

Registration at Stoke Road Surgery

Patient Details (Patient to complete)

Patient Name: _____	Date of Birth: _____
NHS No: (if known) _____	
Next of Kin Name: _____	Tel: _____
Relationship to Patient: _____	

Checklist (Surgery to complete)

1	Patient's Full Name and Date of Birth	<input type="checkbox"/>
2	Previous Surname (if applicable)	<input type="checkbox"/>
3	NHS Number (if known)	<input type="checkbox"/>
4	Current Home Address and Contact Number	<input type="checkbox"/>
5	Previous Home Address	<input type="checkbox"/>
6	Previous GP	<input type="checkbox"/>
7	UK Entry Date (if applicable)	<input type="checkbox"/>
8	Military History (if applicable)	<input type="checkbox"/>
9	NOK and Relationship Provided	<input type="checkbox"/>
10	Parental Responsibility Details Provided	<input type="checkbox"/>
11	Name(s) of Parent/Guardian/s with Parental Responsibility	<input type="checkbox"/>
<hr/>		
12	Photo ID Seen and Details Recorded	_____
13	Proof of Home Address and Details	_____
14	Marital Status Recorded	<input type="checkbox"/>
15	Ethnicity Recorded	<input type="checkbox"/>
16	Smoking Status	<input type="checkbox"/>
17	Alcohol Consumption	<input type="checkbox"/>
18	Preferred Pharmacy	_____
19	Online Access Details	<input type="checkbox"/>
20	SMS and Email Consent Form	<input type="checkbox"/>
21	Purple Registration Form signed	<input type="checkbox"/>
22	Organ Donation Form signed	<input type="checkbox"/>
23	Carers Register	<input type="checkbox"/>
24	Information Sharing	<input type="checkbox"/>
25	Health Visitor Form	<input type="checkbox"/>

MUST be unique to this patient only.

Patient Questionnaire - Adult

Full Name: _____
Date of Birth: _____
Occupation: _____
Gender: _____ Preferred Title: _____
Marital Status: *Single *Married *Separated *Divorced *Widowed
NOK Name _____ Contact Number _____
Relationship _____

Ethic Background

White British	<input type="checkbox"/>	Pakistani (Asian or Asian British)	<input type="checkbox"/>
British or Mixed British	<input type="checkbox"/>	Bangladeshi (Asian/Asian British)	<input type="checkbox"/>
Irish (White)	<input type="checkbox"/>	Any other Asian Background	<input type="checkbox"/>
Any other White Background	<input type="checkbox"/>	Caribbean (Black or Black British)	<input type="checkbox"/>
White & Black Caribbean (Mixed)	<input type="checkbox"/>	African (Black or Black British)	<input type="checkbox"/>
White & Black African (Mixed)	<input type="checkbox"/>	Any other Black Background	<input type="checkbox"/>
White & Asian (Mixed)	<input type="checkbox"/>	Chinese (other Ethnic Groups)	<input type="checkbox"/>
Any other Mixed Background	<input type="checkbox"/>	Any other Ethnic Group	<input type="checkbox"/>
Indian (Asian and Asian British)	<input type="checkbox"/>	Not Stated	<input type="checkbox"/>

Smoking Status

Smoker	<input type="checkbox"/>	No.per day: _____
Vaper	<input type="checkbox"/>	
Ex-smoker	<input type="checkbox"/>	None since: _____
Never smoked tobacco	<input type="checkbox"/>	
Other (please provide details)	<input type="checkbox"/>	_____

Your height: _____ Your weight: _____
Do you have a recent blood pressure measurement ? Y / N BP: _____
Date: _____
Exercise: *Inactive *Gentle *Moderate *Vigorous
Diet: *Normal *Vegetarian *Vegan

Please Turn Over

Current Medication (please provide name and dosage details)

Women Only - What form of contraception do you use? (please circle)

- *Combined Pill *Mini pill *Sheath *Coil *Not sexually active
*Implant *Injection *Sterilisation *Partner sterilised
*None needed * Trying to conceive

When did you last have a cervical smear ? _____

Do you have any allergies ? (please provide details)

Date of your last Tetanus Injection:

Serious Illness(es) / Operations (please provide dates and details)

Have your parents / brothers or sisters had any of the following ?

Stroke	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	TB	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Cancer	<input type="checkbox"/>

If so, please give details:

Is there anything else you feel we should be aware of about you or your family ?

Alcohol use disorders identification test (AUDIT)

AUDIT is a comprehensive 10 question alcohol harm screening tool. It was developed by the World Health Organisation (WHO) and modified for use in the UK and has been used in a variety of health and social care settings.

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 times or more per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0 to 2	3 to 4	5 to 6	7 to 9	10 or more	
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	

Total AUDIT score	
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Scoring:












- 0 to 7 indicates low risk
- 8 to 15 indicates increasing risk
- 16 to 19 indicates higher risk,
- 20 or more indicates possible dependence

Giving feedback and advice

If the score is lower

If the score is 8 or above, give [brief advice](#) to reduce risk for alcohol harm. If the score is 20 or above, consider referral to specialist alcohol harm assessment.

Alcohol unit reference

One unit of alcohol	 Half pint of "regular" beer, lager or cider	 Half a small glass of wine	 1 single measure of spirits	 1 small glass of sherry	 1 single measure of aperitifs		
Drinks more than a single unit	 2 Pint of "regular" beer, lager or cider	 3 Pint of "strong" or "premium" beer, lager or cider	 1.5 Alcopop or a 275ml bottle of regular lager	 2 440ml can of "regular" lager or cider	 4 440ml can of "super strength" lager	 3 250ml glass of wine (12%)	 9 75cl Bottle of wine (12%)

Stoke Road Surgery

Patient On-Line Access Information

With the advent of on-line access for our patients to not only book appointments but see and order repeat medication and, in future, be able to see their own private medical records, we have implemented a robust system to prevent personal medical information being accessed inappropriately both **NOW** and in the **FUTURE**.

The following rules apply to setting-up on-line access at Stoke Road Surgery;

1. Patients aged 16 and over

All patients requesting on-line access who are aged 16 and over **MUST attend in person** and **produce photo ID** which clearly identifies them to the reception staff.

2. Patients aged 12 to 16

Patients aged 12 to under 16 requesting on-line access themselves **MUST attend in person** and **produce photo ID** which clearly identifies them to the reception staff. This access will cease at the start of the next new year and will need to be re-set.

3. Patients under the age of 12

We are unable to give on-line access directly to patients under the age of 12 but we can give parental access (see below).

4. Parental access to medical records of children

a) Parental access for children under 12

Parents requiring access to the records of their children who are **under the age of 12** and who **our records show**, reside with them can do so. The parent must attend in person with photo ID of his/herself. No ID is required for the child and the child does not have to be present. The parental access will automatically cease when the child reaches the age of 12.

b) Parental access for children between 12 and 16

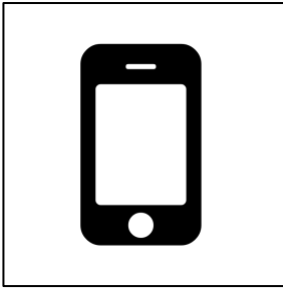
Parents requiring access to the records of their children who are **between the ages of 12 and 16**, and who **our records show**, reside with them can do so. The parent and the child must both attend in person with photo ID of themselves. These children may not have photo ID and if this is the case, **their original birth certificate will suffice**. The parental access will automatically cease at the start of the next new year and will need to be re-set.

This level of security is in place to protect the confidentiality of the child as he/she gets older.

When you receive your on-line access details, it is important to retain your username. If you forget your password, you can re-set it on-line with your username and your e-mail address. If you forget your username and are unable to re-set your own password, you will have to set up a new account at the surgery.

Stoke Road Surgery

Patient SMS & E-mail Information



We can send you a **free** confirmation & reminder text for your appointments at Stoke Road Surgery.

What Do I Need To Do?

If you are **16 or older**, all we need to start sending confirmation texts & reminders to your mobile phone is for you to complete the consent form available at the surgery or download a printable copy from the surgery website www.stokeroadsurgery.co.uk

How Does It Work?

Make your appointment at the surgery in the usual way, by phone, online or in person at the reception desk and you will receive a text message confirming your appointment. Two or three days before your appointment date, our computer system will automatically send you a reminder message.



Receiving e-mails

Occasionally we may send information regarding forthcoming health clinics like Seasonal Flu Vaccination clinics and other services available at Stoke Road Surgery which are relevant to you.

Frequently Asked Questions

Q How secure is this service?

A The information comes from our computer system at the surgery, which is highly secure. Once the message reaches the mobile phone, it is only as secure as you keep your phone.

Q Which appointments will I be reminded about by text?

A You will receive reminders about routine, face-to-face appointments at Stoke Road Surgery.

This does **NOT** include telephone appointments or 'same day' appointments (these are appointments requested 'today' for an appointment 'today' and can be for both urgent and non-urgent care).

Q I share a mobile phone - can I receive text reminders for my partner ?

A Only if both you and your partner have given us your consent to do so.

Q Can I receive text reminders about appointments for children in my family?

A Yes – if your child lives with you and is younger than 12 years old.

Q What if I change my mobile number or my e-mail address?

A Please ensure you let us know your new number / e-mail address as soon as possible. We will update our records and you will continue to receive reminders.

Q What happens if I no longer want to receive reminders / text information?

A Please let us know and we will remove your consent from our system.

Please pick up a consent form from the surgery to sign up to our sms text reminder & email service.

Stoke Road Surgery

Patient On-Line Access Consent Form

By signing this consent form, you are confirming that you have read and understood the attached information. You are also confirming that you will be responsible for keeping access to your / your child's account private and secure. If, at any time, you are concerned that the security of your account has been compromised or may be accessed inappropriately by someone else, contact us immediately and we will reset your account for you.

Name

Address

E-mail address

(Please use CAPITAL letters)

Mobile Number

DOB Signature

I would like to receive my username & password by text (smart phone required) YES
 NO

1st Child's name (if under 16)DOB.....

2nd Child's name (if under 16)DOB.....

3^d Child's name (if under 16)DOB.....

Surgery Use Only

Photo ID seen and Number

Signed Date

Print name.....

Surgery Use Only

For parental access

1st Child's Photo ID and Number.....

2nd Child's Photo ID and Number.....

3rd Child's Photo ID and Number.....

Signed Date

Print name.....

Please turn over to complete the text messaging form ...

Stoke Road Surgery

Patient SMS & E-mail Consent Form

To help with communication, we use sms text messaging to confirm appointment bookings and cancellations, send appointment reminders and send important health promotion information, (for example, when we are running our flu clinics). We also occasionally use e-mail to send health information.

For this purpose, your mobile number and e-mail address are subject to the same confidentiality rules and regulations as your medical records.

If you would like to benefit from this service, please complete the form below and hand it in to reception. You can cancel at any time by letting us know you no longer want text / e-mail messages from the surgery.

.....

I confirm that;

I have read and understood the information leaflet provided and give my consent to receiving;

(please tick)

text messages from Stoke Road Surgery (*please **confirm your mobile No.** and **sign the form***)

e-mails from Stoke Road Surgery (*please **confirm your e-mail** and **sign the form***)

E-mail address

(Please use **CAPITAL** letters)

Mobile Number

- I understand that I can withdraw my consent at any time by informing the surgery in writing.
- I understand that I will have to inform the surgery if I change my e-mail address or mobile phone number.

Signed

Date

Print name.....

Date of Birth

Thank You.

Please hand this form in at Reception.

Letting your GP know that you are a Carer

Does someone at home or in the neighbourhood depend on you to help with the tasks and/or responsibilities of everyday living? Perhaps you care for someone in the family or for a friend? If so, you are a carer and might like some support for yourself.

You may have been caring for the person for some time already, regularly helping them with everyday tasks or giving them the sort of support they need to stay in the family home.

You may see it as a part of your life or your duty to care for your Mum or Dad, your partner, your child or friend, but there may be times when you need information, advice or some extra help.

When you are a carer it is often difficult to have a real break because someone depends on you to look after them. You can get tired and run down, and your health may possibly suffer.

Telling your GP can help him/her to support you and make sure that you yourself get the right sort of care. **You are important too, you know.** Carers themselves have felt that it is important that GPs recognise and value the work that they do as carers.

The government has responded by encouraging GPs to make special arrangements to support carers. Your GP's surgery is trying to trace all those patients who are carers and set up a carers' register. This will mean that carers like you are known to everyone at the surgery and steps are taken to support them.

If you want your doctor to know that you are a carer, please fill in the form overleaf and hand it in at the practice.

Your name can then be added to the Carers' Register.

Any information you provide will be kept confidential.

As a registered carer, you are entitled to a free flu vaccination each year and we can support you with advice and information to help you with providing your care.

Carers Register

I am a carer. I want my name to go onto my GP's Carers' Register and give my permission for this to be noted on my medical records.

My Name:and date of birth

My Address:
.....

My e-mail:

My phone no. and mobile no.

Signature:..... **Date:**.....

I care for the following:

Name(s):.....

The person/people I care for is/are my *(Please tick the relevant box)*

- | | | | |
|-----------|--------------------------|---------------------|--------------------------|
| Parent(s) | <input type="checkbox"/> | Parent(s)-in-law | <input type="checkbox"/> |
| Husband | <input type="checkbox"/> | Wife | <input type="checkbox"/> |
| Partner | <input type="checkbox"/> | Daughter | <input type="checkbox"/> |
| Son | <input type="checkbox"/> | Other family member | <input type="checkbox"/> |
| Friend | <input type="checkbox"/> | Neighbour | <input type="checkbox"/> |

The person I care for is registered with the same practice as me - Yes No

If No, please give the name of the surgery or GP who treats the person you care for:

.....

If you would like more information on specific resources, support groups or carer wellbeing advice available to you, please have a look at 'Gloucestershire Carers Hub' by visiting their website gloucestershirecarershub.co.uk

Carers information packs are also available from reception at the surgery.

Information Sharing

There are several ways in which we share your information and would like to share your information. These are summarised below.

1. We already share your records with some other professionals who are seeing you, unless you ask us (or them) not to. This includes District Nurses, Physiotherapists, and other professionals.
2. We need to share your records with other GPs who see you in 'Improved Access' clinics, in order to provide continuity of care. Please let our Reception team know if this is a problem.
3. Unless you register online to decline, anonymised health records may be used for research and for health planning purposes. This is a process over which the GP surgery does not have control, and you need to register online if you wish to opt out. To find out more visit nhs.uk/your-nhs-data-matters.
4. The Summary Care Record. This is a brief summary of your medical record and it can be accessed by NHS hospitals all over England. You can choose to have just medications, allergies and adverse reactions recorded, or to include more details of your condition(s), such as significant diagnoses and comments which you may wish us to add. This means that if you were ever taken to hospital elsewhere in England (including to the local hospitals when the GP surgery is closed), the hospital could access vital information about your health immediately. For more information, please visit <https://www.digital.nhs.uk/summary-carerecords/patients> or call NHS Digital on 0300 303 5678

We strongly encourage all our patients to seriously consider having a full summary care record and would be grateful if you could complete the form below and hand in at our reception desk.

Yes – I would like a Summary Care Record

(Please tick the appropriate box below)

Express consent ONLY for my medication, my allergies and any adverse reactions I have.

or

Express consent for my medication, my allergies, my adverse reactions and additional key information.

No – I would not like a Summary Care Record

Express dissent for Summary Care Record (opt out).

FULL Name:

Date of birth: Patient's postcode:

Surgery name: Stoke Road Surgery , Bishops Cleeve, Cheltenham. GL52 8RP

Signature: Date:

Gloucestershire's shared care record system

For patients registering with a GP practice

What's it all about?

The NHS is big and complicated. Although often referred to as one organisation, the way it is run means different parts do different things and each one is managed separately. Your local GP surgeries are part of the NHS family where doctors and nurses provide medical advice and care.

Other organisations within the NHS include:

- Hospitals, providing care, treatment and operations for people who are seriously ill or need treating straight away
- Community health services, including community hospitals and some adult social care
- Specialist mental health and learning disability services
- Ambulance and paramedic teams and the local out-of-hours service - if you suddenly need a doctor when your GP practice is closed.

And all these NHS bodies have regular contact with Gloucestershire County Council social care teams.

Often, if you are ill you will use more than one part of the care system but, because of the way the NHS has developed, different parts of

the system often use different and unlinked computer systems.

This means important information is often shared over the telephone or by letter and/or faxes, which can lead to delays or treatment that doesn't best suit your needs.

Why share?

JUYI, Gloucestershire's shared care record system, gives doctors, nurses and allied

health and social care professionals better access to key patient information, making it available from across the health and social care network, so the people directly involved in providing your care always have secure electronic access to the most up-to-date information about you.



This means that if you are in a hospital, doctors and nurses there will have access to details held by other local NHS trusts and social care teams (community nursing, social workers, allied health professionals — such as physiotherapists and occupational therapists — and your GP, for example) so they have a better and more complete picture of your care.

What do I need to do?

When you register with your GP you will be asked your preference for sharing your information through JUYI.

If you are happy to share your information, you don't need to do anything.

You can object to sharing your information electronically using JUYI; however this may result in delayed or sub-optimal care, particularly if you are incapacitated.

People viewing your details would only do so if they are directly involved in your care.

This will allow doctors, nurses and allied health and social care professionals involved in your treatment to access information about you to treat you in the best and most appropriate way.

JUYI is being continuously developed and it will be gradually released in phases over the next couple of years. Visit the website for updates and frequently asked questions.

Can I change my mind?

Whatever you decide about allowing clinicians and social care professionals better access to your information, you can change your mind at any time but you will need to speak to your GP practice before this can happen.



Where can I find out more?

Visit the website **www.juyigloucestershire.org** for answers to frequently asked questions, updates on the development of the system and for information in different formats.

You can email questions to **juyi.gloucestershire@nhs.net**

Or you can call us on 0800 019 3276

To discuss receiving the information in different languages please telephone 0800 015 1548 or write to:

Patient Advice and Liaison Services,
Freepost RRYK-KSGT-AGBR, PALS,
NHS Gloucestershire Clinical Commissioning Group, Sanger House,
5220 Valiant Court, Gloucester Business Park, Gloucester, GL3 4FE.

