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| **Homestead Medical Centre – New Patient Check Form 2022** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr/Mrs/Miss/Dr/Mx/ Ms etc: | | | | | | | | | | | | | **Today’s Date:** | | | | | | | |  | | | | | |
| **Surname** | |  | | | | | | | | | | | **First & Middle Names**: | | | | | | | |  | | | | | |
| **Date of Birth:** | |  | | | | | **Place of Birth:** | | | | | |  | | | | | | | | Marital Status: | | |  | | |
| Ethnic Origin: | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode: | |  | | | | | | | | | | | | | Mobile Number: | | |  | | | | | | | | |
| Home Telephone: | |  | | | | | | | | | | | | | Email:\* | | |  | | | | | | | | |
| \* I am happy to receive FREE SMS Text messages/appointment reminders & emails. Please tick if you DO NOT agree to this free service. 🖵 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a Carer? | | No 🖵, Yes🖵 If they registered at Homestead? Name: | | | | | | | | | | | | | | | | | | | | | | | | |
| **Next of Kin:** | |  | | | | | | | | | | Relation to you? | | | | | | | |  | | | | | | |
| Contact No: | | | | | | | |  | | | | | | |
| Please tick if you are on any of the following medication. You will not be refused registration because of these medications but the doctor would like to discuss our prescribing policy before you book a new patient check appointment. Please make sure we have your telephone number above. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lorazepam | | 🖵 | | Zomorph | | | | 🖵 | | Diamorphine | | | | | | 🖵 | | | | | | | | | | |
| Dihydrocodeine | | 🖵 | | Tramadol | | | | 🖵 | | Codeine | | | | | | 🖵 | | | | | | | | | | |
| Zopiclone/Zolpidem | | 🖵 | | Diazepam | | | | 🖵 | | Pregabalin | | | | | | 🖵 | | | | | | | | | | |
| Nitrazepam | | 🖵 | | Methadone | | | | 🖵 | | Subutex | | | | | | 🖵 | | | | | | | | | | |
| Temazepam | | 🖵 | | Have you ever misused drugs or solvents? If yes, please state: | | | | | | | | | | | | | | | | | | | | | | |
| Other medication you take: | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Which Pharmacy do you want to use? | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you need any written communication support? | | | | | | | | | | | | Large Print🖵 | | | | | | | Email/Text Message🖵 | | | | | | Easy Read 🖵 | |
| **Do you need any verbal / face to face communication support?** | | | | | | | | | | | | BSL Interpreter / Hearing Loop / Foreign Language Interpreter / Non verbal communication | | | | | | | | | | | | | | |
| **Other communication needs?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Language**: Spoken 1st: 2nd: Written 1st Written 2nd:  English Speaker YES 🖵 NO 🖵 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you registered disabled? | | | | | No 🖵 Yes🖵 | | | | Brief details:- | | | | | | | | | | | | | | | | | |
| **Occupation**: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Religion**: | | |  | | | | | | | | | | | | | | | | | | | | Prefer not to answer 🖵 | | | |
| **Smoking** | | | Never🖵 No🖵 Yes🖵 | | | | | | Cigarette/Pipe/Cigar etc: | | | | | | | | | | | | | If stopped, when? | | | |  |
| **Alcohol** | | | Never🖵 No🖵 Yes🖵 | | | | | | | | | | | Number of units per week? | | | | | | | |  | | | | |
| 1 unit = 1 small glass of Sherry/Port/Wine Or half a pint of ordinary beer/lager/cider or quarter pint of strong beer/lager/cider | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contraception** | Present 🖵 Past 🖵 Never 🖵 | | | | | | | | | | State type: | | | | | |  | | | | | | | | | |
| **Do you have allergies?** Please state: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Have you ever been removed from a GP list** No 🖵 Yes🖵. Please state why:- | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Medical History** | **You** | **How long?** | **Family History** | **What relation?** | **Medical History** | **You** | **How long?** | **Family History** | **What relation?** |
| Angina | 🖵 |  | 🖵 |  | Mental Illness | 🖵 |  | 🖵 |  |
| Arthritis | 🖵 |  | 🖵 |  | Stroke | 🖵 |  | 🖵 |  |
| Asthma | 🖵 |  | 🖵 |  | Tuberculosis | 🖵 |  | 🖵 |  |
| Cancer | 🖵 |  | 🖵 |  | Epilepsy | 🖵 |  | 🖵 |  |
| Depression | 🖵 |  | 🖵 |  | Thyroid | 🖵 |  | 🖵 |  |
| Diabetes | 🖵 |  | 🖵 |  | Chronic bronchitis | 🖵 |  | 🖵 |  |
| Heart Disease | 🖵 |  | 🖵 |  | Duodenal Ulcer | 🖵 |  | 🖵 |  |
| High Blood Pressure | 🖵 |  | 🖵 |  | Other information: | | | | |
| **FEMALE GENITAL MUTILATION** – Is this a problem in your Country? Do you feel members of your family are at risk? **No** 🖵 **Yes**  🖵  Do you have a history of this? **Yes** 🖵 No 🖵 | | | | | | | | | |

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| The HSCIC will release your confidential data to researchers and organisations including those outside the NHS. The data provided is potentially identifiable, although the data provided to researchers for publication is anonymous. | **ALLOW** | **DENY** |
| **Summary Care Record (SCR) -** This contains your medication, allergies, and adverse reactions for other healthcare providers e.g. A&E, to use in urgent or emergency cases with your permission when possible. | **ALLOW** | **DENY** |
| Additional information such as significant diagnoses that might affect your care in an emergency can be added to your SCR and is decided between yourself and your GP. | **ALLOW** | **DENY** |
| **Enhanced Data Sharing Model (eDSM) -** Your healthcare record at Homestead Medical Centre will be shared with those involved in your care with legitimate need e.g. hospital and community services. Everything will be shared except for privately marked items which you can specify at each consultation. This helps clinicians to get a full picture of your care to make safe and appropriate decisions about your treatment. Your consent or dissent is assumed after the initial consultation for all future consultations. Please inform the clinician if you change your mind at any consultation. | **ALLOW** | **DENY** |
| Your healthcare record at external providers will be shared with Homestead Medical Centre with the same conditions as above. | **ALLOW** | **DENY** |
| **RISK PROFILING**: How your NHS Records are used: The Practice is taking part in an NHS Service that helps your doctor to spot whether you need more help to manage your health. This service is called ‘risk profiling’. Using information from your health records, a secure NHS computer system will look at any recent treatments you have had in hospital or at this surgery and any existing health conditions that you have and alert your doctor to the likelihood of a possible future hospital admission, the surgery staff can then arrange early care and treatment where it is needed. The information will be seen only by qualified health workers involved in your care. NHS Security systems will protect your health information and patient confidentiality at all times. If you don’t want our information being used in this way, please notify reception and we will record it on your medical records as ‘no consent for electronic record sharing’ – code XaKII. | **ALLOW** | **DENY** |

**Your Options for Sharing - Information about You**

It is your **right to choose** what information about you is shared. Please complete your details so that we can change your record.

Please mark **ALLOW** or **DENY** for the following sections and hand it to reception. We will then update your records. **Remember: you can change your choices at any point without reason.**