

Stainland Road Medical Centre

70 Stainland Road, Greetland, Halifax, HX4 8BD. Tel: 01422 374109
www.stainlandroadmedicalcentre.co.uk



Thank you for completing this patient questionnaire. The information you provide will help us to offer you the best possible care. Also depending on your information we may invite you to see one of our healthcare professionals to discuss your need further. Any information provided will only be used in connection with your health record and not for any other purpose. By providing your mobile number / email you are consenting to it being used for these purposes. Any patients who DO NOT wish to be sent text messages MUST contact the surgery to 'opt out' of this service.

Surname..... Forenames..... Title

Date of birth..... Country of Birth

Address

..... Postcode

Telephone numbers: Home..... Mobile.....

Work E-Mail.....

Marital Status.....

Military Veteran Have you ever been a member of the armed forces for more than one day Y/N.....

Ethnicity (please circle the most relevant)

- | | |
|----------------------------|----------------------------|
| White British | Indian |
| White Irish | Pakistani |
| Any other white background | Bangladeshi |
| Any other mixed background | Any other Asian background |
| White/Black Caribbean | Other Black background |
| Black British | Chinese |
| Other ethnic group | |

Main Spoken Language

Main Spoken Language English

Main Spoken Language Other
Please state

.....

EMERGENCY CONTACT DETAILS

NAME & RELATIONSHIP

TELEPHONE NUMBER.....

ID Type:
Number:

SYS	mmHg
MAP	mmHg
DIA	mmHg
PUL	b p m

P.T.O.

Revised August 2019

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eDSM (Enhanced data Sharing Model)

eDSM is to allow **FULL electronic medical record** to be shared (by giving consent your data will be available in a central pool so that other medical services can access that data **if they also get your permission**. We need consent both IN and FROM)

Do you consent to the information that is recorded about you here being made available to other NHS care services that care for you and also use SystmOne?

YES NO

Do you consent to allow Stainland Road Medical Centre to view information about you that has been recorded at other services where you also receive care? (You must have separately consented for information to be 'shared out' of those services)

YES NO

Risk Profiling Enhanced Service (XaaVL)

Using information from your health records, a secure NHS computer system will look at any recent treatments you have had in hospital or at this surgery, and any existing health conditions that you have, and alert your doctor to the likelihood of a possible future hospital admission. The clinical team at the surgery will use the information to help you get early care and treatment where it is needed.

The information will be seen only by qualified health workers involved in your care. NHS security systems will protect your health information and patient confidentiality at all times.
If you don't want your information being used in this way please tick the box below.

NO

You can change your sharing preferences at any time – just speak to a member of staff.

Full Name..... Date of Birth.....

Signed..... Date.....

STAINLAND ROAD MEDICAL CENTRE

PATIENT QUESTIONNAIRE UPDATE



Please complete the information below and hand the form to reception

This information is for surgery use only and will not be released to any third party

Any Current Medical conditions

.....

Are you currently undergoing treatment for Cancer Y/N.....If yes please give details.....

.....

Please list all current Medication

.....

Any major operations and dates

.....

Allergies Please list any allergies you have

.....