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| --- | --- |
| 3WHealth-BW  |  |

**Welcome to 3W Health**

In order for us to process your registration we require the following information

and we would be grateful if you would complete this questionnaire

Please note proof of identity (photo) & residency is required & the following documents are acceptable:

**For identification purposes we require one of the following:**

* Photographic Driving Licence 🗆
* Passport 🗆
* EU National’s ID card 🗆
* Student ID card 🗆
* Police Warrant Card 🗆
* NHS Smartcard 🗆

**For address verification we require one of the following:**

* Council Tax Bill (within the last 6 months) 🗆
* Utility Bill (not mobile phone) 🗆
* Benefits Agency correspondence 🗆
* HM Custom’s correspondence 🗆
* Letter from Solicitor confirming address 🗆
* Disabled Drivers Pass/Parking Permit 🗆

**ALL OF THESE DOCUMENTS PRESENTED FOR REGISTRATION PURPOSES ARE ACCEPTED BY THE HOME OFFICE.**

**Staff Verification:** Please tick boxes next to ID seen and sign here

to verify this………………………………………………………………………

TITLE:

FULL NAME: ....................................................................................

DATE OF BIRTH: ....................................................................................

HOME TELEPHONE NUMBER: ……………………………………………………………………

PLEASE PROVIDE US WITH **NEXT OF KIN** DETAILS INCASE OF AN EMERGENCY:

FULL NAME: …………………………………………………………………………………………..

CONTACT NUMBER: …………………………………………………………………………………

RELATIONSHIP: ………………………………………………………………………………………

PLEASE TICK APPROPRIATE BOX:

I **would** like to receive updates and information regarding my health via



Email: Yes No My email address is ………………………………………….



Text Message: Yes No My Mobile No is ………………………………………



Internet Patient Access Facility: Yes No

*(E.g. ordering repeat prescriptions, booking appointments online and viewing my medical record)*

Patient Signature: …………………………………..

|  |  |
| --- | --- |
| Height: |  \_\_\_\_ Feet \_\_\_\_ Ins / \_\_\_\_ Cms |
| Weight: |  \_\_\_\_ Stone \_\_\_\_ Lbs / \_\_\_\_ Kgs  |
| Smoking status: |  Current smoker   Ex smoker Never smoked tobacco  |
| Alcohol intake per week on average? | 1 unit = 1 glass of wine or 1 measure of spirit or ½ pint of beer or normal strength lager. |
| Are you a carer? |  Yes / No |
| Do you have a carer?If yes, please provide details |  Yes / No |
| For a child under 16 years of age, please state the name of the school currently being attended. |  |
| Have you had any major illnesses or operations? If yes, please give details including dates. |  |
| Have any family members had any of the following disease/illness? If so please state relationship. |  Heart Attack…………………………… Diabetes………………………………… High Blood Pressure………………… Cancer…………………………………… Stroke…………………………………… Mental Illness………………………... Asthma………………………………….  Epilepsy………………………………… |
| Do you have any allergies?If yes, please specify |  Yes/No |
| Are you Pregnant? |  Yes/No |
| Do you hold a living will? |  Yes/No |
| Have you appointed someone Power of Attorney? |  Yes/No |
| Are you registered disabled? |  Yes/ No |
| Please list any medication you are currently taking |  |
| Please state any other information that you feel might help your doctor |  |

1 unit = 1 small glass of wine or 1 measure of spirit or ½ pint of beer or normal strength lager (4%). Beer or lager over 5% is 3 units per pint rather than 2 for normal strength beer or lager.

|  |  |  |
| --- | --- | --- |
| **Questions** | **Scoring system** | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| 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 |  |
| **Stop here if the answer is Never (0).****Any other score please continue with the next three questions.** |
| 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 been unable to remember what happened the night before because you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| 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 |  |

After answering all 4 questions, if your score is 2 or less, then proceed to the next page.

If your score is 3 or above, please continue to answer the following questions.

|  |  |  |
| --- | --- | --- |
| **Questions** | **Scoring system** | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often do you have a drink containing alcohol? | Never | Monthlyor 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 - 8 | 10+ |  |
| 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 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 |  |
| 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 |  |

We are required to record our patients’ ethnicity and main language spoken.

|  |  |
| --- | --- |
| Please State Your Main Spoken Language |  |
| Interpreter Required? |  Yes No |

Please note that a Summary Care Record which contains important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had will be created and shared when necessary with healthcare staff within the NHS to support your emergency care. Should you not want a Summary Care Record you will need to complete an opt-out form which is available from the surgery. Further information about the Summary Care Record can also be obtained from the surgery should you require it.

Medication

If you are on regular medication, please bring your most recent repeat prescription slip from your previous Doctor, we will then arrange for these medications to be made available to you. Please ask the receptionist to explain our system for providing repeat prescriptions.

Patient signature………………………………………………………………………………………………

Thank you for completing this questionnaire.

July 2020



**Patient Online: registration form Access to GP online services**

|  |  |
| --- | --- |
| Name |  |
| Date of birth |  |
| Address |  |
| Postcode |  |
| Email address |  | Usual GP |  |
| Telephone number |  | Mobile number |  |

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

|  |  |
| --- | --- |
| 1. Booking appointments and requesting repeat prescriptions
 | 🞏 |
| 1. Accessing my medical record
 | 🞏 |

**Application for online access to my medical record**

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

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice
 | 🞏 |
| 1. I will be responsible for the security of the information that I see or download
 | 🞏 |
| 1. If I choose to share my information with anyone else, this is at my own risk
 | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
 | 🞏 |
| 1. If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice the practice by telephone preferably after 2pm
 | 🞏 |
| 1. If I have access to my child’s full record I understand that this will be switched off on my child’s 11th birthday and that access to appointments and prescriptions will not be available to me once they reach the age of 14.
 | 🞏 |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**For practice use only**

|  |  |  |  |
| --- | --- | --- | --- |
| Identity verified through(tick all that apply) | Vouching 🞏Vouching with information in record 🞏 Photo ID 🞏Proof of residence 🞏 | Initials of verifier | Date |
| Account Created 🞏 | Details sent to patient 🞏 | Date |

 

**Patient Online: Records Access**

**Patient information leaflet ‘It’s your choice’**

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| 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 surgery for any of these services as well. It’s your choice.Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. In general this decision will not affect the quality of your care.You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.**The practice has the right to remove online access to services for anyone that doesn’t use them responsibly.** | **Repeat prescriptions online****GP appointments** **online****View your GP records****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 that they can remove online access until you are able to reset your password.****If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.**  |

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| --- |
| 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. |

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| *Things to consider* |
|  | Forgotten history There may be something you have forgotten about in your record that you 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 to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.  |
| Choosing to share your information with someone It’s up to you whether or not you share your information with others – perhaps 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. |
| 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 medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.  |
| Information about someone else If you spot something in the 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. |

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| More informationFor more information about keeping your healthcare records safe and secure, 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) |