



Like us on Facebook to keep up to date with the latest health campaigns and practice news. Alternatively log on to www.longlanesurgery.com to find our more information on our practice.

Please complete and return this NEW PATIENT questionnaire together with 2 forms of identification if possible.

Form 1 – medical card or passport or photo driving license or national identity card. Form 2 – bank/building society statement or utility bill (less than 3 months old).

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes. Fields marked with an asterisk (*) are mandatory.

Title	Surname	First names	
Any previous surname(s)		Date of Birth	
<input type="checkbox"/> Male <input type="checkbox"/> Female		NHS No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Town and country of birth		Home address	
Home telephone No.			
Work telephone No.			
Mobile No.		Postcode	
		Email address	

Preferred Method of contact Phone SMS Email Letter

Consent Section – Please read with care:

Long Lane Surgery would like to contact you with appointment reminders/health campaigns/services that we provide and test results. **Do you consent to receive the following from Long Lane surgery:**

SMS text messages Yes / No Emails Yes / No Answering machine messages Yes / No

Today, electronic records are kept in all the places where you receive healthcare. These places can usually only share information from your records by letter, email, fax or phone. At times this can slow down your treatment and mean information about you is hard to access

The services you access, however, may use a unique computer system called **SystemOne** that allows the sharing of your medical history and records across different healthcare services. We are telling you about this so you can decide whether you want us to share your full medical record with other NHS services that use SystemOne. The aim is to enable faster, more connected treatment but it cannot happen without patient consent.

Do you consent to share your records with other Healthcare professionals(District Nurses, Community Health Nurses etc) on SystemOne? (Electronic Data Sharing Module) Yes / No

For more information - <https://www.westlecestershreccg.nhs.uk/your-ccg/publications/your-health-and-services/1063-edsm-patient-guide-0/file>

Do you dissent (refuse) to share anonymised information about your clinical record with West Le cestersh re CCG via secure server for the purpose to identify patients in need of additional care. The practice will always contact the identified patient to consent to additional care? (Risk Strat) Yes / No

You can modify or withdraw your consent at any time by contacting our patient services team on 01530 445 945, we will act on immediately, unless there is a legitimate or legal reason for not doing so. Every practice in the country are being asked to participate in these schemes.

Previous address and doctors details

*Previous address in the UK	Name of previous doctor while at that address
Postcode	Address of previous doctor

If you are from abroad

*Your first UK address where you registered with a GP if you were previously living abroad

*If previously a resident in the UK, date of leaving

*Date you first came to live in the UK if applicable

If you are returning from the Armed Forces (Admin only – Please Code and mark as Priority Patient)

Address before enlisting

Service or Personnel No.

Enlistment date

SUPPLEMENTARY QUESTIONS**PATIENT DECLARATION for all patients who are not ordinarily resident in the UK**

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

I understand that I may need to pay for NHS treatment outside of the GP practice

I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa.

I can provide documents to support this when requested

I do not know my chargeable status


I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:		Date:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

Complete this section if you live in another EEA country or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a <u>non-UK</u> EHIC or PRC?	YES: NO:	If yes, please enter details from your EHIC or PRC below:
	Country Code: 	
	3: Name	



If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.

4: Given Names			
5: Date of Birth	DD MM YYYY		
6: Personal Identification Number			
7: Identification number of the institution			
8: Identification number of the card			
9: Expiry Date	DD MM YYYY	(b) To:	DD MM YYYY
PRC validity period (a) From:	DD MM YYYY		DD MM YYYY

Please tick if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

*****Additional details For/About you:*****

Important Information on your summary care record:

Most people in England already have a 'core' Summary Care Record which only makes limited information from a patient's GP record available to other health professionals, such as current medications, allergies, and bad reactions to medicines. The NHS is encouraging people living in Leicester, Leicestershire and Rutland to share more information about their health and preferences to help doctors and nurses treat them. An 'Enhanced Summary Care Record' is special as it can also include details of illnesses and health problems, past operations and vaccinations, treatment preferences, information about the kind of support needed, and who should be contacted if more information is required.

Why you should consent to an 'Enhanced Summary Care Record'

Consenting to an 'Enhanced Summary Care Record' means you can receive better, quicker care if you need to access healthcare away from your usual GP surgery, such as in an emergency, on holiday, when their normal surgery is closed, at hospital clinics, and when visiting a pharmacy. - Express consent for an 'Enhanced Summary Care Record'

Please only tick the boxes below if you **DO NOT** want an enhanced summary care record.

- Express consent for medication, allergies and adverse reactions only

- Express dissent (opt out) – I do not want a Summary Care Record

If you require further information on your summary care record or wish to opt out, log on to:

<https://www.westleicestershireccg.nhs.uk/your-health-and-services/your-health-records-and-data/11-your-health-and-services/210-enhanced-summary-care-record>

Take a note of your Accountable GP

We are now required to provide all of our newly registered patients information on who their named GP.

Dr Robbins will have overall responsibility for the care and support that our surgery provides to you. This does not prevent you from seeing any GP in the practice as you currently do. You do not need to take any further action, but if you have any questions, please ask our patient services team for further information.

We offer **Electronic Prescribing** for your convenience

What does this mean for you? You will not have to visit the practice to pick up your paper prescription. Instead, we will send it electronically to the place you choose, saving you time. You will have more choice about where to get your medicines from because they can be collected from a pharmacy near to where you live, work or shop. Select where you want your GP to send your electronic prescription.

Name and Address of my nominated pharmacy: _____

Do you consent to your nominated pharmacy to request and collect your prescription on your behalf

Yes No

What is your ethnic origin?

British/Mixed British <input type="checkbox"/>	Irish <input type="checkbox"/>	Chinese <input type="checkbox"/>
White/Black Caribbean <input type="checkbox"/>	White/Asian <input type="checkbox"/>	White/Black African <input type="checkbox"/>
Indian/British Indian <input type="checkbox"/>	Pakistani/British Pakistani <input type="checkbox"/>	Bangladeshi/British Bangladeshi <input type="checkbox"/>
Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	
Other Asian Background <input type="checkbox"/>	Other Black Background <input type="checkbox"/>	Other White Background <input type="checkbox"/>
Other (please specify)		I do not wish to answer <input type="checkbox"/>

What is your main spoken language?

English <input type="checkbox"/>	Hindi <input type="checkbox"/>	Gujarati <input type="checkbox"/>
Bengali <input type="checkbox"/>	Punjabi <input type="checkbox"/>	Somali <input type="checkbox"/>
Urdu <input type="checkbox"/>	Arabic <input type="checkbox"/>	Polish <input type="checkbox"/>
Other:	I do not wish to answer <input type="checkbox"/>	

Do You require an interpreter? Yes No

Do you require communication support or a specific contact method?

Uses Hearing Aid <input type="checkbox"/>	Prefers communication in writing <input type="checkbox"/>
Lip Speaker <input type="checkbox"/>	Prefers communication verbally <input type="checkbox"/>
Uses Sign Language <input type="checkbox"/>	Prefers communication by telephone <input type="checkbox"/>
Uses text relay <input type="checkbox"/>	Prefers communication by email <input type="checkbox"/>

Other Please Specify:

The Practice adheres to the Accessible Information standard, which Make sure everyone's needs are recorded in the same way and that they are easy to understand – If you specific need is not listed above, Please provide details in the Other, Please Specify Section or contact our patient services team on 01530 445 945.

Next of Kin Details:

Address/Telephone Number _____

Do you care for somebody? Yes / No

(This does not include being a parent) To help you in your caring role and to look after your own health and wellbeing, do you consent to a referral to support for carers Yes / No

Do you require a carer to assist you? Yes / No

Contact details: _____

Do you have a named social worker? Yes / No

Contact details: _____

<p>Do you have any problems with accessing the building that we need to be aware of?</p>	
<p>Are you taking regular Prescribed Medication?</p>	<p><i>If yes, please state: Name/Strength/Dose Below</i> 1) 2) 3) 4) 5) 6) 7) 8) 9) 10)</p>

Do you have any allergies? Yes / No *If yes, please state:*

Have you had any adverse reactions to medicines or substances? Yes / No *If yes, please state:*

Smoking status:	
Current smoker <input type="checkbox"/> Daily Consumption:	<p>If you are a current smoker – have you thought about stopping smoking recently?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you would like help please ask for details from reception or contact Quit Ready 0345 646 66 66</p>
Ex-smoker <input type="checkbox"/> Date Stopped	
Never smoked tobacco <input type="checkbox"/>	
Please provide an estimate of your:	Height:
	Weight:
	Recent Blood Pressure Reading if possible /
	Recent Pulse Reading

Previous Vaccinations (Please provide estimated dates)					
	1st	2nd	3rd	Booster	Booster
Diphtheria					
Pertussis					
Tetanus					
Poliomyelitis					
Hib					
Pneumococcal					
Meningitis C					
MMR					
BCG					
Others (Please Specify)					

Do you or have you ever suffered from:

Epilepsy	<input type="checkbox"/>	Yes	Year		Mental Illness	<input type="checkbox"/>	Yes	Year
High BP	<input type="checkbox"/>	Yes	Year		Diabetes	<input type="checkbox"/>	Yes	Year
Heart Attack / Angina	<input type="checkbox"/>	Yes	Year		Asthma	<input type="checkbox"/>	Yes	Year
Stroke / Mini-stroke (TIA)	<input type="checkbox"/>	Yes	Year		COPD (or Emphysema)	<input type="checkbox"/>	Yes	Year
Cancer	<input type="checkbox"/>	Yes	Year		Osteoporosis / Bone fractures	<input type="checkbox"/>	Yes	Year
Rheumatoid Arthritis	<input type="checkbox"/>	Yes	Year		Peripheral vascular disease	<input type="checkbox"/>	Yes	Year

If you suffer from any of the above conditions, a yearly check with one of our practice nurses will be required – If you have not seen anyone in the last year, Please contact our patient services team on 01530 445945 to check if you require

WOMEN ONLY (Please complete)Have you had a hysterectomy? **Yes No**

This is one unit of alcohol...



Half pint of regular beer, lager or cider



1 small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs

On average, please state how many units of alcohol would normally drink every week?

Units per week.

AUDIT – C – Brief Alcohol Questionnaire:

Questions	Scoring System = 0,1,2,3,4					Your Score
	0	1	2	3	4	
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	
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+	
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						

Scoring: A total of 5+ indicates increasing or higher risk drinking. -

If you have scored 5+ Please complete the remaining questions below.

Remaining AUDIT questions:

Questions	0	1	2	3	4	Your Score
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	
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	
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	
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	
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	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
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	
Total Score						

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

Application for SystmOnline

What is SystmOnline?

“SystmOnline” is a website which allows you to have access to our on-line services. These include: Arranging, checking and cancelling appointments, ordering medication, viewing your medical record

‘Using on-line services could save you a trip, or phone call to the surgery.

You can use SystmOnline at home, at work or on the go 24/7 – wherever you can connect to the internet or alternatively Patient Access mobile app is free to download on Android and iOS.’

If you wish to have access to online services – please complete the details below.

Name: _____ Date of Birth _____

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. Access to Questionnaires	<input type="checkbox"/>
4. Accessing detail coded records (Enhanced)	<input type="checkbox"/>

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

I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
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"/>
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
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For practice use only

Patient NHS number	Practice computer ID number	
Address <input type="checkbox"/> Photo ID <input type="checkbox"/>	Identity verified by (initials)	Enter Date:

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

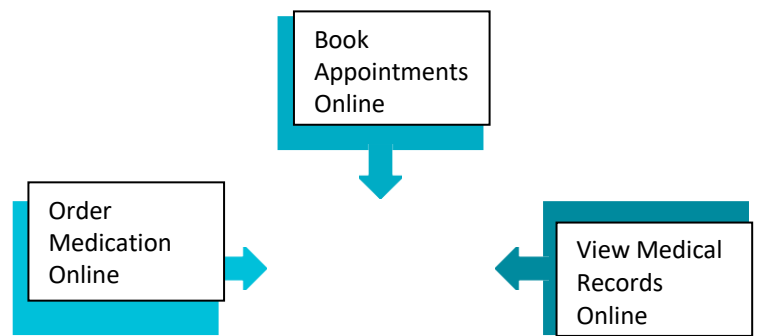
If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

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.

You will only be given access to "Detail Coded Records". Information is recorded in your Computer Record in a number of ways. You will only be given access to information that has been recorded as a "read code" during a consultation with a GP or Nurse. You will be able to see additional information added as an "Investigation" (Laboratory tests, height, weight, blood pressure etc).

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.

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

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them. If this happens please contact your surgery as soon as possible. The practice may set your record so that certain details are not displayed online. For example, they may do this with test results that you might find worrying until they have had an opportunity to discuss the information with you.

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. If it would be helpful to you, you can ask the practice to provide another set of login details to your Online services for another person to act on your behalf. They would be able to book appointments or order repeat prescriptions. They may be able to see your record to help with your healthcare if you wish. Tell your practice what access you would like them to have.

Children

We will, normally, allow representatives of children who have parental responsibility access to their record. This access will be withdrawn when the child reaches the age of 13 or when they are deemed to be medical competent. The child will then need to apply for access in their own right.

We reserve the right to withdraw access when such access to a child's online record may cause distress to the child.

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.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information added by non clinicians

Information will have been added to your medical record by administrative staff employed by the practice.

Such information could be when your notes from your previous practice have been summarised and entered onto our computer system; when we receive documents from other health providers that contain data suitable for coding; and other information we require to have in your record to support clinicians in providing healthcare to you.

Some information will have been added by other clinical staff who may not be employed by the surgery, for example community midwives and nurses. In some cases, medical records will have been transferred electronically.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>