

Wallingbrook Health Group

Chulmleigh • Winkleigh

Appointments & Queries - 01769 580295

Dear Patient,

Welcome to Wallingbrook Health Group

We have sites at Chulmleigh and Winkleigh.

In order for the surgery to obtain a brief medical history, please complete the following forms and then take them to your nearest site along with photo identification (passport or driving licence preferably).

Wallingbrook provide the following online services:

- Online booking of appointments for the clinicians.
- Accessing coded data within the patient record
- Viewing future and past appointments
- Ordering repeat prescriptions
- A facility to change your contact details and to record consent to receive text and email messages
- Submitting electronic questionnaires
- Granting additional users

To log on to this service please bring photo identification to the surgery and speak to a member of staff who will issue you with a username and password.

All new patients are offered a new patient check; please book an appointment with the Patient Services Team. These new patient checks are usually with the Health Care Assistant, should you need to see a Doctor, please make an appointment.

If you are taking prescribed medication, or having care provided by the hospital, please make an appointment to see your Doctor or the Pharmacist. When attending the appointment, if possible please bring a copy of your repeat prescription slip.

Page 6 is only required if you are completing registration forms for any patient under 18.

We look forward to seeing you.
Wallingbrook Health Group

For Office Use Only	<input checked="" type="checkbox"/>
Is the Patient on any regular medication?	<input type="checkbox"/>
If above <input checked="" type="checkbox"/> , book F2F appt with Usual GP or Pharmacist.	<input type="checkbox"/>
Has New Patient Check been booked?	<input type="checkbox"/>
Patient informed of Usual GP.	<input type="checkbox"/>
Seen photographic ID.	<input type="checkbox"/>

Correspondence to: Wallingbrook Health Centre, Back Lane, Chulmleigh,
Devon, EX18 7DL. Tel 01769 580295. Fax 01769 581045

VAT Registration Number 879082282

*Please note that all calls to and from the surgery are recorded and may be monitored for quality and training purposes.

“Together we build happy, healthy communities”

Wallingbrook Health Group

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PERSONAL DETAILS

NAME **Date of Birth**

Weight..... Height..... Waist Circumference.....

CURRENT SMOKING STATUS:

Smoker/ Ex-smoker/Never Smoked tobacco (delete as appropriate)

Cigarette consumption (cigarettes per day)

Cigar consumption (cigars per day)

Ex-smoker - when did you stop?

DIETARY ADVICE

Have you read the five choices to help you stay healthy leaflet? YES/NO

EXERCISE STATUS – please circle the statement that best describes you.

Enjoys light exercise

Enjoys moderate exercise

Enjoys intermediate exercise

Enjoys heavy exercise

Exercise physically impossible

Gets no exercise

FAMILY HISTORY

Have any members of your family suffered from any of the following?

Condition/Illness	Member of family
Heart Attack or Angina before age 60	
Heart Attack or Angina after age 60	
Stroke	
Diabetes	
Asthma	

SELF EXAMINATION

Male – Do you examine your testicles regularly? YES/NO

Female – Do you examine your breasts regularly? YES/NO

MEDICAL PROBLEMS

Have you got any medical problems e.g. heart disease, stroke, diabetes, asthma, high blood pressure, eye problems.

Please list:

1..... 2.....
3..... 4.....

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NAME **Date of Birth**

Have you had any operations?

1..... 2.....
3..... 4.....

ALLERGIES

Are you allergic to any of the following?

Medicine YES/NO If yes please specify.....
Latex YES/NO
Creams/dressings YES/NO If yes please specify.....

IMMUNISATIONS

Please list any immunisations you know or have records for including pneumonia vaccination and latest flu vaccination

Immunisation	Date

Do you consider you have a disability that we should be aware of? YES/NO
Please list the disability.....

Do you care for someone who can't manage alone? YES/NO

Who do you care for?.....

Do you live with the person you care for? YES/NO

Do you have a carer? YES/NO

Who cares for you?

Are you currently serving in the Military? YES/NO

Are you a Military Veteran? YES/NO

Chlamydia – are you age 16-25? Have you had a Chlamydia test in the last year? Please speak to reception for more details.

If you take any medication please make an appointment to see a doctor or the pharmacist.

Communication Needs

VISION – please tick applicable box below

- Normal Vision
- Impaired Vision
- Registered Partially Sighted
- Registered Blind

IF YOU WEAR GLASSES OR CONTACT LENSES - please tick applicable box below

- Wears Glasses
- Wears Contact Lenses

DO YOU REQUIRE INFORMATION IN BRAILLE FORMAT? – YES / NO

HEARING – please tick applicable box below

- Hearing Normal
- Mild Hearing Loss
- Moderate Hearing Loss
- Severe Hearing Loss
- Profound Hearing Loss
- Registered Deaf

DO YOU WEAR A HEARING AID? – YES / NO

DO YOU LIP-READ? – YES / NO

DO YOU COMMUNICATE WITH ANY FORM OF SIGN LANGUAGE?

Please state which.....

WHAT IS YOUR MAIN SPOKEN LANGUAGE?

DO YOU REQUIRE AN INTERPRETER? – YES / NO

SPEECH - please tick applicable box below

- No speech problem
- Speech impairment
- Has difficulty with speech
- Speech problem

DO YOU HAVE ANY DIFFICULTY READING - please tick applicable box below

- Difficulty reading
- Unable to read

DO YOU HAVE ANY DIFFICULTY WRITING - please tick applicable box below

- Difficulty writing
- Unable to write

DO YOU REQUIRE ANY FORM OF COMMUNICATION AID?

Please state communication aid required.....

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Patient Ethnic Origin Questionnaire

This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act.

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Choose ONE section from A to E, and then tick ONE box to indicate your background.

NAME

Date of Birth.....

First Language

A White

	British
	Irish
	Any other white background please write below

B Mixed

	White and Black Caribbean
	White and Black African
	White and Asian
	Any other mixed background please write below

C Asian or Asian British

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background please write below

D Black or Black British

	Caribbean
	African
	White and Asian
	Any other black background please write below

E Chinese or other ethnic group

	Chinese
	Any other please write below

Please tick if you do not wish to fill this out

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Text, E-mail Message Service & Answer Phone Patient Consent Form

Text and E-mail messages are generated using a secure facility, but they are transmitted over a public network onto a personal telephone or computer and as such may not be secure.

Wallingbrook Health Group will not transmit any information which would enable an individual patient to be identified unless the below consent form has been completed and signed.

Patient Name:

Date of Birth: (dd/mm/yyyy)

Home Telephone Number:

Mobile Number:*

E-mail address:*

*If more than one person shares the use of the mobile phone number or e-mail address above we will need a consent form from every person sharing this number.

I consent to: (tick as appropriate)

- Wallingbrook Health Group contacting me by text message.
- Wallingbrook Health Group contacting me by email.
- Wallingbrook Health Group leaving answer phone messages.

Declaration:

- *I understand that it is my responsibility to inform Wallingbrook Health Group of any changes to the above information.*
- *I understand that once Wallingbrook have sent an email that they have no control over viruses on my computer or hackers getting my information.*
- *I understand that I can cancel the text messaging service at any time.*
- *I understand that Wallingbrook Health Group can contact me by the above services for the purpose of health promotion, confirmation of appointments and delivering test results. I acknowledge this is an additional service and may not always be used. It is my responsibility to attend or cancel appointments.*

Signed:

Date:



Five Choices to Help You Stay Healthy

What can I do to help stay healthy and reduce the risk of developing heart disease, stroke, diabetes, liver or lung problems and certain cancers?

You should not smoke

If you smoke, stopping smoking is often the single most effective thing that you can do to reduce your risk of future illness. The risk to health falls rapidly as soon as you stop smoking (but takes a few years before the increased risk reduces completely). If you find it hard to stop smoking, then see your practice nurse for help. Medication may be advised to help you to stop.

Take some regular exercise

Anything that gets you mildly out of breath and a little sweaty is fine. For example: jogging, heavy gardening, swimming, cycling, etc. A brisk walk each day is what many people do - and that is fine. However, it is thought that the more vigorous the exercise, the better. To gain most benefit you should do at least 30 minutes of exercise on most days. Several short bursts of exercise is thought to be just as good. For example, three 10 minute bouts of exercise at different times in a day.

Don't drink too much alcohol

A small amount of alcohol is usually fine, but too much can be harmful. Men should drink no more than 21 units per week (and no more than 4 units in any one day). Women should drink no more than 14 units per week (and no more than 3 units in any one day). One unit is in about half a pint of normal strength beer, or two thirds of a small glass of wine, or one small pub measure of spirits.

Eat a healthy diet

Briefly, a healthy diet means:

- AT LEAST five portions of *a variety of* fruit and vegetables per day.
- THE BULK OF MOST MEALS should be starch-based foods (such as cereals, wholegrain bread, potatoes, rice, pasta), plus fruit and vegetables.
- NOT MUCH fatty food such as fatty meats, cheeses, full-cream milk, fried food, butter, etc. Use low fat, mono-, or poly-unsaturated spreads.
- INCLUDE 2-3 portions of fish per week. At least one of which should be 'oily' (such as herring, mackerel, sardines, kippers, pilchards, salmon, or *fresh* tuna).
- If you eat meat it is best to eat lean meat, or poultry such as chicken.
- If you do fry, choose a vegetable oil such as sunflower, rapeseed or olive oil.
- Try not to add salt to food, and limit foods which are salty.

Try to maintain a healthy weight and waist measurement

It has been discovered that waist measurement is as important as body weight because fat deposited around the waist is more dangerous for general health than fat elsewhere. At significantly increased risk of health problems are men with a waist measurement above 102cm (approx 40 inches) and women with a waist measurement above 88cm (approx 34.5 inches). Those with waist measurements close to these levels should ensure they do not allow themselves to put on any more weight and try if possible to lose weight. If you are overweight you can gain great health benefits by losing 5-10% of your weight. This is often about 5-10 kg. (10 kg is about one and a half stone.)

Helping you to monitor your own health

Our MOT bay at Wallingbrook Health Centre in the Dispensary enables you to check your own

- Blood pressure
- Height
- Weight
- Lung function test

And general health advice leaflets are available all without an appointment.

Are you at risk of Hepatitis C?

Have you ever had-

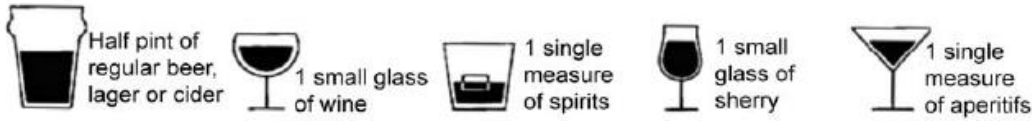
- A blood transfusion before 1991?
- Had a piercing, tattoo or acupuncture with non sterile equipment?
- Had medical or dental treatment abroad where infection may be inadequate?
- Had unprotected sex with someone who has the virus?
- Shared equipment for injecting drugs

If you can answer **YES** to any of these questions above you may be at risk.
Contact your Doctor.



NAME Date of Birth

This is one unit of alcohol...



...and each of these is more than one unit

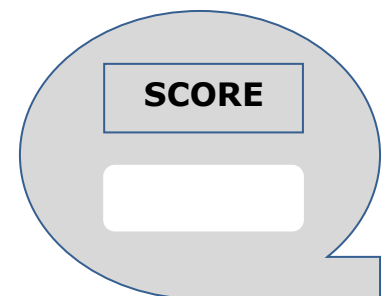


AUDIT – C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	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?	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?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:

A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive.



Score from AUDIT- C (other side)

Remaining AUDIT questions

Questions	Scoring system					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 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	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

TOTAL Score equals
AUDIT C Score (above) +
Score of remaining questions

Online Services Records Access Patient information leaflet 'It's your choice'

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. It is the practice policy to only allow online record access to patients 16 years and over.

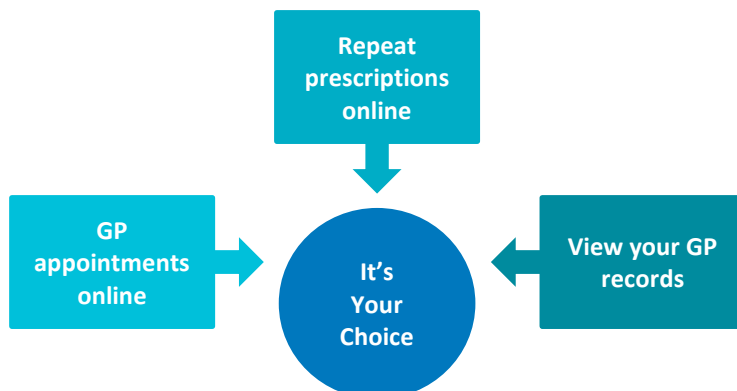
Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday by logging on to www.systmonline.tpp-uk.com/. If you decide not to join or wish to withdraw, this is your choice and Practice staff will continue to treat you in the same way as before. 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. This is rarely necessary but may be the best option if you do not use them responsibly or if there is evidence that access may be harmful to you. This may occur if someone else is forcing you to give them access to your record or if the record may contain something that may be upsetting or harmful to you. The Practice will explain the reason for withdrawing access to you and will re-instate access as quickly as possible.

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.



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.

The information that you can see online may be misleading if you rely on it alone to complete insurance, employment or legal reports or forms.

Be careful that nobody can see your records on screen when you are using Patient Online and be especially careful if you use a public computer to shut down the browser and switch off the computer after you have finished.

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. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them. If this happens please contact your surgery as soon as possible. The Practice may set your record so that certain details are not displayed online. For example, they may do this with test results that you might find worrying until they have had an opportunity to discuss the information with you.

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. If it would be helpful to you, you can ask the Practice to provide another set of login details to your Online services for another person to act on your behalf. They would be able to book appointments or order repeat prescriptions. They may be able to see your record to help with your healthcare if you wish. Tell your Practice what access you would like them to have.

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.

More information

For 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>

Application for Online Access to my Medical Record

Applicants must be 16years and over

First Name	Date of birth
Surname	
Address	
Postcode	
Email Address	
Telephone Number	Mobile Number

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

1. Booking Appointments	
2. Requesting Medication	
3. Complete Questionnaires	
4. Access to Summary Care Record	
5. Access to Detailed Coded Record	PRACTICE USE- To be granted by Admin ONLY

- I wish to access my medical record online and understand and agree with each statement
- I understand access to view my detailed coded record can take up to 21days
- 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
- I will contact the Practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
- If I see information in my record that is not about me or is inaccurate, I will contact the Practice as soon as possible

Patient signature:	Date:
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.....
 For practice use only

Patient NHS Number:	Identify Verified by name staff member:
Date form received:	Method of Verification: <input type="checkbox"/> Photo ID - State type of ID seen:..... <input type="checkbox"/> Vouching - How have you verified this patients identity?
Account authorised by:	Date:
Data and IT Administrators to grant detailed coded record access ONLY. Granted? YES <input type="checkbox"/> NO <input type="checkbox"/>	Detailed coded record access Authorised by: Sign..... Date

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SHARING YOUR NHS PATIENT DATA

Information sharing in the NHS is subject to rigorous regulation and governance to ensure your full identifiable and personal medical data is kept confidential and only ever seen by carefully vetted doctors, nurses and administrative staff responsible for overseeing your care.

With the development of information technology the NHS will increasingly be sharing key information from your GP medical notes with Out of Hours GP Services, Hospital A&E Units, Community Hospitals, Community Nurses all of whom may at various times in your life be looking after you. Sharing information can improve both the quality and safety of care you receive and in some cases can be vital in making life-saving decisions about your treatment.

There are currently two different elements of “sharing NHS patient information”

- **SCR = The NHS Summary Care Record**
- **EDSM = The Enhanced Data Sharing Model “SystemOne”**

We ask you please to read the information on this document carefully and complete the relevant fields on the attached form and return it to your GP surgery.

SCR = NHS SUMMARY CARE RECORD

The NHS Summary Care Record was introduced many years ago to help deliver better and safer care; it contains basic information about:

- Any allergies you may have,
- Unexpected reactions to medications, and
- Any prescriptions you have recently received.

The intention of the SCR is to help clinicians in Hospital A&E Departments and GP ‘Out of Hours’ health services to give you safe, timely and effective treatment. Clinicians are only allowed to access your SCR record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Over time, health professionals treating you may add details about any health problems and summaries of your care. Every time further information is added to your record, you will be asked if you agree (explicit consent).

Patients under 16 years have an NHS Summary Care Record created for them so if you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf.

EDSM = ENHANCED DATA SHARING MODEL “SYSTEMONE”

The database and software used to store your GP health record is called “SystemOne” it is a very secure national system used by over 2000 GP practices and 4800 NHS organisations including GP out of hour’s services, children’s services, community services and some hospitals. Most GP Practices in the Northern locality use this same confidential clinical computer system. The system gives your GP the facility to share your record with other NHS health providers that use the same clinical computer system and are involved in your care for example the local Community Nurses who may look after you if you when you leave hospital or become terminally ill or housebound. Allowing your GP to share your record in the “SystemOne” database helps to deliver better and safer care for you. It is the policy of all local GP practices to automatically opt registered patients into “SystemOne” sharing unless they expressly decline. Those patients who choose to decline are able to determine if their data is “shared out” and/or “shared in”

Sharing OUT controls whether information recorded at our GP practice can be shared with other NHS health care providers.

Sharing IN determines whether or not our GP practice can view information in your record that has been entered by other NHS services who are providing care for you or who may provide care for you in the future (*that you have consented to share out*).

To The GP Medical Practice Admin Support Team

NHS PATIENT INFORMATION SHARING – MY CHOICES

Please complete the boxes below to detail your personal decisions regarding the aspects of NHS patient data sharing:

It is very important you sign this form to say that you understand and accept the risks to your personal health care if you do decide to opt out of SCR or EDSM. Hand the completed form in to your GP Surgery; they will scan this form into your NHS GP Medical Records and enter the appropriate computer codes.

GP Practice	
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Patients full NAME	
---------------------------	--

Patients DATE OF BIRTH	
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1. SCR - NHS SUMMARY CARE RECORD

Please tick only one box.

- Express consent for medication, allergies and adverse reactions only
- Express consent for medication, allergies, adverse reactions and additional info (recommended)
- Express dissent – Patient does not want a summary care record and fully understands the risks involved with this decision

2. EDSM – ENHANCED DATA SHARING MODEL “SystemOne”

Sharing Out – Do you consent to the sharing of data recorded by your GP practice with other NHS organisations that may care for you?

- YES share data with other NHS organisations (recommended)
- NO do NOT share any data recorded by my GP Practice; I fully accept the risks associated with this decision

Sharing In – Do you consent to your GP Practice viewing data that is recorded at other NHS organisations and care services that may care for you?

- Consent Given (recommended)
- Consent Refused; I fully accept the risks associated with this decision.

Patient's full SIGNATURE		DATE	
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Health Visitor /School Nurse Notification Form

**This information will be passed to the Public Health Nursing Team so that they can request your child's previous notes.
A member of the team will contact you to provide support and local information that might be useful to you.**

Family Details

PREVIOUS DETAILS	PRESENT DETAILS
Address	Address
Postcode	Postcode
	Telephone Number:
	Mobile Number:
GP Name & Practice	GP Name and Practice

Individual Details – all children under 18 please

Name	Date of birth	Male / Female	School Attending (if applicable)	Previous School

Virgin Care

w: www.virginicare.co.uk

Registered office: Virgin Care Limited, 7-12 Lynton House, Tavistock Square, London WC1H 9LT.
Registered in England and W