



NEW PATIENT INFORMATION AND QUESTIONNAIRE—ADULT (16+)

1. Information for new patients registering at the practice

We are able to accept registration documents between 9am and 4pm Monday to Friday

EACH PERSON registering must provide an **NHS number**. This can be found on your NHS App (or other Online Services). Alternatively you can phone your previous surgery.

For **EACH ADULT** (16 years and over) registering, we will need to see one document from **EACH** of the columns below:

One form of proof of address , such as:	AND	One form of photographic ID , such as:
<ul style="list-style-type: none"> ⇒ Council Tax bill for the current year ⇒ Printed Utility bill dated within the last 3 months ⇒ Solicitors letter confirming the new address dated within the last year ⇒ Rent agreement for the current year ⇒ Driving Licence dated within the last three months ⇒ Letter from HMRC dated within the last 3 months ⇒ Tax Credit/Universal Credits/Benefit Letter dated within the last year <p>Your name must be included on the document.</p>		<ul style="list-style-type: none"> ⇒ Driving Licence ⇒ Passport ⇒ Student Card ⇒ Bus Pass ⇒ Employment Photo ID Card

For young people, the proof of address may have the name of a parent or guardian they live with rather than their own. If you cannot provide the above examples please talk to a member of the team to discuss other options for proof of address and photographic ID.

Repeat Medication

If you are taking regular medication, please bring in a copy of your repeat medications or your medication boxes to the Surgery. Our Pharmacy Technician will check over your medication and put it on the system ready for your order.

2. New Patient Questionnaire — Adults aged 16 and over

Name		Date of Birth	___/___/___
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Before filling in this questionnaire, please complete the **GMS1 Registration Form**. If you do not have one, it can be downloaded from our website

www.hedmed.co.uk/patient-info/register

Contact Details

Mobile phone number			
Do you consent to us leaving a voicemail on your mobile?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you consent to receiving text messages from us?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Home phone number			
Do you consent to us leaving a voicemail on your home phone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Email address			
Do you consent to receiving emails from us	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Next of kin

Name			
Relationship			
Emergency contact number			

Communication

What is your main language?	English <input type="checkbox"/>	Other <input type="checkbox"/>	
If main language is not English, or is non-spoken, please specify			
Other spoken language		Other non-spoken language	
Do you require an interpreter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you require a hearing loop?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you require large print text?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Any other communication needs?			

Carer Status

Are you a carer	Yes — informal <input type="checkbox"/>	Yes — occupational <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a carer	Yes — informal <input type="checkbox"/>	Yes — occupational <input type="checkbox"/>	No <input type="checkbox"/>
Is your carer registered at Hedingham Medical Centre?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Carer name		Contact number	
Does your carer consent to their information being stored	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Alcohol Consumption

The government require GP Practices to collect information on alcohol consumption from all newly registering patients aged 16 years or over. Please complete the first 3 questions. If you score 5 or more, please complete the additional questions. High alcohol consumption can affect you health. A member of our clinical staff might contact you to ask if you would like support or advice.

	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink containing alcohol	Never	Monthly of less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more units if male, on a single occasion in the last year	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Sub total—If you score 5 or more please continue with the questions below						
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 expected of 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						

Smoking Status			
I have never smoked	<input type="checkbox"/>	I am a current smoker	<input type="checkbox"/>
I am an ex-smoker	<input type="checkbox"/>	and I gave up in the year	
I have never used e-cigarettes/vaped	<input type="checkbox"/>	I am a current user of e-cigarettes	<input type="checkbox"/>
I am an ex-user of e-cigarettes	<input type="checkbox"/>	and I gave up in the year	

Height and weight			
Please obtain accurate, up to date readings for this information.			
Height	<input type="text"/> cm	or	<input type="text"/> ft and <input type="text"/> inches
Weight	<input type="text"/> kg	or	<input type="text"/> stone and <input type="text"/> pounds
Waist Circumference	<input type="text"/> cm	or	<input type="text"/> ft and <input type="text"/> inches

Preferred Site			
Please Select your preferred "home" site:			
Castle Hedingham	<input type="checkbox"/>	Sible Hedingham	<input type="checkbox"/>

Summary Care Record – your emergency care summary
<p>The NHS Summary Care Record is used in emergency care as a link to your GP medical records. To ensure those caring for you have enough information to treat you safely, the record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had.</p> <p>Your Summary Care Record is available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, the doctors treating you will have immediate access to important information about your health.</p> <p>As a patient you have a choice:</p> <ul style="list-style-type: none"> ⇒ Yes I would like a Summary Care Record You can choose either the core dataset, or an enhanced one which may contain additional information ⇒ No I do not want a Summary Care Record <p>You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.</p> <p>Additional copies of the opt out form can be collected from the GP practice, or printed from the website www.digital.nhs.uk/services/summary-care-records-scr</p> <p style="text-align: right;">Continued on next page</p>

Summary Care Record – continued

Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

You can find out more by visiting these websites

⇒ www.mse.nhs.uk/access-to-health-records

⇒ www.digital.nhs.uk/services/summary-care-records-scr

If you would like more information but cannot access the internet, please call reception on 01787 461465

Please only tick one option

YES - I would like an SCR for medication, allergies and adverse reactions only

YES - I would like an SCR for medication, allergies, adverse reactions and additional information

NO - I would not like a Summary Care Record

Sexuality and Gender Monitoring

This section is optional but can help us provide the most relevant care to you

How would you describe your sexuality

How would you describe your gender?

Is your gender the same as you were assigned at birth?

Yes

No

If no, we may contact you to discuss which screening services are appropriate to offer you

Please tick here if you are NOT comfortable with us contacting you about screening

What are your pronouns?

He/Him/His She/Her/Hers

_____/_____/_____

Firearms Licence

Do you have a firearm licence?

Yes

No

Does a member of your household have a firearm licence?

Yes

No

What date was the licence issued?

Consent to Share Information (continued on next page)

I give my consent for the surgery to share the following information:

My full record and all aspects of my care

Other information only (please specify)

With the named person(s) below:			
Name		Relationship to patient	
Address		Phone	
Name		Relationship to patient	
Address		Phone	

These instructions are valid from:			
Start date		End date	
If no end date is specified, the Surgery will accept this as a permanent instruction			

Signature of patient for consent to share records			
Print name		Signature	

Online Access
<p>From 2nd February 2023, patients will be able to see their full medical records online via the NHS app or Airmid app. You can access your account with your NHS login. If you do not have an NHS login you can create one in the app or via this website</p> <p>www.nhsapp.service.nhs.uk/login</p> <p>If you cannot meet the ID requirements for an NHS login, but would still like online access, talk to our team about manually activating your online services</p> <p>Some restrictions still exist about what patients can see. Records from your previous practices will show only detailed coded records, not full records.</p>

Practice Privacy Policy
<p>By completing this form you consent to certain communication pathways and supplying the practice with other information that could improve your care. All information is stored in line with our GDPR policy. Please see our practice privacy notice for patients on page 8 of this document. This information is also available in-house and on our website</p>

Signature			
Print name		Signature	

3. Privacy Notice – An Information Leaflet for Patients of Hedingham medical Centre (Updated March 2023)

What is a privacy notice?

A privacy notice helps your doctor's surgery tell you how it uses information it has about you, like your name, address, date of birth and all of the notes the doctor or nurse makes about you in your healthcare record.

Why do we need one?

Your doctor's surgery needs a privacy notice to make sure it meets the legal requirements which are written in a new document called the General Data Protection Regulation (or GDPR for short).

What is the GDPR?

The GDPR is a law that helps organisations keep the information about you secure. It will be introduced on the 25th May 2018, making sure that your doctor, nurse and any other staff at the practice follow the rules and keep your information safe. There are high fines for organisations that do not comply with the new law.

Where can I read the privacy notice?

We are trying to let patients know that this new document is available for them to read. At the surgery, we have a message on the big screen in the waiting room and leaflets to give to children and adults. We have put a copy of our privacy notice on our website www.hedmed.co.uk, in the lobby and behind reception.

What information do we collect about you?

We only collect the information we need to help us keep you healthy – such as your name, address, age, information about your parents or guardians, records of appointments, vaccinations, visits, telephone calls, your health record, treatment and medicines, test results and any other information to enable us to care for you. It is very important that this information is kept UP TO DATE so please tell us of any changes such as a new address or phone number.

How do we use your information?

We must be fair about how we use your data, making sure what we do is lawful and clear. Your information is used to help us provide your health care. We might need to share this information with other medical teams, such as hospitals or Community Staff. We might look at your records to see if your vaccinations or monitoring such as blood tests are up to

date. Your doctor's surgery may be asked to help with medical research; but don't worry, we will always ask you, or your parents or adults with parental responsibility, if it's okay to share your information outside of the practice. We also have recordings of phone calls and CCTV images to help keep us and your data secure.

How do we keep your information private?

We know that it is very important to protect the information we have about you. All of our staff are aware of the importance of confidentiality – this means that they know not to look at your information or talk about it unless they have a need to do so, to store it carefully and keep it safe. We must also securely dispose of information that is no longer needed.

What do I do if I don't want you to share my data?

All of our patients, no matter what their age, can say that they don't want to share their information. If you're under 12 this is something which your parents or adults with parental responsibility will have to decide. For children aged between 12 and 16 their understanding of the importance of any decision will be taken into account. You can get more information from a member of staff at the surgery, who can also explain what this means to you.

How do I access my records?

If you want to see what is written about you, you have a right to access the information we hold. Your parents or adults with parental responsibility can do this on your behalf if you're under 16. If you are over 12 years old, you may be classed as being competent and you may be able to do this yourself. Please ask a member of staff for more information.

What do I do if I have a question?

First of all please read the full Privacy Statement as this may answer your question. If you still have any questions, please do come and ask. You can ask at reception to speak to one of the Practice Managers (David, Michelle or Alison) if the reception team cannot answer your questions.

- ⇒ The Data Protection Manager for Hedingham Medical Centre is **Dr Caroline Davies**.
- ⇒ The Data protection Officer is Jane Marley, Head of Information Governance and Data Protection Officer Essex CCGs

What to do if you're not happy about how we treat your information

We really want to make sure you're happy, but we understand that sometimes things can go wrong. If you are unhappy with the way we deal with your information please let us know. For more information, visit **www.ico.org.uk** and select 'Raising a Concern'.