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Please complete this questionnaire as fully as possible. Your answers will be treated in strict confidence, allow us to ensure continuity of care until your medical records arrive from your previous surgery. If you have ongoing health problems or are taking regular prescription medication you will need to make an appointment to see the doctor.

**You will not be able to book an appointment until you have been fully registered and presented photo identification and proof of address to Reception.**

Full Name: .....

Surname at birth ..... Date of birth.....  
(if different)

Address:.....  
.....

Postcode: .....

Telephone: Home..... Mobile.....  
*Please put a star next to the number you prefer to be contacted with.*

Email address: .....

Current: Weight ..... Height.....

Do you have any allergies (i.e.: bee stings, nuts, medications)?

Please give details: .....

Are you registered as disabled?  Yes  No

If yes, please give details so we can best meet your needs:

.....  
.....






## LIFESTYLE

Please complete the following sections about your lifestyle. Your answers will help us to provide you with the most appropriate advice and ongoing health care.

What is your smoking status? Please tick and give amounts.

- Never smoked  Cigar smoker  ..... per day  
 Cigarette smoker  ..... per day Pipe smoker  ..... g. per day  
 Rolled cigarettes  ..... g. per day Electronic cigarettes   
 Ex-smoker  Date stopped: .....

Would you like help to quit smoking?  Yes

				
Pint of Regular Beer/Lager/Cider	Alcopop or Can of Lager	Glass of Wine (175 mls)	Single Measure of Spirits	Bottle of Wine
<b>2 UNITS</b>	<b>1.5 UNITS</b>	<b>2 UNITS</b>	<b>1 UNIT</b>	<b>9 UNITS</b>

Approximately how many units of alcohol do you have a week? ..... units

### Alcohol Questionnaire (AUDIT – C)

Please circle your scores

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often have you had 6 or more units if female, or 8 if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

## ACCESSIBLE INFORMATION

The Accessible Information Standard is a legal requirement to make sure that patients are given information that they can understand and receive the communication support they need.

It is of particular relevance to individuals who are blind, d/Deaf, deafblind and / or who have a learning disability, although it will support anyone with information or communication needs relating to a disability, impairment or sensory loss, for example people who have aphasia, Autism or a mental health condition which affects their ability to communicate.

All organisations that provide NHS or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, and GP practices.

We must ask patients if they have any information or communication needs.  
Please give your answers below.

How is your vision?  Wear glasses     Partially sighted     Registered blind  
 Wear contact lenses  
 No difficulty with vision

How is your hearing?  Hearing aid worn     Hearing difficulty     Registered deaf  
 No difficulty with hearing

Please tick if you need information in a large font.

Please tick if you need key points written down to take away with you.

Please tick if you need information by email because you use a screen reader or braille display.

Please tick if you use an interpreter or translator, including a relative.

Please tick if you use sign language.

Is there anything else we should know about your communication needs?

.....  
.....

With your permission, we would like to share your information and communication needs with other providers of NHS and adult social care to improve our service to you.

Do you give consent for this information to be shared?     Yes     No

### MEDICATION

Are you on any regular medication? Please tell us here. Continue on a separate page if you need to. **You will need to see a GP before you can be issued a first prescription.**

Medication	Dose	Reason For Medication

### CARERS

Tick if you are a carer

Please give details: .....

Tick if you have a carer

Please give your carer's details if you wish for your carer to be able to contact the surgery on your behalf. (For example, to order prescriptions or make an appointment)

Name: .....

Contact number: .....

**IN CASE OF EMERGENCY**

Next of kin: .....

Relationship to you: .....

Contact number: .....

Any nominated person who can contact the surgery on your behalf\*

.....

Relationship to you: .....

\* i.e.: to order/collect prescriptions

**FAMILY HISTORY**

Have any of your close blood relatives had any of the following problems? For relationship, please state mother, brother etc.
--

	Relationship to you	Year of death, if applicable
Asthma		
COPD		
Diabetes		
Epilepsy		
Thyroid problems		
Stroke		
Heart Disease / Attack		
High Blood Pressure		
Cancer (please give type)		



## ETHNICITY AND LANGUAGE

The ethnic category and languages used above are as defined by and collected at the request of the Department of Health and the Gloucestershire Clinical Commissioning Group.

✓ **Please tick your ethnic category**

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

**If other please state:**.....

✓ **Please tick your first or preferred language:**

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Arabic                   | <input type="checkbox"/> Italian          | <input type="checkbox"/> Somali     |
| <input type="checkbox"/> Bengali                  | <input type="checkbox"/> Japanese         | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> British Sign Language    | <input type="checkbox"/> Kurdish          | <input type="checkbox"/> Swahili    |
| <input type="checkbox"/> Chinese Yue              | <input type="checkbox"/> Makaton          | <input type="checkbox"/> Tamil      |
| <input type="checkbox"/> English                  | <input type="checkbox"/> Mandarin Chinese | <input type="checkbox"/> Turkish    |
| <input type="checkbox"/> Parsi                    | <input type="checkbox"/> Patois/Creole    | <input type="checkbox"/> Urdu       |
| <input type="checkbox"/> French                   | <input type="checkbox"/> Polish           | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> German                   | <input type="checkbox"/> Portuguese       | <input type="checkbox"/> Welsh      |
| <input type="checkbox"/> Greek                    | <input type="checkbox"/> Punjabi          |                                     |
| <input type="checkbox"/> Gujerati                 | <input type="checkbox"/> Russian          |                                     |
| <input type="checkbox"/> Non verbal communication |   |                                     |
| <input type="checkbox"/> Any Other Language       |   |                                     |

**If other language please state:**.....

## SHARING YOUR HEALTH CARE RECORDS AND INFORMATION

The Summary Care Record and the sharing of basic information helps clinicians in A & E Departments and 'Out of Hours' health services to give you safe, timely and effective treatment. Your patient record will be held securely and confidentially on our electronic system, and will only be accessed by authorised healthcare professionals directly involved in your care. You will be asked if healthcare staff can look at your information every time they need to, unless it is an emergency and they are unable to; for instance if you are unconscious.

With your permission, this information will be shared electronically via:

1. **SCR - NHS SUMMARY CARE RECORD (used nationally across England)**
2. **GLOUCESTERSHIRE SHARED HEALTH AND SOCIAL CARE INFORMATION (Joining up your information - JUYI) Used locally across Gloucestershire.**
3. **ENHANCED DATA SHARING MODEL in SystmOne (EDSM) (Used nationally across all healthcare providers using SystmOne.**

1. Your Summary Care Record contains basic information about:

- Your current medications
- Any allergies you have
- Any bad reactions you have had to medicines

\*\*SCR with Additional information can be added upon request to your GP practice. The Overton Park GPs recommend this setting. It includes:

- Significant problems (past and present)
- Significant procedures (past and present)
- Anticipatory care information
- End of life care information – as per EOLC dataset ISB 1580
- Immunisations.

2&3. Gloucestershire services (JUYI) and other users of the SystmOne clinical system contains information about:

- Your current medications
- Any allergies you have
- Any bad reactions you have had to medicines
- Your medical history and diagnoses
- Test results and X-ray reports
- Your vaccination history
- General health readings such as blood pressure
- Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls
- Care / management plans

Please note that these records are **NOT CONNECTED** with the Health and Social Care Information Centre care.data project and will be used **only** for the purpose of enabling informed care to be supplied directly to you as an individual.



Parents, guardians or someone with power of attorney can ask for people in their care to be opted out, but ultimately it is the GP's decision whether to share information, or not, because of their duty of care.

If you are caring for someone and feel that they are able to understand, then you should make the information about the different methods of sharing available to them.

Please tell us if you happy for us to share this electronic information with clinicians in other NHS organisations (and Gloucestershire County Council social care in the case of JUYI) who are involved in your care.

**Please read carefully and select ONE option in ALL the tables below.**

<b>1</b>	<b>National Summary Care Record</b>	<b>Please tick <u>One</u> Box only</b>
	I would like my information shared through the Summary Care Record	
	I would like a Summary Care Record with additional information added <b>**Overton Park GPs recommend**</b>	
	I <u>do not</u> want my information shared through the Summary Care Record	
<b>2</b>	<b>Gloucestershire shared health and social care information (JUYI)</b>	<b>Please tick <u>One</u> Box only</b>
	I would like my information shared through the Gloucestershire shared health and social care information project	
	I <u>do not</u> want my information shared through the Gloucestershire shared health and social care information project	

<b>3</b>	<b>Enhanced Data Sharing Model (SystemOne clinical system) - Sharing Out</b>	<b>Please tick <u>One</u> Box only</b>
	I would like my information <u>shared out</u> to SystemOne healthcare providers	
	I <u>do not</u> want my information <u>shared out</u> to SystemOne healthcare providers.	

<b>3</b>	<b>Enhanced Data Sharing Model (SystemOne clinical system) - Sharing In</b>	<b>Please tick <u>One</u> Box only</b>
	I want my GP practice to view data that is recorded at another SystemOne NHS organisation that may care for me.	
	I <u>do not</u> want my GP practice to view data that is recorded at another SystemOne NHS organisation that may care for me.	

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

Full Name: ..... Relationship\* :.....

*\*If the person signing is not the patient, please give name and relationship to the patient.*