u>							
<u>Sister</u>							
<u>Maternal Grandmother</u>							
<u>Maternal Grandfather</u>							
<u>Paternal Grandmother</u>							
<u>Paternal Grandfather</u>							

Patient Participation Group

Would you like to be a member of our PPG? Yes [] No []

The Riverside Surgery Patient Participation Group (PPG) was formed in August 2010. It is made up of members all of whom are patients of the Practice and give their time on a voluntary basis. The group meets once a month between 1:00 p.m. and 2:00 p.m.

The PPG is made up of: Chairman, Secretary, Treasurer and Members.

The purpose of a PPG is to improve communication between the practice and its patients, to find out what the patients think about the services being provided. The PPG share this information with the doctors and managers so that they can constantly strive to develop a practice that meets the needs of all its patients.

The group will regularly seek your views and make sure that the Practice knows what you are thinking but if you feel that there is an important issue that needs bringing to our attention we can be contacted through the Surgery.

Your Data Matters to the NHS

Information about your health and care helps us to improve your individual care, speed up diagnosis, plan your local services and research new treatments.

In May 2018, the strict rules about how this data can and cannot be used were strengthened. The NHS is committed to keeping patient information safe and always being clear about how it is used. You can choose whether your confidential patient information is used for research and planning. To find out more visit: nhs.uk/your-nhs-data-matters

You can choose whether your confidential patient information is used for research and planning.

How your data is used

Your health and care information is used to improve your individual care. It is also used to help us research new treatments, decide where to put GP clinics and plan for the number of doctors and nurses in your local hospital. Wherever possible we try to use data that does not identify you, but sometimes it is necessary to use your confidential patient information.

What is confidential patient information?

Confidential patient information identifies you and says something about your health, care or treatment. You would expect this information to be kept private. Information that only identifies you, like your name and address, is not considered confidential patient information and may still be used: for example, to contact you if your GP practice is merging with another.

Who can use your confidential patient information for research and planning?

It is used by the NHS, local authorities, university and hospital researchers, medical colleges and pharmaceutical companies researching new treatments.

Making your data opt-out choice

You can choose to opt out of sharing your confidential patient information for research and planning. There may still be times when your confidential patient information is used: for example, during an epidemic where there might be a risk to you or to other people's health. You can also still consent to take part in a specific research project.

Will choosing this opt-out affect your care and treatment?

No, your confidential patient information will still be used for your individual care. Choosing to opt out will not affect your care and treatment. You will still be invited for screening services, such as screenings for bowel cancer.

What should you do next?

You do not need to do anything if you are happy about how your confidential patient information is used. If you do not want your confidential patient information to be used for research and planning, you can choose to opt out securely online or through a telephone service.

You can change your choice at any time.

To find out more or to make your choice visit nhs.uk/your-nhs-data-matters or call **0300 303 5678**.

To set a National Data Opt-Out

Following recommendations made by the National Data Guardian for health and care in England a new national data opt-out is available. It provides a secure and accessible way for the public to opt out of their confidential patient information being used for reasons other than their individual care and treatment subject to a number of exemptions.

The national data opt-out is a simple option that a patient who wishes to opt out needs to set only once, and which will then be applied across the health and care system.

How to set a national data opt-out choice using the online service

Before using the online service, patients who wish to set a national data opt-out will need to have the following information to hand, so that their identity can be confirmed:

- **NHS number** – patients can find their NHS number on a letter from their GP practice or other NHS service, on a prescription, or via online access to GP practice services (such as for booking appointments or requesting repeat prescriptions)
- **Mobile phone number or email address provided previously at a GP practice or other NHS service.**

Using any device which can connect to the internet such as a computer, tablet, or mobile phone, patients can go to: www.nhs.uk/your-nhs-data-matters and follow the guidance on the page.

The online service is available 24 hours a day, 7 days a week.

How to set a national data opt-out choice using the telephone service

If a patient is unable to use the online service, or would prefer not to, they can telephone 0300 303 5678 to register a national data opt-out.

According to Ofcom, the UK's communications regulator, calls to 0300 numbers should cost no more than calls to a normal personal or business geographic landline number (numbers starting with 01 or 02), whether calling from a landline, or mobile phone.

The telephone service is available 9am to 5pm, Monday to Friday, excluding English bank/ public holidays.

Confirmation

Once the process has been completed, the patient will receive a confirmation that their national data opt out choice has been set, using email, SMS text, or letter as per their chosen communication method.



Your emergency care summary

CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice.

A. Please complete in BLOCK CAPITALS

Title..... Surname / Family name
.....

Forename(s)
.....

Address
.....

Postcode..... Phone No.....

Date of birth.....

NHS Number (if known).....

Signature

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name

Your signature.....

Relationship to patient Date

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please contact your GP practice.

FOR NHS USE ONLY

Actioned by practice: yes / no

Date.....

Ref: 4705