THE MARSHSIDE SURGERY
Dr E A Wainwright & Dr R R Caudwell
117 Fylde Road, Southport, PR9 9XP

New Patient Information Form

DATE:

- **Please complete this confidential questionnaire (one separate form for each member of the family to be registered at the practice).**
- **Please complete in BLOCK CAPITALS and tick the boxes as appropriate.**
- **New patients are also asked to provide identification documentation when registering at the practice. This must be photographic and detail your address (for e.g. passport, driving license and utility bill). Your documents will be photocopied at the surgery and handed back to you when you return your completed forms.**

<table>
<tr><td colspan="5">Full Name:</td><td>Telephone number:</td></tr>
<tr><td colspan="5">Mr/Mrs/Miss/Ms/Other…..</td><td>Work number:</td></tr>
<tr><td colspan="5">Address and Postcode</td><td>Mobile Number:</td></tr>
<tr><td colspan="3">Date of Birth:</td><td colspan="2">Previous Surname: if different:</td><td rowspan="3">Next of Kin:

Next of kin relationship to you?

Can we contact them in an emergency? Yes/No
Contact number:</td></tr>
<tr><td colspan="3">Age:</td><td colspan="2">Town & Country of Birth:</td></tr>
<tr><td>Marital Status:</td><td></td><td>Gender:</td><td>Male:</td><td>Female:</td></tr>
<tr><td colspan="5">Occupation:</td><td>Other residents of your home:</td></tr>
<tr><td colspan="3">Height:</td><td colspan="2">Weight:</td><td>NHS Number if known:</td></tr>
<tr><td colspan="6">PATIENT ON LINE SERVICES: We encourage our patients to make use of our online services to order any repeat prescriptions that they take and to book some appointments. We also offer medical records access on-line. Enclosed with your registration pack is an application form to enrol for patient access. Please complete the form and bring it back to the surgery with two forms of current identification – one must be photographic and one that details your address.</td></tr>
<tr><td colspan="6">Electronic Prescription Service (EPS): The Marshside surgery is now using the electronic prescription service (EPS). EPS is an NHS service that gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from. If you collect your repeat prescription from the GP surgery you will not have to visit the practice and pick up your paper prescription. Instead it will be sent electronically to the chemist you choose, saving time. This can also be more convenient as it can be sent to a pharmacy that is nearer to where you work, live or shop. If you would like to use this service please ask at the pharmacy of your choice that offers EPS to add your nomination for you.</td></tr>
<tr><td colspan="2">If returning from the Armed Forces:</td><td colspan="2">Your Service or Personal Number:</td><td colspan="2">Your Enlistment Date:</td></tr>
</table>

Your religion tick which applies:	C of E	Catholic	Jewish	Other Christian	Buddhist	Hindu	Muslim
	Sikh	Jehovah's Witness		Other Religion	No religion	Do not wish to disclose	

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Your Ethnic Origin: (select one)					
White		**Black or Black British**			
British		Caribbean			
Irish		African			
Any other white background		Any other black background			
Mixed		**Asian or Asian British**		**Other Ethnic Groups**	
White and Black Caribbean		Indian		Chinese	
White and Black African		Pakistani		Any other ethnic group	
White and Asian		Bangladeshi			
Any other mixed background		Any other Asian background		Ethnic category not stated	
Do not wish to give ethnicity					

Is English your main or first spoken language?	Yes	No	If no what is your first spoken language?

Smoking, Alcohol and Exercise:					
Have you ever been a smoker?	Yes	No	**Are you currently a smoker?**	Yes	No
If so, how many cigarettes/cigars/tobacco do you smoke in a week?			**How much alcohol do you drink in a week (units)?** **(One unit=1 small glass of wine, a single measure of spirits, or ½ a pint of beer)**		
If you a smoker and want to stop, Health Sefton has many anti-smoking clinics which you can attend no appointment needed. Access clinic location and times on healthysefton.nhs.uk or telephone on 0300 100 1000.					
How often do you exercise?	**No.times per week**		**Type(s) of exercise:**		

Your Medical Background:	
What illnesses have you had and when?	
What operations have you had and when?	
Do you have any medical problems at present?	

Please list any tablets, medicines or other treatments you are currently taking: (incl. dose & frequency)		
Are you able to administer your own medicines?	**Yes**	**No** (please detail specific issues e.g. swallowing, opening containers)

Are there any serious diseases that affect your parents, brothers or sisters (tick all that apply)	**Diabetes**	**Heart Attack**	**Heart attack under the age of 60**	**Bowel Cancer**
	Breast Cancer	**High Blood Pressure**	**Asthma**	**Stroke**
	Thyroid Disorder	**Glaucoma**	**Any other important family illness?**	

What immunisations have you had?(please tick all that apply)	**Diptheria**	**Measles**	**German Measles**	**Tetanus**	**Polio**	**MMR**
	Whooping Cough	**Pre-school booster**	**Triple vaccine (Diptheria, Tetanus & Pertussis)-3 doses**			

Specific Needs: **Please detail below any specific needs you have so the practice can ensure they are identified and accommodated by taking the appropriate action**	
Please state any sensory impairment you have (i.e. speech, hearing, sight)	
Are you an 'Assistance Dog' user?	
Please state any physical disabilities you have:	
Please state any mental disabilities you have:	
Please state any requirements you have to be able to access the practice premises:	
Please state any religious or cultural needs:	

Do you require the help of a translator/interpreter?	
Please state any specific nutritional requirements you may have?	
Please state any allergies and sensitivities you have:	
Please state any phobias you have:	
If you are a carer, please state the name/address/phone number of the person you care for:	**Person Cared for Contact Details** **Is this person a patient of our practice? Yes / No**
If you have a carer, please state their name/address/ phone number and sign here if you wish us to disclose information about your health to you carer.	**Carer Contact Details** **Is this person a patient of our practice? Yes / No** **I consent for you to disclose my health details to the above named person:** **Signed:** **Date:**

Do you have a "living will" (a statement explaining what medical treatment you would not want in the future)?	Yes / No	If "Yes", can you please bring a written copy of it to your new patient consultation
Have you nominated someone to speak on your behalf (e.g. a person who has Power of Attorney)?	Yes / No	If Yes, please state their name/address/phone number: Please also provide a copy of the document for us to keep with your record.

Women only:					
When was your last smear done?	**Date**	**Was this at your GP surgery?**	**Yes**	**No**	
What was the result of the smear?					
Date of last mammogram (if applicable):	**Date**	**Method of contraception (if used):**			
Have you had a hysterectomy?	**Yes / No**	**If Yes When/Where?**			
Have you had a recent breast check-up?		**Yes / No**			
Are you pregnant?	**Yes / No**	**If yes, date due**			
If you have been pregnant before, please give details	**Date**	**Outcome**			

Confidentiality & Data Protection:

Important information about your medical records

GPs are responsible for the information we hold about our patients and aside from our legal responsibilities, it is crucial that we maintain a good doctor/patient relationship of trust and confidence. It is important therefore that you know how we record information about you and the choices you have with regard to how this information is used and shared. We understand this is a lot to take in and if you wish to have anything explained further, please ask to speak to the practice manager who will be pleased to assist.

Information relating to your health care and well being

The Marshside Surgery records personal details about you and your medical history in the form of electronic computer records and some paper records for the purpose of providing you with appropriate health care. This information is held securely and only authorised and appropriately trained personnel have access to your medical records. We will never give information about you to third parties such as relatives, carers, solicitors or insurance companies without your explicit permission.

SHARING INFORMATION WITH OTHER HEALTH PROFESSIONALS WHO PROVIDE CARE FOR YOU

1. Enhanced Data Sharing

With your permission and where clinically necessary, some or all of your medical records may be made available to other healthcare professionals such as hospital consultants, district nurses, midwives or therapists when they are asked to be involved in your care. In return, as GPs, we would like to see medical records created by other health professionals.

This is known as 'Enhanced Data Sharing' and means that together all the health professionals involved with your care can provide it correctly and safely. The relevant health professional will always ask your permission before looking at your record.

2. Summary Care Record - Your Emergency Care Summary

This is a summary of your medical record containing basic but important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had. Unlike Enhanced Data Sharing described above, only a summary of your records is available to ensure those caring for you in an emergency situation have enough information to treat you safely. This is known as your 'Summary Care Record'.

This means that if you have an accident or become ill anywhere in England, healthcare staff treating you will have immediate access to your Summary Care Record gaining important information about your health. If you are conscious, they will ask you before looking at your record but in an emergency, you may be too unwell to give your permission. In these circumstances, they will always inform you later and tell you why they needed to look at your record without your permission.

3. Sharing information to assist the NHS in planning health care services – care.data

By law, **NHS England via the Health & Social Care Information Centre** has the right to collect data from medical records to plan and improve services for patients. Information such as your date of birth, postcode and NHS number, but not your name will be used to link your records in a secure system, so your identity is protected. Information which does not reveal your identity can then be used by others, such as researchers and those planning health services, to make sure the NHS provides the best care possible for everyone. This is known as Care.Data and every household in England will receive a leaflet about how this information is collected and used.

Sharing information for other research purposes

The Marshside Surgery is an approved site for research. We carefully select approved research projects carried out by universities and very occasionally commercial industries which we feel are ethically sound and of clinical value to the community. We will always inform you of specific research projects which may be relevant to you and we will send you a personal invitation with enough information to help you decide whether or not you wish to participate. No patient data will be shared for research without patient consent.

Your rights & Your choice

You have the right to prevent confidential information about you from being shared or used for any purpose other than providing your care. If you do not want us to share your information with others, we will respect your request and protect your information. For more information please ask at reception for detailed information leaflets. If you wish to opt out please complete the questions on the following page.

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Summary Care Record

☐ Yes, I would like a Summary Care Record - you do not need to do anything and a Summary Care Record will be created for you.

☐ No, I do not want a Summary Care Record - please contact Reception for an opt out form.

Care. Data
Do you consent to Personal Confidential Data leaving the GP practice and being Used by the Health & Social Care Information Centre. Yes / No
Staff administration code 9Nu0

Do you consent to Personal Confidential Data leaving the Health & Social Care Information Centre for secondary use. Yes / No
Staff administration code 9Nu4

Patient Engagement

The practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better.

We welcome suggestions and have a comments/suggestions box in the reception waiting area. We also operate a friends and family test which is a patient satisfaction survey that also runs in hospitals. You can complete a survey form in our surgery or on-line via our website. Our results are published monthly.

We also run a Patient Reference Group (PRG) which is a small group of patients who meet about four times a year. If you would like to join our PRG or would like further information please pick up a leaflet from reception.

Patient Signature:	**Print Name:** **Signature:** **Date**	**Signature on behalf of patient:** **State relationship to patient:**	**Print Name:** **Signature:** **Date:** **Relationship to patient:**

When your registration is complete the receptionist will make you an appointment for your new patient check. All new patients over the age of 5 should attend a check. Your new patient check will include having your height, weight and blood pressure taken. We will also ask you to bring with you a sample of your urine for us to send away for testing.
The consultation will also establish relevant past history including medical and lifestyle factors.

Thank you for taking the time to complete this questionnaire.

Please could we also ask you to now complete the enclosed patient online registration form and new patient alcohol questionnaire this is necessary for all new patients. Failure to complete any sections of the new patient registration form may result in your registration being delayed.
For more information about the services we offer, please refer to The Marshside Surgery's patient information leaflet given to you at registration or see our website: http://www.marshsidesurgery.nhs.uk/

If you need help completing this form and do not have any assistance a member of the reception team will be happy to book a time when convenient for a member of the team to assist you with the completion of the form.

The Marshside Surgery **Dr Wainwright & Dr Caudwell**	**117 Fylde Road** **Southport** **PR9 9XP** **01704 505555**

Patient Online: Registration form Access to GP online services

Surname			
First name			
Date of birth			
Address			
Postcode			
Email address			
Telephone number		Mobile number	

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

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my medical record	☐

Application for online access to my medical record

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

1. I have read and understood the information leaflet provided by the practice	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
5. If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	☐

Signature		Date	

For practice use only

Identity verified through (tick all that apply)	Vouching ☐ Vouching with information in record ☐ Photo ID ☐ Proof of residence ☐	Name of verifier	Date
Name of person who authorised (if applicable)			Date
Date account created			
Date passphrase sent			

UNITS

Pint of Regular Beer/Lager/Cider

Alcopop or Can of Lager

Glass of Wine (175ml)

Single Measure of Spirits

Bottle of Wine

Fast Alcohol Screening Test (FAST)

Questions	Scoring System 0	1	2	3	4	Your Score
How often do you have 8 (men)/6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only answer the following questions if your answer above is monthly or less						
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: A total of 3+ indicates hazardous or harmful drinking

Single Alcohol Screening Questionnaire (SASQ)

Men:	When was the last time you had more than 8 drinks in one day?			
Women:	When was the last time you had more than 6 drinks in one day?			
Select one:	Never	Over 12 months	3 - 12 months	Within 3 months

Scoring: Within 3 months indicates hazardous or harmful drinking