

May 2024



New Patient Questionnaire

For reception - Type of ID:  Catchment postcode checked:  Sign:
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Please complete this form so we have some useful information about you before your old notes arrive and so that we can offer you services to help maintain your health.

**Please show proof of name and address**

**ABOUT YOU:**

Title..... Full Name..... Previous Name.....  Do you have a preferred Name?.....  Date of Birth: ...../...../.....  Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other.....  <b><u>CONTACT INFORMATION</u></b>  Home telephone*..... Mobile telephone..(UK mobiles only)** ..... Work telephone..... Email Address.....  <small>*We will not leave messages with third parties unless prior express consent is given          **We are not able to contact or consult patients on non-UK mobile numbers, or when you are outside of the UK</small>  <b><u>Next of Kin</u></b>  Name..... Telephone number..... Relationship to you.....  <b><u>RESIDENCY</u></b> Do you live in a residential/nursing home? YES/NO Do you have a door access key code that you would like us to keep on record? .....
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<b><u>ETHNICITY</u></b> : .....  Having information about patient's ethnic groups is helpful to the NHS so that it can plan and provide culturally appropriate and better services to meet patient's needs. (This information is voluntary)  Religious affiliation: ..... Main Spoken Language ..... Do you require the help of a Translator/Interpreter? YES / NO
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**Are you a carer or do you help look after someone? YES / NO**

If you have a carer, please state their name / address / phone number:.....

.....

**SERVICE FAMILIES AND MILITARY VETERANS**

I AM Military Veteran

I AM married/civil partnered to a Military Veteran

I AM currently serving in the Reserve Forces

I AM married/civil partnered to a serving member of the Regular/Reserve Armed Forces

I AM under 18 and my parent(s) are serving member(s) of the armed forces

I AM under 18 and my parent(s) are Veteran(s) of the armed forces

**ABOUT YOUR CURRENT HEALTH:**

Smoking status:

Never Smoked

Ex-Smoker (Date Ceased: ...../...../..... )

Current Smoker (How many per day.....)

Smoker of e-cigarettes

What is your **height**? ..... What is your **weight**? .....

**REACTIONS TO DRUGS AND ALLERGIES**

Have you had a reaction to any medication, or do you suffer from any allergies?

**If so please give details**

.....

.....

**FOR WOMEN ONLY**

**About cervical smears:**

Have you had a smear in the last 5 years  Yes  No

**About contraception:**

What form are you using? .....

If you have a coil, when was it fitted? .....What type is it? .....

**Have you had a hysterectomy?**  Yes  No

If yes, when? .....What was the reason? .....

**HEALTH CONDITIONS**

Have you ever been **diagnosed** with any of the following conditions? (Please tick)

- Diabetes     Thyroid disease     Stroke or transient ischaemic attack     Cancer
- High blood pressure     Heart disease     Learning disability

Are you **taking medication** for any of the following?

- Asthma     Mental illness     Epilepsy     Other long term chest problem

Are you taking any **other prescribed medication**?     Yes     No

If you have any other **health conditions** please give details:

.....


If you have ticked any of the above boxes please can you book an **appointment** with a **doctor**.

## ALCOHOL SCREENING TOOL

**1 unit is typically:**


Half-pint of regular beer, lager or cider; 1 small glass of low ABV wine (9%); 1 single measure of spirits (25ml)

**UNIT GUIDE**



**The following drinks have more than one unit:**

A pint of regular beer, lager or cider, a pint of strong /premium beer, lager or cider, 440ml regular can cider/lager, 440ml "super" lager, 175ml glass of wine (12%)



Questions	Scoring system					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	
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	

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

Total Score

**SPECIFIC NEEDS:**

Do you have any disability or impairment as defined under the Equality Act 2010?

(a physical or mental impairment that has a substantial and long-term (greater than 12 months) negative effect on ability to do normal daily activities).

.....  
.....

**Do you require any reasonable adjustments to be made by us?** (please tick one option)

YES                       NO

If you have selected **yes**, are you happy for this to be shared with other organisations in the NHS and social care that will be involved in your care?

YES                       NO

Please state any requirements you have to be able to access our practice premises:

.....

Do you have any Religious or Cultural needs?.....

**THANK YOU – NOW CAN WE HELP YOU?**

**Any queries to the practice can be forwarded to us securely via our website: [www.watershipdownhealth.com](http://www.watershipdownhealth.com)**

- If you have **ticked** any of the boxes in Section **Health Conditions** please make an appointment to see a doctor and bring your medication with you.
- If you would like help to give up **smoking** or to lose **weight** please make an appointment to see the **Practice Nurse**
- If you are **over 45**, or have a **family history** of high blood pressure or heart disease and have **not had your blood pressure recorded in the last 5 years**, or would like a health check, please make an appointment with a **Health Care Assistant**.
- If you are **house bound** and would like a health check please contact reception

**Please sign here to confirm you have read the attached ‘General Data Protection**

**Regulation’ leaflet : .....Date: ...../...../.....**

May 2024

## **ONLINE ACCESS**

You can access some health services online using the NHS app or another online services provider.

These services include:

- Booking appointments
- Requesting repeat medications
- Accessing your prospective health records

You will need to choose an online provider and then link your account with Watership Down Health.

For detailed coded access to your retrospective medical records you will need to complete a separate form, available from reception.

**If you have supplied us with a personal email address, we will email you a linkage key for you to gain access to your chosen app.**

**By requesting access to online services I agree with the following statements:**

'I will be responsible for the security of the information that I see or download. If I choose to share my information with anyone else, this is at my own risk. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement, and if I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible.'

**Signed:**

**Date:**

**This Practice can prescribe electronically to any pharmacy of your choice**, if you have previously nominated a pharmacy for your prescriptions to be sent to, this will be deleted from your records when we register you.



**You can choose how your confidential patient information is used**

**SUMMARY CARE RECORD (SCR)**

Your Summary Care Record (SCR) is a short summary of your GP medical records. It tells other healthcare staff about allergies and the medicines you take. This means they can give you better care when you are away from home, in an emergency, when your surgery is closed, at outpatient clinics or at the pharmacy. If you do not have an SCR, NHS healthcare staff caring for you may not be aware of your current medications, allergies and any bad reactions to medicines you have had, in order to treat you safely in an emergency. SCRs improve your care, but if you do not want one, tell your GP or complete the form below and return it to Reception. For more information on (a) having an SCR with core information only or (b) what will happen if you opt out completely, go to <https://digital.nhs.uk/services/summary-care-records-scr/summary-care-records-scr-information-for-patients>

**CARE & HEALTH INFORMATION EXCHANGE (CHIE)**  
*Previously known as Hampshire Health Record*

This is a central database of medical records. Uploaded to this database are the full GP records from participating GP surgeries as well as records from certain hospitals and NHS trusts, which are then potentially available to very many NHS staff across Hampshire. GP surgeries, hospital trusts, community services, mental health trusts and local councils are all uploading information to CHIE. For more information, please go to [www.careandhealthinformationexchange.org.uk/your-care](http://www.careandhealthinformationexchange.org.uk/your-care). If you do not want your data included, please complete the form overleaf. This may mean that you are not invited to attend national campaigns, such as a Covid vaccinations.

**YOUR DATA MATTERS TO THE NHS**

You can choose whether your confidential patient information is used for research and planning. Health and care information is used to improve your individual care. It is also used to help research new treatments, decide where to put GP clinics and plan for the numbers 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. It is used by the NHS, local authorities, university and hospital researches, medical colleges and pharmaceutical companies researching new treatments. If you are happy about how your confidential information is used, you do not need to do anything. **You can choose not to share your data either online at [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters) or through a telephone service (0300 303 5678).** If you opt out of this, you will still be invited for screening services eg bowel cancer.

**I want to choose how my confidential information is used**

Name: ..... Date of birth: .....

Signature: ..... Today's date: .....

If completing for another person, your name/signature and relationship to that person:

.....

- I do not wish to have my clinical information in the **Summary Care Record** (Code **1736841000000115**)
- I do not wish to have my clinical information in the **CHIE record** (Code **416409005**)
- Text messages – I do not wish to receive **text messages** (Code **513631000000106**)
- Emails – I do not wish to receive **emails** (Note: this will prevent you using Online Services) (Code **835231000000104**)

## WATERSHIP DOWN HEALTH

### What is GDPR?

GDPR stands for General Data Protection Regulations and is a new piece of legislation that will supersede the Data Protection Act. It will not only apply to the UK and EU; it covers anywhere in the world in which data about EU citizens is processed.

The GDPR is similar to the Data Protection Act (DPA) 1998 (which the practice already complies with), but strengthens many of the DPA's principles. The main changes are:

- Practices must comply with subject access requests
- Where we need your consent to process data, this consent must be freely given, specific, informed and unambiguous

### What is 'patient data'?

*Patient data* is information that relates to a single person, such as his/her diagnosis, name, age, earlier medical history etc.

### What is consent?

*Consent is permission from a patient – an individual's consent is defined as "any freely given specific and informed indication of his wishes by which the data subject signifies his agreement to personal data relating to him being processed."*

The changes in GDPR mean that we must get explicit permission from patients when using their data. This is to protect your right to privacy, and we may ask you to provide consent to do certain things, like contact you or record certain information about you for your clinical records. If you do not wish your data to be shared please complete the enclosed Opt Out Form. Individuals also have the right to withdraw their consent at any time.

### Contact us

Watership Down Health,  
The Surgery, Station Road, Overton, Basingstoke, Hampshire.

RG25 3DU.

01256 770212

[www.watershipdownhealth.com](http://www.watershipdownhealth.com)

Person to contact regarding Data Protection matters:  
Susie Altmeyer-Ennis, Practice Business Manager

Scan this code with your  
mobile for more on GDPR





## NATIONAL DATA OPT OUT

The national data opt-out allows a patient to choose if they do not want their confidential patient information to be used for purposes beyond their individual care and treatment – that is for **research and planning**. Patients, or people acting for them by proxy, have control over setting or changing their own opt-out choice, and can change their mind at any time.

The Government are wishing to do the first extract of pseudo anonymised data some time after 23 June 2021.

Patients wishing to Opt Out of the National Data Opt Out can do the following:

- 1) Go to the NHS App via a Smart phone and it is simply to opt out through this medium once one has signed up for the NHS App.
- 2) Go to the NHS Web Site via a tablet or PC:  
<https://digital.nhs.uk/services/national-data-opt-out>
- 3) Go to the Practice Web Site and further information can be found in our Privacy Notice:  
<https://watershipdownhealth.com/practice-information/privacy-notices-and-policies/privacy-notice/>  
Appendix A - General Practice Data for Planning and Research (GDPR)
- 4) Email: [enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk)
- 5) Postal address:  
National Data Opt Out  
Contact Centre  
NHS Digital  
HM Government  
7 and 8 Wellington Place  
Leeds  
LS1 4AP
- 6) You can also make or change a choice for yourself by phoning the NHS Digital Contact Centre. The phone number is **0300 303 5678** – Monday to Friday, 9am to 5pm (excluding bank holidays).

**PLEASE NOTE THAT THIS SHOULD NOT BE CONFUSED WITH THE OPT OUT WHERE A PATIENT CAN SHARE THEIR DATA WITH OTHER HEALTH ORGANISATIONS THROUGH THE SUMMARY CARE RECORD/CHIE E.G. WHERE A PATIENT CONSENTS TO SHARE THEIR DATA WITH A HOSPITAL OR AMBULANCE TRUST SO THAT IN THE CASE OF THEM BEING ADMITTED THE HOSPITAL/AMBULANCE WILL KNOW ANY MEDICATION AND ALLERGIES THAT THEY MAY HAVE.**