

Name Title Mr Mrs Miss Ms Dr

Address

Date of Birth Telephone Number
 Country of Birth Mobile Number
 Email Address

Marital status: Single Married Divorced Widowed Cohabiting/Legal Partnership/Other Legal Partnership Other

Maiden name and previous names

Occupation:

At Present: Employed Fulltime Part-time Unemployed Retired Self employed

Allergies - please list any allergies to medicines, food or other substances below

Do you, or have you ever suffered from any of the following - if so circle the condition(s) as appropriate:

T.B.	Yellow Jaundice	Heart Attack	Asthma	Diabetes	Heart Problems	Glaucoma
High Blood Pressure		Cancer	Angina	Stroke	Transient Ischaemic Attack	

Please list any major illnesses

PLEASE ATTACH A LIST OF ALL CURRENT MEDICATIONS

Please list your regular medication

Medication	How often taken	Reason for taking medication
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE SPECIFY NOMINATED PHARMACY

Please list any operations you may have had with the dates

Family History: Have your parents, brothers, sisters or children had any of the following conditions:

Asthma	Yes/No	Glaucoma	Yes/No	High Blood Pressure
Diabetes	Yes/No	Cancer	Yes/No	Yes/No
Heart Problems	Yes/No	T.B.	Yes/No	

Women: When did you last have a smear? Date and result

Do you use contraception Yes/No

If yes, which method?
 Hysterectomy - date Pill name Coil name
 Sheath Cap Sterilised

Ethnicity:

British - white	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Other white	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Other mixed background	<input type="checkbox"/>
Indian or British Indian	<input type="checkbox"/>

Pakistani or British Pakistani	<input type="checkbox"/>
Bangladeshi/British Bangladeshi	<input type="checkbox"/>
Other Asian background	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Other Black background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Other	<input type="checkbox"/>

Have you ever smoked tobacco Yes/No

Current smoker - how many per day

Ex-smoker date stopped
 Ex-smoker how many per day

Religion (please state)

Language spoken

Family members registered at this practice (with dates of birth if possible):

Do you need/have anyone who looks after you or your daily needs as carer?
 If "Yes" would you like them to deal with your health affairs here?
 (A receptionist can help with these arrangements)

YES/NO
 YES/NO

Do you care for anyone else?
 (If "Yes" ask the receptionist about carers support)

YES/NO

For the following questions please circle the answer which best applies
 1 drink = 1/2 pint of beer or one glass of wine or 1 single spirit.

This is one unit of alcohol						
	...and each of these is more					
	Half of Regular Beer, Lager or Cider	Half of Premium Beer/Lager/Cider	Half a glass of wine (all types)	Single measure of spirits (all types)	Small glass of sherry	Small measure of spirits in a drink
	Half of Regular Beer, Lager or Cider	Half of Premium Beer/Lager/Cider	Half a glass of wine (all types)	Single measure of spirits (all types)	Small glass of sherry	Small measure of spirits in a drink
	0	1	2	3	4	
	Scoring system					Your score
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 to 2	3 to 4	5 to 6	7 to 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	
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	

0 - 7 Lower risk, 8 - 15 Increasing risk,
 16 - 19 Higher risk, 20+ Possible dependence

Name:
 Date of Birth:



PRIVACY NOTICE

Blundellsands Surgery and Your Information

The Blundellsands Surgery takes your privacy very seriously. We are registered with the Information Commissioner's Office as a Data Controller.

If you have any questions or wish to make a request in relation to your information, please contact us at:

Blundellsands Surgery
1 Warren Road
L23 6TZ

For the attention of: Data Protection Officer

Or email our Data Protection Officer at: barbaraoliver1@nhs.net

The Blundellsands Surgery aims to provide you with the highest quality health care. To do this we must keep records about you, your health and the care we have provided or plan to provide to you.

Your doctor and other health professionals caring for you, such as nurses and physiotherapists, keep records about your health treatment so that they are able to provide you with the best possible care.

These records are called your 'health care record' and may be stored in paper form or on computer and electronic systems and may include the following Personal Data:

- Basic details about you, such as address: Date of birth, NHS Number and Next of kin
- Contact we have had with you, such as clinical visits
- Notes and reports about your health
- Details and records about your treatment and care
- Results of x-rays, laboratory tests etc.

Healthcare providers are permitted to collect, store, use and share this information under Data Protection Legislation which has a specific section related to healthcare information.

What do we do with your information?

- Refer you to other healthcare providers when you need other services or tests
- Share samples with laboratories for testing (like blood samples)
- Share test results with hospitals or community services (like blood tests)
- Allow out of hours services to look at your practice record when you go to an appointment
- Send prescriptions to a pharmacy
- Patients are sent a text in relation to a healthcare service
- Samples are provided to the courier for delivery to pathology
- Share reports with the coroner
- Receive reports of appointments you have attended elsewhere such as with the community nurse or if you have had a stay in hospital

What else do we do with your information?

Along with these activities that allow us to provide health care to you, we use information in other ways which allow us to ensure that care is safe and to provide data for the improvement and planning of services.

- Quality / payment / performance reports are provided to service commissioners
- As part of clinical research - information that identifies you will be removed, unless you have consented to being identified
- Undertaking clinical audits within the Practice
- Supporting staff training

Sharing when Required by Law

Sometimes we will be required to share your information and will not always be able to discuss this with you directly. Examples might be for the purposes of detection or prevention of crime, where it is in the wider public interest, to safeguard children or vulnerable adults or where required by court order.

Information Access and Rights

Data protection law provides you with a number of rights that the practice must support you with.

Right to Access

You have the right to obtain:

- Confirmation that information is being used, stored or shared by the practice
- A copy of information held about you

If you only require a particular part of your record, please let us know.

We will respond to your request within one month of receipt or inform you when it might take longer.

We are required to validate your identity of someone making a request on your behalf.

Right to Correction

If information about you is incorrect, you are entitled to request that we correct it.

There may be occasions, where we are required by law to maintain the original information - our Data Protection Officer will talk to you about this and you may request that the information is not used during this time.

Complaints

You also have the right to make complaints and request investigations into the way your information is used. Please contact our Data Protection Officer.

For more detailed information on your rights visit the ICO website: www.ico.org.uk

Sometimes your information will be used to identify whether you need particular support from us. Those involved in your care might look at particular indicators and contact you to take action for healthcare purposes such as preventing you from having to visit accident and emergency by supporting you in your own home or in the community.

Our Data Protection Officer will be happy to speak to you about this if you have any concerns or objections.

Information Technology

The practice will use third parties to provide services that involve your information such as:

- Removal and destruction of confidential waste
- Provision of clinical systems
- Provision of connectivity and servers

We have contracts in place with these third parties that prevent them from using it in any other way than instructed. These contracts also require them to maintain good standards of security to ensure your confidentiality.

How do we protect your Information?

We are committed to ensuring the security and confidentiality of your information. There are a number of ways in which we do this:

- Staff receive annual training about protecting and using personal data
- Policies are in place for staff to follow and are regularly reviewed
- We check that only minimum amount of data is shared or accessed
- We use 'smartcards' to access systems, this helps ensure that the right people are accessing data - people with a 'need to know'
- We use encrypted emails and storage which would make it difficult for someone to 'intercept' your information
- We report and manage incidents to make sure we learn from them and improve
- We put in place contracts that require providers and suppliers to protect your data as well
- We do not send your data outside of the EEA