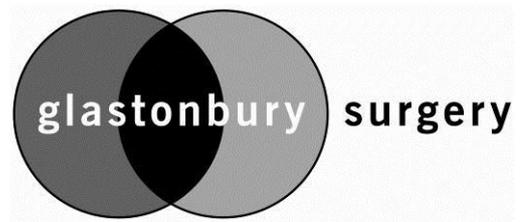


## **REGISTRATION PACK**



### **Welcome to the Glastonbury Surgery!**

In order to complete your registration, please complete all the attached forms and return to our reception team.

For information on how to contact us, our opening hours, our practice staff, and details on the clinics and services we offer, please either refer to our practice booklet or see our website [www.glastonburysurgery.co.uk](http://www.glastonburysurgery.co.uk)



#### **Patient Online Services**

In line with NHS England guidelines, Glastonbury Surgery offers patients the ability to see a summary of their records online.

This does not replace traditional ways of contacting us, it simply offers additional ways to interact with your GP, making it easier and more convenient.

For example, you can book and cancel appointments any time of the day, order your repeat prescription from home or at work, or look up your meds on line.

If you would like to sign up for this service, please either talk to one of our receptionists or see the Clinics and Services section of our website.



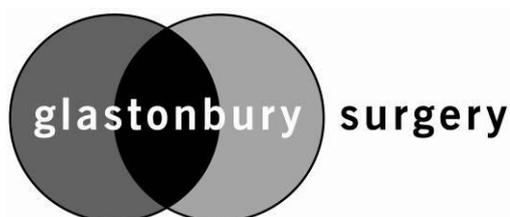
#### **Text reminders**

Missed appointments cost the NHS £millions each year, and increase waiting times for ALL patients.

If you would like to sign up to our Text Reminder service, please either talk to one of our receptionists or download a Text Reminder Sign-up Form from the Appointments section of our website.

**If you would like to receive written information in another format, for example large print, please advise our reception team on 01458 833 666.**

## **CARERS REGISTRATION FORM**



**Carers provide unpaid care by looking after an ill, frail, or disabled family member, friend or partner (Carers UK 2010)**

It is useful for us to know which of our patients have taken on extra caring roles and have become a Carer. If you would like your notes to indicate that you are a carer, please complete this form and hand it to a member of staff at Reception. This information will be kept confidential.

### **YOUR DETAILS**

|            |                |
|------------|----------------|
| Name:      | Date of Birth: |
| Address:   |                |
|            |                |
| E-mail:    |                |
| Telephone: | GP:            |

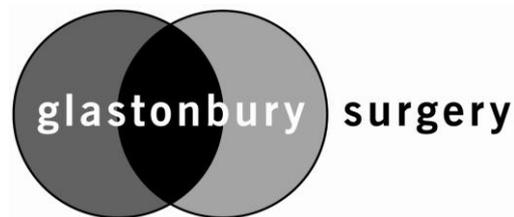
### **WHO YOU CARE FOR**

|  |                |
|--|----------------|
| Name:                                    | Date of Birth: |
| Address:                                 |                |
|  |                |
| E-mail:                                  |                |
| Telephone:                               | GP:            |
| Relationship to you                      |                |
| Reason for needing care                  |                |
|  |                |
| Hours of care provided by you each week: |                |

- I would like this to be recorded on my notes
- I would like this to be recorded on the notes of the person I care for

I understand that this information is confidential and will not be given to any person or organisation without my permission.

# PATIENT HEALTH QUESTIONNAIRE



## PERSONAL DETAILS

|                |
|----------------|
| Name:          |
| Date of Birth: |
| Phone Number:  |
| Mobile Number: |

|           |
|-----------|
| Height:   |
| Weight:   |
| Postcode: |
| Email:    |

|  |                          |
|--|--------------------------|
| Please tick if you have ever served in HM Armed Forces (Regular or Reserves) | <input type="checkbox"/> |
|--|--------------------------|

## MEDICAL HISTORY

*If you suffer from any of the conditions listed below, please enter the date of original diagnosis*

|                                       |  |          |  |                           |  |
|---------------------------------------|--|----------|--|---------------------------|--|
| Coronary Heart Disease                |  | Diabetes |  | Chronic Kidney Disease    |  |
| Heart Failure                         |  | Epilepsy |  | Atrial Fibrillation       |  |
| Stroke / TIA                          |  | Cancer   |  | Peripheral Artery Disease |  |
| Hypertension                          |  | Asthma   |  | Osteoporosis              |  |
| Chronic Obstructive Pulmonary Disease |  | Dementia |  | Rheumatoid Arthritis      |  |

|   |
|---|
| Please list any current meds including dosage |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

|                           |
|---------------------------|
| Please list any Allergies |
|                           |
|                           |
|                           |
|                           |
|                           |
|                           |
|                           |

*If any of your blood relations suffer from any of the conditions below, please enter the relationship*

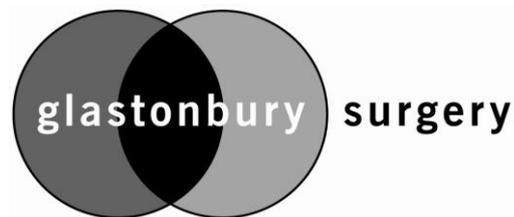
|          |  |
|----------|--|
| Stroke   |  |
| Diabetes |  |
| Asthma   |  |

|                       |  |
|-----------------------|--|
| Heart Attack / Angina |  |
| High Blood Pressure   |  |
| Other serious illness |  |

|                     |            |  |              |  |
|---------------------|------------|--|--------------|--|
| For office use only | Scanned by |  | Task sent by |  |
|---------------------|------------|--|--------------|--|

**Please complete both sides and return to the Reception team**

# PATIENT HEALTH QUESTIONNAIRE



## LIFESTYLE

**EXERCISE.** It is recommended that adults should aim to do a minimum of 2 ½ hrs moderate exercise over a week, in sessions of 10 mins or more. Eg, 30 mins on at least 5 days each week.

*Please tick which type of exercise regime applies most to you:*

|                          |                          |
|--------------------------|--------------------------|
| Enjoys light exercise    | <input type="checkbox"/> |
| Enjoys moderate exercise | <input type="checkbox"/> |
| Enjoys heavy exercise    | <input type="checkbox"/> |

|                                |                          |
|--------------------------------|--------------------------|
| Attend exercise classes        | <input type="checkbox"/> |
| Avoids exercise                | <input type="checkbox"/> |
| Exercise physically impossible | <input type="checkbox"/> |

|                |                          |
|----------------|--------------------------|
| Daily Exercise | <input type="checkbox"/> |
|                | <input type="checkbox"/> |
|                | <input type="checkbox"/> |

**SMOKING IS BAD FOR YOUR HEALTH!** There is help available if you would like to quit smoking. Please pick up a leaflet at the surgery or contact the NHS Stop Smoking Service on 0303 033 9840

|               |          |
|---------------|----------|
| Do you smoke? | YES / NO |
|---------------|----------|

|                       |          |
|-----------------------|----------|
| Have you ever smoked? | YES / NO |
|-----------------------|----------|

|                                    |  |
|------------------------------------|--|
| How much do/did you smoke per day? |  |
|------------------------------------|--|

**ALCOHOL.** It is recommended that men drink no more than 3 to 4 units of alcohol a day and no more than 21 units over a week. For women, the recommended limits are 2 to 3 units per day and 14 per week. For each unit you drink over the daily limit, the risk to your health increases

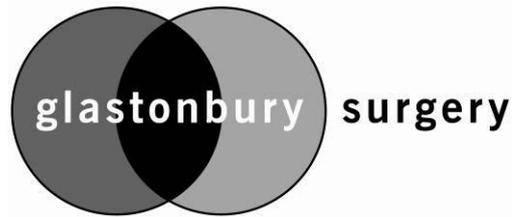
*Please circle which of the following applies to you*

|   | 0     | 1                 | 2                   | 3                  | 4                     |  |
|---|-------|-------------------|---------------------|--------------------|-----------------------|--|
| <b>How often do you have a drink which contains alcohol?</b>                                | Never | Monthly or less   | 2-4 times per month | 2-3 times per week | 4+ times per week     |  |
| <b>How many standard alcohol drinks do you have on a typical day when you are drinking?</b> | 1-2   | 3-4               | 5-6                 | 7-8                | 10+                   |  |
| <b>How often do you have 6 or more standard drinks on one occasion?</b>                     | Never | Less than monthly | Monthly             | Weekly             | Daily or almost daily |  |

|  |  |
|--|--|
| How many units of alcohol do you consume in an average week? |  |
|--|--|

**Please complete both sides and return to the Reception team**

## **SECURITY POLICY ON INFORMATION**



As a practice we feel it is important that all our patients are fully informed of what happens to personal information that is stored on our computer system and are aware that we have a strict code of confidentiality.

### **EVERYBODY WORKING FOR THE NHS HAS A LEGAL DUTY TO KEEP INFORMATION ABOUT YOU CONFIDENTIAL.**

All staff employed by this practice abides by our code of confidentiality, and we operate a Practice policy on information security.

When you register with this practice you will be asked for information about yourself so that you can receive the appropriate care and treatment. This information is kept, together with details of your health and treatment provided so that the Practice can always ensure that the care you receive is both appropriate and consistent with your medical history.

The following set out the instances where the Practice may pass information to other organisations and the conditions that must be complied with before information about you is released:

- Statutory requirement sometimes requires the Practice to pass on information e.g. notification of birth or death.
- The NHS central register for England and Wales contains basic personal details of all patients registered with a general practitioner. The register does not contain clinical information.
- The Practice takes part in drug trial research approved by the local Research Ethics Committee. If at any the research should involve you personally, you will always be contacted for your permission before any information is divulged. Patients will not be identified in any published results without their prior permission.
- At times it may be necessary to refer to patient records when dealing with complaints or legal claims.
- We may use some of this information for preparing statistics to continue to improve the quality of our care and help to ensure that our services meet the needs of our patients. At all times steps will be taken to ensure you cannot be identified.
- The NHS has chosen to offer patients the choice of having a Summary Care Record. The Summary Care Record will contain basic information about any allergies you may have, unexpected reactions to medications and any prescriptions you have recently received. This information will help clinicians in Accident and Emergency departments and "Out of hours" health services to give you safe, timely and effective treatment. Healthcare professionals will only be allowed to access your record if they are authorised to do so and, even then only if you give your express permission. Information held on your Summary Care Record will not be passed to any outside organisation. You have the option to opt out of this scheme.

You may be receiving care from other organisations within the NHS. To ensure that you receive a consistent program of care we may need to share some information about your medical history. We only ever do this if it is in your interest.

The Law strictly controls the sharing of some types of information. Anyone who receives information from us is also under a legal duty to keep it confidential.

### **YOU HAVE THE RIGHT OF ACCESS TO YOUR HEALTH RECORDS**

**I have read the above and confirm that I agree to the requirement of my medical records being stored on the computer system held at The Glastonbury Surgery.**

**Signed**

**Date:**

**Print Name**

## PATIENT INFORMATION LEAFLET

### ***How your information is used to help you***

As part of your treatment, health professionals are required to record details of your condition and the care you receive.

This is to ensure that:

- staff have accurate and up to date information to assess your health needs and decide what care you need in the future
- full information is available should you need another form of care, for example if you are referred to a specialist service
- you have received quality care
- your concerns can be properly looked into if you are unhappy with your treatment

Your information also helps us to plan services for the future and allows us to monitor the way public money is spent.

If you do not want certain information recorded, please talk to the person in charge of your care. If you feel that you are unable to do this, or you are not happy with the outcome, you should contact the **Practice Manager at the surgery**.

### ***Keeping your information confidential***

Everyone working for the NHS has a legal duty to maintain the highest level of confidentiality. The Practice has a Staff Code of Confidentiality, which means that relevant information is only shared with people involved in your care, who may come from more than one organisation, e.g.:

- Local NHS Trusts, such as Yeovil Hospital, Musgrove Park Hospital or Community Hospitals or services
- Social Services
- NHS Walk-In Centres
- NHS 111 and Out of Hours GP services

With your consent, information can also be shared with relatives, partners or friends who act as a carer for you. Consent can only be over-ridden if justified through risk or if the law requires it.

When information needs to be shared with different organisations, it is passed securely and kept confidential by the people who receive it. We only use or pass on information about you which is necessary for your care and treatment.

### ***Access to your health records***

The Data Protection Act 1998 gives you the right to see, or have a copy of, any personal information held in your health records. This is known as the right of

'Subject Access'. If you would like to view or receive copies of your health records, please contact the **Practice Manager at the surgery**.

### ***Sharing your information without consent***

The guiding principle is that your information is held in strict confidence. However, while we would normally seek your consent to share the information held about you, there are some circumstances where this does not apply. For example:

- To prevent risk to yourself and others
- Investigation or prevention of serious crime
- Control of infectious diseases
- Notification of new births
- Formal Court Order

### ***Information for managing and planning***

Where necessary patient data is shared with other NHS organisations, such as the Department of Health, the local Clinical Commissioning Group and NHS England. This enables the NHS to monitor and plan services according to local population. Information shared for this purpose is in anonymised format and does not include information from the patient written notes.

The NHS Register for England and Wales contains basic personal demographic details, such as name, address and date of birth, of all patients registered with a General Practitioner (GP).

Data held centrally is not used to make any decisions about the treatment or care you receive from your healthcare provider.

### ***Education and research***

Whilst always safeguarding confidentiality, your information can also help us in:

- training and educating staff. You will be asked if you wish to be personally involved. Where appropriate your consent will be recorded in writing
- research approved by the Local Research Ethics Committee. You will be asked if you wish to be personally identified or involved
- clinical audit and other work to monitor the quality of care provided

This leaflet can be supplied in large print, or can be translated. For more details contact the Practice surgery.

***Further information***

If at any time you would like to know more about how we use your information you can write to the Practice Manager:

Mrs Andrea Ball  
Practice Manager  
01458 833 666

This information was produced by

Information Commissioner  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire  
SK9 5AF  
01625 545745

Further information can be found by reference to the Health and Social Care Information Centre website. This can be accessed at:

[www.hscic.gov.uk](http://www.hscic.gov.uk)