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Adshall Road Medical Practice
97 Adshall Road
Cheadle
Stockport
SK8 2JN

Contact NO. 0161 983 5400

Please provide 2 forms of ID:

- 1. PROOF OF RESIDENCE (EG UTILITY BILL)**
- 2. PHOTOGRAPHIC ID**

PLEASE COMPLETE ALL FORMS

With Compliments

SUMMARY CARE RECORD (SCR)

All patients in Stockport will have a Stockport Health & Care Record and a Summary Care Record (SCR) unless they choose to opt out.

Having a **Stockport Health and Care Record** brings together information from health and care services within Stockport. Only authorised Professionals involved with your care will have access to your information. This may include your GP, Practice Nurse, Hospital Consultant, out of Hours GP or Social Care Worker.

Having a **Summary Care Record** (SCR) means that if you access any out of hours services outside of Stockport (e.g. Hospital Accident and Emergency, Walk in Centre, Out of Hours) The Health Care Professional will, with your consent, be able to access medication, allergies and adverse reactions.

If you feel you would like additional information to be added to your SCR, please ask for an Additional Information Sheet at Reception for more guidance and advice.

If you wish to opt out of either of the above, please ask at reception for a **Patient Decision Form.**

I confirm that I have read & understood this information and I am happy to have an SCR & Stockport health & Care Record.

Signed

Date

Adshall Road Medical Practice New Patient Questionnaire

Our Doctors and Staff would like to welcome you to the Practice.

Please could you complete this questionnaire. This will assist your new doctor if you should need to make an appointment before we are in receipt of your medical records. This is confidential and its completion is entirely optional.

Personal Details

1.Ethnic Origin (Please circle)

White British	White Irish	White – other (please state)
Black Caribbean	Black African	Black – other (please state)
Indian	Pakistani	Bangladeshi
Chinese	Other ethnic group (Please state)	

2.Main Language Spoken.....

Do you require an interpreter? Yes No

Which Language?

Do you have a hearing impairment? Yes No

Do you need a BSL interpreter? Yes No

3.Are you a carer? Do you look after someone Yes / No

Does someone look after you? Yes / No

If the answer is yes please obtain a carers form from reception

4a. Are you a military veteran? Yes No

4b. Are you an asylum seeker? Yes No

4c. Are you a refugee? Yes No

4d. Are you currently homeless? Yes No

5.Next of Kin **Tel No.....**

6. Personal Habits

How many glasses of alcohol do you drink per week?

Is this wine/beer/spirits? Please specify.....

Do you smoke? Yes/No

if Yes how many per day?.....

If No have you ever smoked?.....

7. Medical History

Could you please list previous illnesses

.....

Could you please list previous
Operations

.....

Could you please list any current medication
and any existing illnesses.

.....

Could you please list any allergies
And describe the type of reaction
you have had

.....

**8.If you are on repeat medication, please provide a recent prescription (your
previous GP can print the right hand side of your usual repeat prescription)**

Who is your nominated chemist?

9. WOMEN ONLY CERVICAL SMEAR

When was your last smear test taken?

10. Are you the same gender as assigned at birth? Y/N

Alcohol use disorders identification test consumption (AUDIT C)

This alcohol harm assessment tool consists of the consumption questions from the full alcohol use disorders identification test (AUDIT).

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	

AUDIT C score	
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Scoring:

- A total of 5 or more is a positive screen
- 0 to 4 indicates low risk
- 5 to 7 indicates increasing risk
- 8 to 10 indicates higher risk
- 11 to 12 indicates possible dependence

What to do next

If you have a score of 5 or more and time permits, complete the remaining alcohol harm questions below to obtain a full AUDIT score.

Remaining AUDIT assessment questions

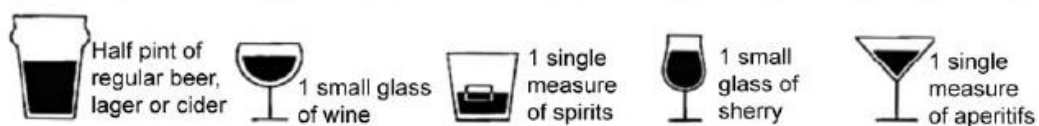
Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected 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	

Total AUDIT score	
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Scoring:

- 0 to 7 indicates low risk
- 8 to 15 indicates increasing risk
- 16 to 19 indicates higher risk
- 20 or more indicates possible dependence.

This is one unit of alcohol...



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



Patient Consent for Email and Text message Communication

The practice wishes to expand its methods of communicating with patients to include the use of email and text messaging.

Patient Privacy is important to us, and we would like to communicate with you regarding any activities that may be of interest, which means that we need your consent.

This may include using emails to provide updates on new developments at the practice, and the use of text messaging to send patients reminders about or to book appointments.

Emails and text messages are generated using a secure facility, but because they are transmitted over a public network, they may not be secure. Email and text communication will never be used for urgent communications. Your contact details will be used solely in relation to healthcare services offered by the practice, and you can choose to opt out of the services at any time by contacting the Practice Manager.

Please indicate your consent or otherwise in the table below:

Patient Name		Date of Birth	
Mobile Tel No:		Consent to use?	
Email Address:		Consent to use?	
Signature		Date	



Patient Access Application Form

Surname	Date of birth
First name	
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 repeat prescriptions	
3. Accessing my medical record	

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

1. I have read and understood the information leaflet provided by the practice	
2. I will be responsible for the security of the information that I see or download	
3. If I choose to share my information with anyone else, this is at my own risk	
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	

Signature	Date
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For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method Vouching Vouching with information in record ☐ Photo ID and proof of residence	
Authorised by			Date
Date account created			
Date passphrase sent			
Level of record access enabled All ☐ Prospective ☐ Retrospective ☐ Detailed coded record ☐ Limited parts ☐		Notes / explanation	