



PARK ROAD GROUP PRACTICE

Patient Health Questionnaire – Adult

| <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms | <input type="checkbox"/> Female <input type="checkbox"/> Male | Date of Birth --/--/---- | |
|--|--|--|---|
| First Name (s) | | Last Name | |
| Are you registered with another practice as an out of area patient but need to be seen by us temporarily? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Please enter your Ethnic Origin: | | | |
| Please list any known allergies: | | | |
| Your Contact Details | | | |
| Would you like to receive your communication in an alternative format? <input type="checkbox"/> Braille <input type="checkbox"/> Large Print | | Do you require an Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which language would you require? | |
| Home Telephone: Work Telephone: Mobile Telephone: | | Can we contact you via text? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| E-Mail address (please print) | | Can we contact you via email? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Emergency Contact Details | Contact Numbers | Next of Kin | Emergency Contact |
| Relationship to patient: | Home: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Title: | Work: | | |
| First Name: | Mobile: | | |
| Last Name: | | | |

| Emergency Contact Details continued | Contact Numbers | Next of Kin | Emergency Contact | | |
|---|-----------------|---|---|--------------------|-----------------------|
| Relationship to patient: | Home: | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Title: | Work: | | | | |
| First Name: | Mobile: | | | | |
| Last Name: | | | | | |
| Lifestyle | | | | | |
| Height (m or ft/inches): | | Weight (kg or st/lb): | | | |
| Please circle your answer 1 pint of beer/cider = 2 units, 175ml of wine =2 units, alcopop/can of lager =1.5 units, single measure of spirits =1 unit, bottle of wine = 9 units | | | | | |
| How often do you have a drink that contains alcohol? | Never | Monthly or Less | 2-4 times per month | 2-3 times per week | 4+ times per week |
| How many standard units of drinks do you have on a typical day when you are drinking? | 1-2 | 3-4 | 5-6 | 7-9 | 10+ |
| How often do you have 6 or more units on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| <input type="checkbox"/> Never Smoked | | <input type="checkbox"/> Ex-Smoker Date stopped __/__/---- | | | |
| <input type="checkbox"/> Current Smoker How many per day? _____ | | Would you like help to stop smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Are you a person being cared for? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, please provide carers details: Full Name: Contact Number: | | | |
| Do you consider yourself a Carer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, please provide details of who you care for? Full Name: Relationship to you: | | | |

Female Patients Only

Have you had a hysterectomy?

- Yes
 No

If yes, please provide date and type if known

Do you still have your cervix?

- Yes
 No

On-Line Patient Access

Please ask at Reception if you would like to register for on-line patient access. This will enable you to request repeat prescriptions, book appointments and view your medical records.

Please note this service is only available for over 16's

Electronic Prescribing Service

Please ask the pharmacy to register you for on-line prescribing if you wish for your Prescriptions to go to the Pharmacy electronically.

Summary Care Record (SCR)

Our GP Practice is supporting Summary Care Records. SCR's contain key information about medicines you are taking, allergies you suffer from, and any bad reactions you have had to medicines in the past. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when the surgery is closed. You are free to change your decision at any time by informing the practice.

I wish to have a Summary Care record containing my medications, allergies and adverse reactions or sensitivities to medications

I wish to have a Summary Care record with the above plus additional important medical information held on my record.

I do not wish to have a Summary Care record

How we use your medical records

The practice handles medical records in-line with General Data Protection Regulations (GDPR). We share medical records with those who are involved in providing you with care and treatment. We share information when the law requires us to do so, for example to prevent infectious diseases from spreading or to check the care being provided to you is safe. Our Data Protection Officer (DPO) is Dr Brooks.

You have the right to be given a copy of your medical record and have any mistakes corrected. You have the right to complain to the Information Commissioner's Office. Please see the Practice privacy notice on the website for further information.

Zero Tolerance Policy

The Practice takes it very seriously if a member of staff is treated in an abusive or violent way. Aggressive behaviour whether violent or abusive will not be tolerated and may result in you being removed from the Practice list and in extreme cases, the Police being contacted.

I certify that the information I have provided is correct and consent to my personal and medical information being used as stated above.

Your signature:

Date:

NHS – National Data Opt-Out

NHS Digital collects information from places where people receive care, such as GP's, hospitals and community services. It is sometimes used for research and planning. If you do not want your personal confidential information shared outside of NHS digital for purposes other than your direct care, you can register to opt out via: **Online registration:** <https://www.nhs.uk/your-nhs-data-matters> or **By Phone** 0300 303 5678