

**For staff use only**

EPS Nomination Cancelled	ID confirmed	Address confirmed	Named Dr	Informed of named Dr

## Dapdune House Surgery New Patient Questionnaire

This form is for the registration of patients of 11 years and over

Please complete as many questions as you can. Some questions may not apply to you. You are under no obligation to complete this form but your medical records may take several months to reach us, and the information you give us will assist us in providing you with good medical care.

**Any information you give is confidential.**

### *Personal Details*

**Title**      Mr.     Mrs.     Miss     Ms.     Dr.     Rev.     Other

**Names**                      **Surname**

**Previous Surname (if applicable)**

**Forename(s)**

**Usual Forename**

**Marital Status**    Single     Cohabiting     Married     Separated     Divorced     Widowed

**Date of Birth**                       **Occupation**

**Place of Birth**

**Current Address**

**Postcode**

**Telephone (Home)**

**Telephone (Mobile)**

**Telephone (Work)**

**E-Mail Address**

**Previous Address**

**Postcode**

**Next of Kin - Title/Name**

**Address**

**Telephone (Home)**

**Relationship to Patient**

### ***Ethnic Group***

- |                               |                          |                        |   |                          |                         |                             |                          |                        |
|-------------------------------|--------------------------|------------------------|---|--------------------------|-------------------------|-----------------------------|--------------------------|------------------------|
| <b>White</b>                  |                          |                        | <b>Mixed</b>                                    |                          |                         | <b>Asian or Black Asian</b> |                          |                        |
| A                             | <input type="checkbox"/> | British                | D   | <input type="checkbox"/> | White & Black Caribbean | H                           | <input type="checkbox"/> | Indian                 |
| B                             | <input type="checkbox"/> | Irish                  | E   | <input type="checkbox"/> | White & Black African   | I                           | <input type="checkbox"/> | Pakistani              |
| C                             | <input type="checkbox"/> | Other white background | F   | <input type="checkbox"/> | White & Asian           | J                           | <input type="checkbox"/> | Bangladeshi            |
|                               |                          |                        | G   | <input type="checkbox"/> | Other mixed background  | K                           | <input type="checkbox"/> | Other Asian background |
| <b>Black or Black British</b> |                          |                        | <b>Other Ethnic Categories</b>                  |                          |                         |                             |                          |                        |
| L                             | <input type="checkbox"/> | Caribbean              | O   | <input type="checkbox"/> | Chinese                 |                             |                          |                        |
| M                             | <input type="checkbox"/> | African                | Any other Ethnic category – please state below: |                          |                         |                             |                          |                        |
| N                             | <input type="checkbox"/> | Other black background | P   | <input type="text"/>     |                         |                             |                          |                        |

### ***Lifestyle***

#### ***Tobacco consumption***

- |              |                          |             |                          |                    |                          |                    |                          |
|--------------|--------------------------|-------------|--------------------------|--------------------|--------------------------|--------------------|--------------------------|
| Never Smoked | <input type="checkbox"/> | Pipe Smoker | <input type="checkbox"/> | Smoker             | <input type="checkbox"/> | Ex-Smoker          | <input type="checkbox"/> |
|              |                          | Oz. per day | <input type="text"/>     |                    |                          | Year Stopped       | <input type="text"/>     |
|              |                          |             |                          | Less than 1 a day  | <input type="checkbox"/> | Less than 1 a day  | <input type="checkbox"/> |
|              |                          |             |                          | 1-9 a day          | <input type="checkbox"/> | 1-9 a day          | <input type="checkbox"/> |
|              |                          |             |                          | 10-19 a day        | <input type="checkbox"/> | 10-19 a day        | <input type="checkbox"/> |
|              |                          |             |                          | 20-39 a day        | <input type="checkbox"/> | 20-39 a day        | <input type="checkbox"/> |
|              |                          |             |                          | More than 40 a day | <input type="checkbox"/> | More than 40 a day | <input type="checkbox"/> |

**Free NHS Stop Smoking Service on 0845 602 3608 or ask @ Dapdune Pharmacy**

#### ***Body Mass***

Height  Weight  Waist circumference

#### ***Alcohol consumption***

- |     |                          |                    |                          |                    |                          |                           |                          |
|-----|--------------------------|--------------------|--------------------------|--------------------|--------------------------|---------------------------|--------------------------|
| Nil | <input type="checkbox"/> | Occasional         | <input type="checkbox"/> | 1-7 Units a week   | <input type="checkbox"/> | 8-14 Units a week         | <input type="checkbox"/> |
|     |                          | 15-21 Units a week | <input type="checkbox"/> | 22-35 Units a week | <input type="checkbox"/> | 36-49 Units a week        | <input type="checkbox"/> |
|     |                          |                    |                          |                    |                          | More than 50 Units a week | <input type="checkbox"/> |

***One unit = ½ pint of beer/lager, 1 shot measure of spirits, 1 small glass of wine***

#### ***Exercise***

- |                     |                          |                |                          |                   |                          |                   |                          |
|---------------------|--------------------------|----------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|
| Exercise impossible | <input type="checkbox"/> | Light exercise | <input type="checkbox"/> | Moderate exercise | <input type="checkbox"/> | Vigorous exercise | <input type="checkbox"/> |
|---------------------|--------------------------|----------------|--------------------------|-------------------|--------------------------|-------------------|--------------------------|

In what form?

### Disabilities

Are you housebound?

Yes

No

Do you suffer from severe hearing loss?

Yes

No

Are you Registered Blind?

Yes

No

Do you suffer from learning disabilities

Yes

No

Do you have any information or communication support needs relating to disability, impairment or sensory loss

Yes

No

### Allergies

Have you had any allergies (to drugs or other materials)?

Yes

No

Which drug/material?  
How severe?  
Please state details


### Veteran Status

Are you Ex-Armed forces	Yes		No	
Please indicate your service				

### Practice Booklet

If you would like to receive a practice booklet, please ask at reception or indicate below and one will be emailed to you if you have given an Email address on registration.

Please email me a copy of your practice booklet

## ***The Alcohol Use Disorder Identification Test: Self-Report Version***

Because alcohol use can affect your health and can interfere with certain medications and treatments. It is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. **Please fill in this questionnaire if you are 16 years or older.**

Place an 'X' (cross) in one box that best describes your answer to each question.

<b>Questions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. 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	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. 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	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about the drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					<b>Total</b>	

	<b>Opt IN</b>	<b>Opt OUT</b>
We may contact you on occasions by <b>SMS</b> to remind you of appts, confirm appts, invite you to complete surveys, update you on practice business and other health care related topics. Please opti or opt out		
We may contact you on occasions by <b>EMAIL</b> to remind you of appts, confirm appts, invite you to complete surveys, update you on practice business and other health care related topics. Please opti or opt out		

***You may Opt in or out at any time by informing the practice or replying Opt OUT/In to SMS messages***

### ***Summary Care Record***

**This practice** has started the national Summary Care Record programme which enables each patient to have a summary of their key medical information held securely on the NHS central database, known as the NHS Spine. This summary record could be used in an emergency if you needed treatment when access to the medical record held by your GP was not available; for example if you call the doctor out of hours. You will always be asked to give permission for this record to be viewed and you have the right to decline. Please indicate below whether you would like to have your own Summary Care record by indicating your decision below. A full explanation of each choice follows.

**My Decision**

**Tick ONE**

1. I wish to have a Summary Care record containing my medications, allergies and adverse reactions or sensitivities to medications.
2. I wish to have a Summary Care record with the above plus additional important medical information held on my record.
3. I do not wish to have a Summary Care record.

1. A Summary Care record will be created for you from the details held on our GP clinical system and will contain:
  - a. any record we have of your current repeat medication, any acute medication (one-offs e.g. antibiotics) and any recently discontinued medication
  - b. any record we have of adverse reactions to medication
  - c. any record we have of your allergies
2. A Summary Care Record will be created for you containing the details itemised above in 1, PLUS important additional information you and your GP agree would be useful. (e.g. Diagnoses - Asthma, Diabetes etc.; Pacemaker, End of life care etc.) Please discuss this with your GP practice at your next visit.
3. A note will be made in your records that you do not wish to have a Summary Care Record. Please note that if you attend A&E or if you need emergency treatment when the GP Practice is closed the clinicians treating you may not have access to key information to help them give you the most appropriate treatment.

**Signed**

**Date**

# Privacy Notice – Direct Care, (routine care and referrals)

## Dapdune House Surgery

### Plain English explanation

This practice keeps data on you relating to who you are, where you live, what you do, your family, possibly your friends, your employers, your habits, your problems and diagnoses, the reasons you seek help, your appointments, where you are seen and when you are seen, who by, referrals to specialists and other healthcare providers, tests carried out here and in other places, investigations and scans, treatments and outcomes of treatments, your treatment history, the observations and opinions of other healthcare workers, within and without the NHS as well as comments and aide memoires reasonably made by healthcare professionals in this practice who are appropriately involved in your health care.

When registering for NHS care, all patients who receive NHS care are registered on a national database, the database is held by NHS Digital, a national organisation which has legal responsibilities to collect NHS

GPs have always delegated tasks and responsibilities to others that work with them in their surgeries, on average an NHS GP has between 1,500 to 2,500 patients for whom he or she is accountable. It is not possible for the GP to provide hands on personal care for each and every one of those patients in those circumstances, for this reason GPs share your care with others, predominantly within the surgery but occasionally with outside organisations.

If your health needs require care from others elsewhere outside this practice we will exchange with them whatever information about you that is necessary for them to provide that care. When you make contact with healthcare providers outside the practice but within the NHS it is usual for them to send us information relating to that encounter. We will retain part or all of those reports. Normally we will receive equivalent reports of contacts you have with non NHS services but this is not always the case.

Your consent to this sharing of data, within the practice and with those others outside the practice is assumed and is allowed by the Law.

People who have access to your information will only normally have access to that which they need to fulfil their roles, for instance admin staff will normally only see your name, address, contact details, appointment history and registration details in order to book appointments, the practice nurses will normally have access to your immunisation, treatment, significant active and important past histories, your allergies and relevant recent contacts whilst the GP you see or speak to will normally have access to everything in your record.

You have the right to object to our sharing your data in these circumstances but we have an overriding responsibility to do what is in your best interests. Please see below.

We are required by Articles in the General Data Protection Regulations to provide you with the information in the following 9 subsections.

<b>1) Data Controller</b> contact details	Dapdune House Surgery, Wharf Road, Guildford, GU1 4RP Tel:01483 400 200 Email: GWCCG.dapduneadmin@nhs.net
<b>2) Data Protection Officer</b> contact details	Dr M Navamani, Dapdune House Surgery, Guildford, GU1 4RP Tel: 01483 400 200 Email: GWCCG.dapduneadmin@nhs.net

## Privacy Notice – Direct Care, (routine care and referrals)

3) <b>Purpose</b> of the processing	Direct Care is care delivered to the individual alone, most of which is provided in the surgery. After a patient agrees to a referral for direct care elsewhere, such as a referral to a specialist in a hospital, necessary and relevant information about the patient, their circumstances and their problem will need to be shared with the other healthcare workers, such as specialist, therapists, technicians etc. The information that is shared is to enable the other healthcare workers to provide the most appropriate advice, investigations, treatments, therapies and or care.
4) <b>Lawful basis</b> for processing	<p>The processing of personal data in the delivery of direct care and for providers' administrative purposes in this surgery and in support of direct care elsewhere is supported under the following Article 6 and 9 conditions of the GDPR:</p> <p><i>Article 6(1)(e) '...necessary for the performance of a task carried out in the public interest or in the exercise of official authority...'</i></p> <p><i>Article 9(2)(h) 'necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services...'</i></p> <p>We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality"*</p>
5) <b>Recipient or categories of recipients</b> of the processed data	The data will be shared with Health and care professionals and support staff in this surgery and at hospitals, diagnostic and treatment centres who contribute to your personal care.
6) <b>Rights to object</b>	You have the right to object to some or all the information being processed under Article 21. Please contact the Data Controller or the practice. You should be aware that this is a right to raise an objection, that is not the same as having an absolute right to have your wishes granted in every circumstance
7) <b>Right to access and correct</b>	You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have accurate medical records deleted except when ordered by a court of Law.
8) <b>Retention period</b>	The data will be retained in line with the law and national guidance. <a href="https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016">https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016</a>
9) <b>Right to Complain.</b>	<p>You have the right to complain to the Information Commissioner's Office, you can use this link <a href="https://ico.org.uk/global/contact-us/">https://ico.org.uk/global/contact-us/</a></p> <p>or calling their helpline Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate)</p> <p>There are National Offices for Scotland, Northern Ireland and Wales, (see ICO website)</p>

For further information and to view other notices ask at Reception, visit our Web page or scan the QR code below.

