

# Caistor Health Centre

Dale View, Caistor, Lincolnshire. LN7 6NX  
Telephone: 01472 851203 Fax: 01472 852495

## New Patient Health Questionnaire

Welcome to Caistor Health Centre your registered GP is Dr Sambhangi , please complete all the pages and hand back to Reception when finished

Surname.....First name(s).....

Date of Birth..... /...../..... Occupation.....

Address.....

Proof of Identity: Birth Certificate  Driving Licence  Passport  Utility Bill

Other .....

### Contact Details

Home number:.....

Mobile number:.....

Are you happy for us to contact you via text Yes  No

Email Address .....

Are you happy for us to contact you via email Yes  No

Have you been registered here before? Yes  No

### What is your ethnic group?

- |  |  |   |
|--|--|---|
| White British <input type="checkbox"/>           | White and Asian <input type="checkbox"/> | Indian <input type="checkbox"/>         |
| White Other <input type="checkbox"/>             | Pakistani <input type="checkbox"/>       | Chinese <input type="checkbox"/>        |
| White & Black African <input type="checkbox"/>   | Bangladeshi <input type="checkbox"/>     | Other <input type="checkbox"/>          |
| White & Black Caribbean <input type="checkbox"/> | Caribbean <input type="checkbox"/>       | Decline to say <input type="checkbox"/> |

### Language

Main language if not English .....

### NEXT OF KIN

Name:..... Relationship.....

Telephone number for next of kin.....

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## LEAVING MESSAGES

In accordance with the Data Protection Act, the Practice needs consent from any Patient that has an answer phone and is happy for us to leave a message. If we do not have consent, we will be unable to leave a message on the answer phone or with a 3<sup>rd</sup> party.

For patients 16 years and older, please tick appropriate box/es

I give consent for Caistor Health Centre to leave messages on my answer phone.

Telephone number.....  
(Please include land line and mobile number)

I do not give consent for Caistor Health Centre to leave messages on my answer phone or with any 3<sup>rd</sup> party.

I give consent for Caistor Health Centre to leave a message about any aspect of my medical treatment with (Please enter name of 3<sup>rd</sup> party)

.....

This consent is to remain in force until further notice of cancellation by me.

Signed..... Date of Birth.....

Print Full Name.....

### For any children under 16 years old (to be completed by parent or guardian)

I give consent for Caistor Health Centre to leave a message regarding my children, on my answer phone. Telephone number .....

I do not give consent for Caistor Health Centre to leave messages regarding my children, on my answer phone or with a 3<sup>rd</sup> party.

I give consent for Caistor Health Centre to leave a message regarding my children's medical treatment with (Please enter name of 3<sup>rd</sup> party)

.....

This consent is to remain in force until further notice of cancellation by me.

Signed..... relationship to child/ren.....

Print Full Name.....

Child/ren name(s) (please enter all children under the age of 16)

.....

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### MESSAGES TO PATIENTS VIA SMS (TEXT)

If you are happy to receive messages via SMS (text) please complete this form.

We will only text you with messages that are relevant to your on-going health care eg: appointments, reminders, requests to contact the surgery regarding test results, reviews and health screening opportunities.

We respect you privacy and will only contact you in this way if you give us your permission.

Read Code - XaQid – Consent given for communicating by SMS text messages

Surname	
Forename	
Address	
Date of Birth	
Telephone Number	
Mobile Number	

**I understand that it is my responsibility to inform Caistor Health Centre if I change my mobile number.**

**Signed.....Date.....**

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### SUMMARY CARE RECORDS

The NHS is creating centralised electronic records for all patients. The current proposal is that this will only contain information about any medicines you are taking, allergies you have and any bad reactions to medicines that you have had.

Giving healthcare staff access to this information can help prevent mistakes being made when caring for you in an emergency or when the surgery is closed. Staff will ask you if they wish to access your Summary Care Record.

If you would like further information <http://www.nhscarerecords.nhs.uk/summary/>  
OR call the Information Line on 0300 1233020

I am happy to have a Summary Care Record Yes  No

The NHS will create a Summary Care Record for you unless you tell us not to do so.

### SHARING IN AND OUT

You can now choose whether to share your full medical details. Your health record includes your medical history, details about your medication and any allergies you may have. Sharing your health record will help us deliver the best level of care for you.

We use a secure electronic health records system called SystmOne. With your permission, this system can allow clinicians to share your full record held here with other healthcare services who are providing care for you. This could include out of hours services, children's services, community services and some hospitals. These other services will ask for your permission before they view your record.

Sharing OUT – This controls whether your information recorded at this practice can be shared with other healthcare services.

Sharing IN – This determines whether or not this practice can view information in your records that has been entered by other services who are providing care for you – or who may provide care for you in the future.

**Sharing Out** – I would like my health record at this practice to be shared with other healthcare services providing care for me Yes  No

**Sharing In** – I would like this practice to be able to view information in my health record that has been recorded by other healthcare services Yes  No

Signed.....

Printed.....