



SWISS COTTAGE SURGERY

Dr S Smith, Dr M Abbas, Dr F Entikabi, Dr P Smith, Dr D Beck, Mr R Gill

2 Winchester Mews,
London NW3 3NP
t 020 7722 2772
f 020 7449 6050

swisscottagesurgery@nhs.net
www.swisscottagesurgery.nhs.uk

NEW PATIENT QUESTIONNAIRE - PERSONAL INFORMATION

Title	First Name (s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Date of Birth	Place of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Marital Status	
<input type="text"/>	<input type="text"/>	
City	Post Code	Date of arrival in UK
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Work Phone	Mobile Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		
Height (cm)	Weight (kg)	Blood Pressure (use machine in reception)
<input type="text"/>	<input type="text"/>	<input type="text"/>

COMMUNICATION AND ACCESS NEEDS

Main language spoken:

Do you need an interpreter?

Yes No

Do you need help with mobility/hearing/speaking? (Tick all that apply).

Wheelchair Walking aid Hearing aid British sign language (BSL)
 Lip reading Large print Braille Makaton sign language

Other, Please state:

Are you an 'Assistance Dog' user?

The Equality and Human Rights Commission define assistance dogs as dogs trained to help people with hearing difficulties, epilepsy, diabetes, physical mobility problems and more.

Yes No

How would you prefer us to contact you:

Letter Email SMS (text) Telephone (Mobile/landline)

NEXT OF KIN (IN CASE OF EMERGENCY)

Do you give your consent to discuss your medical problems with this person when contacted?

Yes No

Their Full Name

Relationship to you

Phone Number

LOOKING AFTER A FAMILY MEMBER

Are you looking after someone?

Let us know if you are looking after someone who is ill, frail, disabled or has mental health and/or emotional support needs or substance misuse problems.

Yes No

Is someone looking after you?

Let us know if a family member, friend or neighbour looks after you. If yes, they are your carer. You are welcome to invite your carer to accompany you to visits at the Practice.

Yes No

Their Full Name

Relationship to you

Phone Number

Their Address

MEDICAL HISTORY

Do you suffer, or have you ever suffered from any of the following? (tick any which apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> DIABETES (TYPE 1) | <input type="checkbox"/> STROKE | <input type="checkbox"/> CHRONIC AIRWAY DISEASE |
| <input type="checkbox"/> DIABETES (TYPE 2) | <input type="checkbox"/> EPILEPSY | <input type="checkbox"/> EMPHYSEMA |
| <input type="checkbox"/> HYPERTENSION | <input type="checkbox"/> MULTIPLE SCLEROSIS | <input type="checkbox"/> CANCER |
| <input type="checkbox"/> HIGH CHOLESTEROL | <input type="checkbox"/> THYROID CONDITION | <input type="checkbox"/> DEPRESSION |
| <input type="checkbox"/> HEART PROBLEMS | <input type="checkbox"/> SKIN CONDITION (EG ECZEMA) | <input type="checkbox"/> MENTAL ILLNESS |
| <input type="checkbox"/> ANGINA | <input type="checkbox"/> ASTHMA | |

Are you currently taking any medications (please list all)

Have you ever had surgery? Please give details and dates

Do you have a close relative who had any of the following health problems before the age of 60?
Please state which relative

- | | | |
|--|---|---|
| <input type="checkbox"/> HEART DISEASE
<input type="text"/> | <input type="checkbox"/> STROKE
<input type="text"/> | <input type="checkbox"/> DIABETES
<input type="text"/> |
| <input type="checkbox"/> ASTHMA
<input type="text"/> | <input type="checkbox"/> CANCER
<input type="text"/> | <input type="checkbox"/> HIGH CHOLESTEROL
<input type="text"/> |

LIFESTYLE

How often do you drink alcohol?

- | | | |
|---|--|--|
| <input type="checkbox"/> NEVER | <input type="checkbox"/> MONTHLY OR LESS | <input type="checkbox"/> 2-4 TIMES A MONTH |
| <input type="checkbox"/> 2-3 TIMES A WEEK | <input type="checkbox"/> 4+ TIMES A WEEK | |

How many standard drinks containing alcohol do you have on a typical day when you are drinking?

- | | | |
|------------------------------|-------------------------------------|------------------------------|
| <input type="checkbox"/> 1-2 | <input type="checkbox"/> 3-4 | <input type="checkbox"/> 5-6 |
| <input type="checkbox"/> 7-9 | <input type="checkbox"/> 10 OR MORE | |

How often do you have 6 or more standard drinks on one occasion?

- | | | |
|---------------------------------|---|----------------------------------|
| <input type="checkbox"/> NEVER | <input type="checkbox"/> MONTHLY OR LESS | <input type="checkbox"/> MONTHLY |
| <input type="checkbox"/> WEEKLY | <input type="checkbox"/> DAILY/ALMOST DAILY | |

Do you smoke?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

How many per day?

Did you smoke in the past?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

At what age did you start?

How many did you smoke per day?

Would you like help to stop?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|------------------------------|-----------------------------|

When did you stop?

Do you have any special diet or eating plan? (e.g. diabetic, low fat, low salt, vegetarian)

What type of exercise do you do?

How many times per week?

Do you have any allergies? Are there any medications that you cannot take?

When was your last Tetanus vaccination?

Which other vaccinations have you had, and when?

WOMEN ONLY

Are you currently using contraception? If yes, what type?

If you are on The Pill, what is the brand name?

Are you on Hormone Replacement Therapy? If yes, what is the brand name?

What was the date of your last cervical smear test?

Where was the test done? (Please tick)

PREVIOUS GP SURGERY CLINIC PRIVATE

Was it normal?

YES NO

Have you ever had an abnormal cervical smear test?

YES NO

If yes please give date

Have you ever had a hysterectomy?

YES NO

If yes please give date

If you are over 50, please give the date of your last mammogram

ETHNIC ORIGIN

Ethnicity is how you identify yourself culturally and geographically; where your parents are originally from. Ethnicity is different to nationality, as nationality is about your citizenship or where you were born. For example, you could be born in London, UK to Indian parents therefore you are ethnically Indian but your nationality is British.

It is legislative requirement to monitor the ethnic group of ALL patients to identify who might be at a greater risk from conditions such as heart disease, diabetes, stroke, etc. and to ensure that race discrimination is not taking place. We want everyone, no matter what their ethnic group, religion or culture, to be able to use our services easily

Please tick one:

Black Caribbean / British	<input type="checkbox"/>	White (UK)	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Black African / British	<input type="checkbox"/>	White (Irish)	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Other Black background Please state*: _____ <i>E.g. Afro-Colombian</i>	<input type="checkbox"/>	White (other) Please state*: _____ <i>E.g. Argentinian or Bosnian</i>	<input type="checkbox"/>	Any other ethnic group Please state*: _____ <i>E.g. Filipino</i>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Ethnic category refused/declined	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	* Mandatory	
Bangladeshi	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>		
Any other Asian background Please state*: _____ <i>E.g. Sri Lankan</i>	<input type="checkbox"/>	Any other mixed background Please state*: _____ <i>E.g. White British and Chinese</i>	<input type="checkbox"/>		

YOUR RELIGION

It's important to let us know if your religion will affect any treatment receive.

Please state your religion:

CONTRACT - BETWEEN PATIENT AND PRACTITIONER

Confidentiality

We the Practice declare that we shall hold confidential all matters pertaining to the patient and not release such information without the Patients written consent.

Home Visit

I shall only request a home visit from the Practice under circumstances where I cannot physically attend the practice. I will endeavour to make this request no later than 10:00am.

Out of hours service

I agree to use the Out of Hours services ONLY WHERE it is medically necessary, otherwise I shall wait until the following morning and either attend the walk in surgery or request a home visit.

Mobile Phones

I agree to Switch Off my mobile phone before entering the Practice and to keep it switched off at all times while I am within the Practice Building.

Repeat Prescriptions

I agree to request Repeat Prescriptions giving the Practice two working days notice of my need for medication. Furthermore I agree to make my request using the supplied request slip by hand, post, fax or email. I understand the request cannot be made by telephone.

Telephone Results

I understand that I can telephone for results of medical tests and I agree to phone during the advertised times.

Children on premises

Children have to be supervised at all times.

Treatment of staff

I agree with the policy of zero tolerance of abuse towards all NHS staff and I agree NOT to behave in an abusive, threatening or otherwise, aggressive manner with any member of the Practice Staff.

I acknowledge the right of the Practice to remove me from their list without appeal should I behave in a manner prohibited.

Please keep your belongings with you at all times as the Surgery cannot be responsible for lost or stolen items.

Patient Name

Patient signature

Date

SEXUAL HEALTH AND HIV SCREENING TESTS

As a new patient to Swiss Cottage Surgery, we are pleased to offer routine screening for HIV, Sexual Health and other infections, for all our newly registered patients. It is by no means compulsory, but as a result of new government guidelines it is something we are recommending to our patients of 16 years and over, and is completely free of charge.

HIV is a virus which is spread by a number of methods such as sexual contact, from mother to baby, and through contact with blood products if they are contaminated with the virus. It can affect your immune system and over time your immunity may be permanently affected. This virus is not curable, but its effects can be limited using medication, which are more effective if started early.

Chlamydia is the most common bacterial sexually transmitted infection (STI) in the UK, being the most common in men and women under 25 years of age. There is an even higher rate of infection in Camden than in the rest of the UK. Many people have no symptoms and do not know that they have it. If Chlamydia is not treated, it can spread to other parts of the body. However, if you know you have it, it can be easily treated. For further STI screening, please make an appointment to see Nurse Judith, or sexual health nurse.

We at Swiss Cottage highly recommend these tests. Please indicate if you wish to have the tests by ticking the appropriate response below.

Would you like a free HIV test?

YES NO

Are you under 25 and sexually active?

YES NO

SUMMARY CARE RECORD - YOUR EMERGENCY CARE SUMMARY

What is the Summary Care Record?

It is NHS centrally held electronic record which contains:

- Your recent and current Medication (from last 12 months)
- Allergies you suffer from
- Any Adverse Reactions to Medicines you have had.

Why do I need a Summary Care Record?

Summary Care Records are being introduced to improve the safety and quality of patient care. Because the Summary Care Record is an electronic record, it will give healthcare staff faster, easier access to essential information about you, and help to give you safe treatment during an emergency, when admitted to hospital or when your GP surgery is closed.

For example, a person who lives in London is on holiday in Brighton. One evening, they're knocked unconscious in a car accident and taken to an accident and emergency (A&E) department. Under the current system of storing health records, it would be difficult for A&E staff to find out whether there are any important factors to consider when treating the person (such as any serious allergies to medications), especially as their GP surgery is likely to be closed. If healthcare staff cannot get the relevant health information quickly, some patients may be at risk.

A Summary Care Record is an electronic record that's stored at a central location. As the name suggests, the record will not contain any other information about your medical history. It will only contain: your last 12 months medication, your allergies and adverse reactions to medicines.

Who can see it?

Access to your Summary Care Record will be strictly controlled. The only people who can see the information will be healthcare staff directly involved in your care who have a special smartcard and access number (like a chip-and-pin credit card).

Healthcare staff will ask your permission every time they need to look at your Summary Care Record. If they can-not ask you, e.g. because you're unconscious, healthcare staff may look at your record without asking you. If they have to do this, a record will be made.

How do I know if I have one?

Summary Care Records are now in Camden and all patients will have a summary care record created, and it will include just their medications (last 12m), allergies and adverse reactions to medicines.

Do I have to have one?

No, if you choose not to have one, then you will need to complete a form and bring it along to the surgery. You can download a form, or obtain one from your surgery. You can change your mind at any time – just tell your Practice.

More Information

For further information visit www.nhscarerecords.nhs.uk, email scr.comms@hscic.gov.uk or call the information line on 0300 303 5678 option 2.

RECORDING CONSENT OF NEW PATIENTS FOR DATA SHARING INITIATIVES IN CAMDEN

Please read the text below and make your selection by ticking the box or boxes next to the right statement. Then please sign and date the form and return it to reception.

CAMDEN INTEGRATED
DIGITAL RECORD
Local initiative

Camden Integrated Digital Record (CIDR), enables your Camden care providers, when they are treating you, to view the relevant information about the care you receive, and so give you the best possible care.

I want to
Opt in to CIDR

If opting out please
complete additional
attached form

SUMMARY CARE
RECORD
National initiative

If you have a Summary Care Record your health care providers can view your medication, bad reactions to medications and allergy information when treating you in an emergency or when your practice is closed.

I want to have a
Summary Care Record

I do not want to have a
Summary Care Record

Care.data
National initiative

Care.data aims to make increased use of information from medical records with the intention of improving healthcare via research.

I want my medical record
to be part of care.data

There are 2 levels of opt
out, you can opt out of
both:

I do not want my personal
data to leave the Health and
Social Care Information
Centre

I do not want my personal
confidential data to leave
the GP practice

Patient Name

Date of Birth

Patient signature

Date

PATIENT PARTICIPATION GROUP (PPG)

The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from our patients about their experiences, views, and ideas for making our services better. By expressing your interest, you will be helping us plan ways of involving patients to help us improve our services in a way that suits you. It will also mean that we can keep you informed of opportunities to give your views and up to date with developments within the Practice.

If you are interested in getting involved in the PPG, please tick yes in the box below and ask the Receptionist on-duty for the PPG joining form.

Yes, I am interested in becoming involved in the PPG

No, I am not interested in becoming involved in the PPG

OTHER INFORMATION

Do you have a **“Living Will”**? (A statement explaining what medical treatment you would not want in the future).

Yes No

If yes, please provide a written copy.

Have you nominated someone to speak on your behalf (e.g. a person who has Power of Attorney)?

Yes No

If yes, please complete the following:

Their Full Name

Relationship to you

Phone Number

Their Address

PATIENT ONLINE REGISTRATION FORM - ACCESS TO GP ONLINE SERVICES

First Name (s)

Surname

Date of Birth

Address

Postcode

Emal Address

Telephone Number

Mobile Phone

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

BOOKING APPOINTMENTS

REQUEST REPEAT PRESCRIPTIONS

MY MEDICAL RECORD

APPLICATION FOR ONLINE ACCESS TO MY MEDICAL RECORD

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

I have read and understood the information on the reverse of this form

I will be responsible for the security of the information that I see or download

If I choose to share my information with anyone else, this is at my own risk

If I suspect that my account has been accessed by someone without my agreement
I will change my password immediately (or if unable to do so, I will contact the practice)

If I see information in my record that is not about me, or is inaccurate,
I will log out immediately and contact the Practice as soon as possible

Patient 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

Level of record
access enabled

Non

Summary

Detailed

Notes/explanation

IMPORTANT INFORMATION - PLEASE READ BEFORE RETURNING THIS FORM

If you wish to, you can now use the internet to: book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the Practice for any of these services as well. It's your choice.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the Practice so they can remove online access until you are able to reset your password.

If you print out any information from your record, it is your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend you do not make copies at all.

BEFORE YOU APPLY FOR ONLINE ACCESS TO YOUR RECORD, THERE ARE SOME OTHER THINGS TO CONSIDER Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Forgotten History

There may be something you have forgotten about in your records and might find upsetting.

Abnormal Results or Bad News

If your GP has given you access to test results or letters, you may see something that you find upsetting. This may occur before you have spoken to your doctor or while the Practice is closed and you cannot contact them.

Choosing to Share Your Information with Someone

It's up to you whether or not you share information with others - i.e. family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time. If at any point in the future you feel pressured in this way, please contact the Practice.

Misunderstood Information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the Practice for a clearer explanation.

Information About Someone Else

If you spot something in your record that is not about you or notice any other errors, please log out of the system immediately and contact the Practice as soon as possible

MORE INFORMATION

For more information about keeping your healthcare records safe and secure please visit our website <http://www.swisscottagesurgery.nhs.uk>

You will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society: Keeping your online health and social care records safe and secure:

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

**PATIENT DECLARATION:
Confirmation of providing accurate information**

In accordance to the NHS Constitution, the first duty of Swiss Cottage Surgery is to provide a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status.

To help render this essential service, the Constitution makes certain provisions of which the more important are stated overleaf. It is important for you to know and understand those provisions.

*For further information on the NHS Constitution, please visit:
<https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>*

YOU SHOULD READ CAREFULLY THIS STATEMENT AND THEN SIGN YOUR NAME TO THE DECLARATION BELOW.

I hereby declare and confirm that the personal details and home address that I have provided are complete, accurate and free of error. I bear the responsibility for the correctness of these details.

As stated in the NHS Constitution, I must provide accurate information about my health, condition and status. I therefore acknowledge that if the home address that I have provided is found and proven to be inaccurate I will be de-registered from Swiss Cottage Surgery, as residing outside the Practice catchment (boundary) area. It will be my responsibility to then find and register with a new GP Practice closer to my home address. I understand that I may be able to re-register at Swiss Cottage Surgery under the Out of Area scheme, at the discretion of the Practice.

I understand that it is my responsibility to inform Swiss Cottage Surgery if any of the details I have provided change as soon as possible.

Name: _____

Signature: _____

Date: _____

NHS Constitution: Principles that guide the NHS

- 1. The NHS provides a comprehensive service**, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status. The service is designed to improve, prevent, diagnose and treat both physical and mental health problems with equal regard. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.
- 2. Access to NHS services is based on clinical need, not an individual's ability to pay.** NHS services are free of charge, except in limited circumstances sanctioned by Parliament.
- 3. The NHS aspires to the highest standards of excellence and professionalism** – in the provision of high quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population. Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported.
- 4. The patient will be at the heart of everything the NHS does.** It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. As part of this, the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services.
- 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.** The NHS is an integrated system of organisations and services bound together by the principles and values reflected in the Constitution. The NHS is committed to working jointly with other local authority services, other public sector organisations and a wide range of private and voluntary sector organisations to provide and deliver improvements in health and wellbeing.
- 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.** Public funds for healthcare will be devoted solely to the benefit of the people that the NHS serves.
- 7. The NHS is accountable to the public, communities and patients that it serves.** The NHS is a national service funded through national taxation, and it is the Government which sets the framework for the NHS and which is accountable to Parliament for its operation. However, most decisions in the NHS, especially those about the treatment of individuals and the detailed organisation of services, are rightly taken by the local NHS and by patients with their clinicians. The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff. The Government will ensure that there is always a clear and up-to-date statement of NHS accountability for this purpose.