**RADFORD MEDICAL PRACTICE**

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| **Surname/Family Name** |
| **Forenames/Given Name** |
| **Date of** *Birth* (please print in full) | **Have you just arrived from abroad? If so, please state which country:** **Are you an asylum seeker?**Yes/No |
| **Nottingham address**: (please include the flat and room number if appropriate)**Mobile Telephone number:****E mail:** | If you are aged 18 or under please give the details of your parent/guardian**Name:****Address:****Relationship to you:**  |
| **Main language spoken**: |
| 🞏🞏🞏🞏🞏🞏🞏🞏🞏 | **Ethnic origin**:White BritishOther White backgroundWhite & AsianOther mixed backgroundPakistaniBlack CaribbeanOther black backgroundOther Asian backgroundOther ethnic group - please state | 🞏🞏🞏🞏🞏🞏🞏🞏 | White IrishWhite & Black CaribbeanWhite & Black AfricanIndianBangladeshiBlack AfricanChineseI prefer not to say |
| **Do you smoke**? 🞏 Never 🞏 Previously smoked 🞏 Currently smoke  Amount per day ….. |
| **Do you drink alcohol**?Yes 🞏 No 🞏  | Height:………… | Weight:………….. |  |  |
| **If YES**, how many units per week: ……..… (1 unit = 1 measure spirit / 1 glass wine / ½ pint beer) |
| How many times do you exercise per week? …………………… type of exercise………………………. |
| Do you have any allergies?Are you allergic to any medication?Have you had any surgical operations? | 🞏🞏🞏 | YesYesYes | 🞏🞏🞏 | NoNoNo | please state………..…..please state………....…please state ……..….… |

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| **MEDICAL HISTORY** |
| Have you suffered from any of the following: |
| Heart problemsStroke / Transient Ischaemic AttackAsthmaDiabetesEpilepsy (Date of last fit:…………… ) High blood pressureThyroid problemsDepressionSchizophrenia / Bipolar Affective DisorderCancerKidney diseaseAn eating disorder | Yes🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 | No🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏🞏 |  Date of onset…………....………………….…………………....………………....………………....………………....………………….………………….………………….………………….………………….…………………… |
| Has anyone in your family had:High blood pressureDiabetesA heart attack before age 60?A stroke before age 60? | 🞏🞏🞏🞏 | 🞏🞏🞏🞏 | Which relative………………………………………………………………………… |
| Do you have a disability? (if yes, please state............................)Are you registered disabled?Do you have a Carer?Are you a Carer for somebody? | 🞏🞏🞏🞏 | YesYesYesYes | 🞏🞏🞏🞏 | NoNoNoNo |
| Is there any other information you would like us to know that is relevant to your health care not mentioned above? Please state:   |
| We would like to contact you by text message or by email to remind you of your booked appointments, if you need to contact the practice for a review, to share information about our services or to gain your feedback on services we provide. **If you *wish t*o receive text appointment reminders and information via text and email please sign here: ……………………………………….** |
| Do you have any information or communication needs? YES 🞏 NO 🞏If yes, what are they:What is your preferred method of contact: |
| ***For surgery use only:******Entered by: Date: EMIS code:******Consent for email 9NdS. Consent for text. 9NdP*** |
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 **NEW PATIENT HEALTH QUESTIONNAIRE**

**SUMMARY CARE RECORD**

A summary care record is an electronic record of important information about your health. It will be available to health care staff providing your NHS care. In the case on an emergency this allows other NHS healthcare agents to gain access to information about you including details of your medications, allergies and any other relevant information. Please read our ‘Summary Care Record’ leaflet for more detailed information.

**Please tick one box below to indicate your preference.**

|  |  |
| --- | --- |
| I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medication. |  |
| I would like a Summary Care Record containing details of my medications, allergies, bad reactions to medication AND any additional information useful for my care. |  |

**If you DO NOT wish to have a Summary Care Record please ask for an opt-out form at reception.**

**ACCESS TO GP ONLINE SERVICES**

The clinical system we use at Radford Medical Practice is called EMIS. This system offers patients over the age of 16 the option to enrol in online services in order to book appointments, request repeat prescriptions and access their summary care record through a web page or app. If you are not the patient (ie. You are a parent or carer) and you wish to access these online services on their behalf then please ask for information about proxy access.

**If you would like to enrol in this service please ensure you bring one form of photographic ID (passport or driving license) plus an additional proof of address when returning this form.**

|  |
| --- |
| I wish to have access to the following online services (please tick all that apply): |
| Booking appointments |  |
| Requesting repeat prescriptions |  |
| Summary Care Record |  |

|  |  |
| --- | --- |
| Patients Signature: | Date: |

**ONLINE ACCESS TO YOUR DETAILED CODED RECORD**

EMIS offers patients the option to see their detailed coded record online via a webpage or app. A detailed coded record includes the following information:

* Demographic
* Allergies/adverse reactions
* Medication (dose, quantity, last issued date)
* Immunisations
* Results (numerical values and normal ranges)
* Values (BP, PEFR)
* Problems/diagnoses
* Procedure codes (medical or surgical) and codes in consultation (signs, symptoms)
* Codes showing referral made or letters received (no attachments)
* Other codes (ethnicity, QOF)

Detailed coded records do not contain free text or letters and so may not always be easy to understand. Please read our leaflet ‘Accessing GP Records Online’ for more information on this service and some abbreviations that might help you.

**If you wish to have access to your detailed coded records, please ask for a form at reception.**