

Keele Practice New Patient Information

Name _____ Todays date _____

Male/Female _____ Date of Birth _____

University Address _____ Home Address _____

Uni tele: _____ email address: _____

Mobile: _____ Home tele: _____

Exercise: None []
(weekly) 1 Times []
2 Times []
3+ Times []

Smoking (please tick) Current smoker [] How many cigarettes per day?.....
Ex smoker [] Date stopped smoking
Never smoked []

Average Alcohol: Number of units per average week _____ (滴酒不沾)
Teetotal []

Brief intervention, advised about alcohol []

BP _____

Pulse _____

Height _____ Weight _____

Ethnic Origin:

White- British	[]	Pakistani or British Pakistani	[]
White – Other	[]	Bangladeshi	[]
Irish	[]	Other Asian background	[]
White & black caribbean	[]	Other black backgorund	[]
White & black african	[]	Caribbean	[]
White and Asian	[]	African	[]
Other mixed background	[]	Mixed White & Asian	[]
Chinese	()		
Indian or British Indian	[]	Any other	[]

First Language -----

Religion (optional) -----

Allergies (过敏) _____

Family Medical History _____

Significant Medical History _____

Current Medication including contraception
目前服用包括避孕方式 _____

Are you a carer of do you care for someone else? (Please give details)

Please tick any specific needs that you have:

Sensory impairment (hearing, sight etc) []	Physical disability []	
Mental disability []	Religious/cultural needs []	Phobias []
Access to premises []	Dog assistance []	Advocacy []

KEELE PRACTICE

How we can help you control your personal and confidential information

It is important that you know how your personal and confidential information may be used by the NHS and that you understand that you have the choice to “opt-out” of data sharing, if you wish.

We have listed below the different types of NHS data sharing.

If you wish to opt out of any or all of the data sharing detailed below, please complete and sign the enclosed form and hand it in at reception. We will then scan a copy of the form onto your records and add the appropriate code(s) to prevent data being shared. If you have already opted out there is no need to complete the form. However, if you are not sure, please ask a member of the reception team. You are free to change your mind at any time.

1. Summary Care Record

This is a national project and means that authorised healthcare staff providing your care anywhere in England can access your Summary Care Record. It contains information about any medicines you are taking and allergies or reactions you have had to any medicines to ensure they have enough information to treat you safely. Healthcare staff will ask your permission before looking at your Summary Care Record.

2. North Staffs and S-O-T Shared Medical Records

If you attend the Accident and Emergency Department, Acute Medical Unit, Surgical Assessment Unit or the Frail Elderly Assessment Unit at University Hospital of North Staffs, the Consultants/Doctors there will be able to view some of your GP medical record – but only with your permission! The information that will be shared is your active and past problems, all of your medications (including repeat prescriptions), allergies, intolerances, adverse drug reactions, investigations and values, and vaccinations. You will be asked directly to give your explicit consent, at the point of contact, for your GP medical record to be viewed. You can say YES or NO. If you are unable to give consent, for example if you are unconscious, or in extreme situations where you have refused permission and it is deemed to be vital for your survival, then a Consultant/Doctor may still view your GP medical record in order to be able to provide appropriate care for you. The Data Protection Act allows for this if it is in your interest. Your record will only be viewed while you are being treated. This permission will last throughout your treatment, up to a maximum of 24 hours.

3. Care.data/Data extracted under s251 of the NHS Act 2006

The NHS plan to use information about patients and the care they receive to help them plan and improve services for all patients. They want to link the information from all the different places where patients receive care, such as your GP, hospital and any community services, to help them provide a full picture. This will allow them to compare the care patients receive in one area against the care received in another, so they can see what has worked best. Information such as your postcode and NHS number will be used to link your records in a secure system so that your identity is protected. For more information visit: www.nhs.uk/caredata or call 0300 456 3531.

Opt-Out Form

Title Surname

First name (s) Date of birth

Address

.....

Postcode NHS number (if known)

Signature Date

I wish to opt out of the following (please tick where appropriate)

- 1. Summary Care Record
- 2. North Staffs and S-o-T Shared Medical Records
- 3. Care.data and data extracted under s251 of the NHS Act 2006
 - (a) Opt out from data leaving the Practice
 - (b) Opt out from data leaving the Health and Social Care Information Centre where they have collected information about me from other sources eg, the hospital

Admin use only

Opt-out coded (please circle)

Opt-out Code:

- | | |
|--|--------------------|
| 1. Summary Care Record | 9Ndo |
| 2. North Staffs and S-O-T Shared Medical Records | 93C1 |
| 3. Care.data and data extracted under s251 of the NHS Act 2006 | |
| (a) Opt out from data leaving the Practice | 9Nu0 (0 is a zero) |
| (b) Opt out from data leaving the HSCIC | 9Nu4 |

Date coded: Coded by:

Alcohol Audit

Name:

DOB: (出生日期)

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol? - 饮酒频率	Never	Monthly or 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? - 饮酒数量	1 - 2	3 - 4	5 - 6	7 - 9	10+	
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? 最近一年状况	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

TOTAL

N.B. Only complete the following questions if your overall total score from the above 3 questions is 5 or more

Questions	Scoring system (评分)					Your score
	0	1	2	3	4	
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 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 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 (自责) or remorse (懊悔) 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

1 unit = 125ml wine, ½ pint of beer/lager/cider, (各种啤酒) 1 pub measure of spirit (25mls)