



# Ancora Medical Practice

291 Ashby Road, Scunthorpe, DN16 2AB  
Tel: 01724 842244 Fax: 01724 282570



Partners: Dr G Henalla, Dr E Ryan, Dr J Taylor,  
Dr D Joy, Dr M Jajja, Dr T Mubarika, Dr K Ciuraj, Dr S Heggade, Dr M Clausen,  
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Dear Patient

Welcome to Ancora Medical Practice

In order that you are aware of all the services we offer and how to access them, please find enclosed the following:-

- A practice booklet with surgery times and services available;
- New Registration Check Form (for completion)
- Registration document along with ethnicity form

The practice is a group practice, but for registration purposes you will have been allocated to a doctor from the practice. This does not restrict which doctor you may have your consultation with from the practice. Obviously some GPs have developed skills in some clinical areas and it may be that they would be the most appropriate doctor to see for your condition. The nursing staff within the practice are increasingly developing skills and are now running dedicated disease management clinics in such areas as diabetes and asthma.

If you require a routine appointment to see a specific doctor it may be that your appointment cannot be for a few days, however, if you need to see a doctor urgently then you will be allocated to the duty doctor for that session.

The practice endeavours to provide a quality service to its patients and welcomes any comments, which will enable it to continue to improve. Please write to the Practice Director with your suggestions.

Yours sincerely

Christine Buckley  
Practice Director

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## NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE

**To the Patient:** We would ask that you complete this questionnaire as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment. **(PLEASE USE BLOCK CAPITALS)**

Surname:..... Forename(s): .....

Date of Birth: ..... Marital Status: .....

### **PATIENT PROFILE**

Height: .....Weight: ..... BMI: .....BP: .....

### **SMOKING**

Do you smoke .....Yes / Ex-Smoker / Never

If Yes, how many:

Cigarettes per day ..... Cigars per day ..... Ounces of tobacco per day .....

### **ALCOHOL**

**For the following questions please circle the answer which best applies**

1 drink = ½ pint of beer or one glass of wine or 1 single spirits

Men: How often do you have EIGHT or more drinks on one occasion?

Women: How often do you have SIX or more drinks on one occasion?

*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*

How often during the last year have you failed to do what was normally expected of you because of drinking?

*Never    Less than monthly    Monthly    Weekly    Daily or Almost Daily*

In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

*No            Yes on one occasion            Yes on more than one occasion*

### **FAMILY HISTORY**

Is there any of the following in your family (father, mother, brother, sister) before the age of 65?

Heart Disease (heart attacks, angina)?    Yes / No    Which family member? .....

Stroke?    Yes / No    Which family member? .....

Diabetes?    Yes / No    Which family member? .....

**MEDICAL HISTORY**

Please give details of any treatment for any chronic medical conditions:

Do you have:

Diabetes	<input type="checkbox"/>	Thyroid problems	<input type="checkbox"/>
Asthma	<input type="checkbox"/>		
Heart Disease	<input type="checkbox"/>		

**CARERS**

Do you have anyone who looks after you or your daily needs as a Carer? Yes/No  
 If "Yes", please provide details

.....

Do you look after anyone as a Carer?  
 If "Yes", please provide details

..... Yes/No

**EHIC European Health Insurance Card**

If you are a Non-UK resident and have a valid EHIC Card, please bring this with you to your registration appointment.

## PATIENT ETHNIC ORIGIN QUESTIONNAIRE

*This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act.*

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Choose ONE section from A to E, and then tick ONE box to indicate your background.

**Name** ..... **Date of Birth** .....

First Language
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**A White**

British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Any other white background please write below	<input type="checkbox"/>

**B Mixed**

White and Black Caribbean	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
Any other mixed background please write below	<input type="checkbox"/>

**C Asian or Asian British**

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background please write below	<input type="checkbox"/>

**D Black or Black British**

Caribbean	<input type="checkbox"/>
African	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Any other black background please write below	<input type="checkbox"/>

**E Chinese or other ethnic group**

Chinese	<input type="checkbox"/>
Any other please write below	<input type="checkbox"/>

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**Thank you – this information will be entered onto your clinical records**

## **SUMMARY CARE RECORDS (SCR)**

### **SHARING OF MEDICATIONS, ALLERGIES AND ADVERSE REACTIONS**

**Sharing Out** – Please tick

Yes – share data with other clinical organisations that may care for you

*(Includes your name, address, date of birth and your unique NHS Number to help identify you correctly. Allowing authorised healthcare staff to have access to this information will improve decision making by doctors and other healthcare professionals and has prevented mistakes being made when patients are being cared for in an emergency or when their GP practice is closed e.g. A & E attendance)*

No – do not share any data recorded here

*(If you **do not** want YOURSELF/CHILD to have a Summary Care Record you will need to fill in an opt-out form on behalf of YOURSELF/ CHILD. In some circumstances your GP may feel it is in your child's best interests to have a Summary Care Record. For example, if your child has a serious allergy that healthcare staff treating your child should know about e.g. child health dept.)*

## **ENRICHED SUMMARY CARE RECORDS (ESCR)**

### **MORE DETAILED SHARING OF MEDICATIONS, ALLERGIES AND ADVERSE REACTIONS**

**Sharing Out** – Please tick

Yes – share data with other clinical organisations that may care for you

*(Includes your name, address, date of birth and your unique NHS Number to help identify you correctly. Allowing authorised healthcare staff to have access to this information will improve decision making by doctors and other healthcare professionals and has prevented mistakes being made when patients are being cared for in an emergency or when their GP practice is closed e.g. A & E attendance)*

No – do not share any data recorded here

*(If you **do not** want YOURSELF/CHILD to have a Summary Care Record you will need to fill in an opt-out form on behalf of YOURSELF/ CHILD. In some circumstances your GP may feel it is in your child's best interests to have a Summary Care Record. For example, if your child has a serious allergy that healthcare staff treating your child should know about e.g. child health dept.)*

Full Name .....

Signed .....

Date .....

# Sharing Your data between Systmone Organisations

Today, electronic records are kept in all the places where you receive healthcare. These NHS Care Services can usually only share information from your records by letter email, fax or phone. At times, this can slow down your treatment and mean information is hard to access.

Ancora Medical Practice uses a computer system called SystmOne that allows the sharing of full electronic records across different NHS Care Services. We are telling you about this as a patient at this practice as you have a choice to make about how your practice shares information about your care from your electronic patient record. This form is not about your Summary Care Record (SCR), it is asking your sharing preferences regarding your full electronic GP record. You can choose to share or not to share your electronic GP record with other NHS Care Services.

## Benefits of sharing your health care record

Patient care can be supported by healthcare staff having faster access to your medical information and you may not be required to repeat information to different NHS staff treating you. For example, healthcare staff who are involved in your care will be able to access your medical history immediately, enabling them to assess the provision of your care better.

## How is your decision recorded?

Your GPs computer system has two settings to allow you to control how your medical information is shared:

**Sharing Out:** (This controls whether your full GP electronic patient record can be shared with other NHS Care Services where you are treated.) Please record your preference:

**Please tick:**      Sharing Out - Yes (shared)  or No (not shared)

**Sharing In:** (This controls whether your GP practice can view information recorded by other NHS Care Services where you have received treatment.) Please record your preference:

**Please tick:**      Sharing IN - Yes (shared)  or No (not shared)

**Patient name:**

**Date of Birth:**

**Patient Signature:**

**Date:**

# ANCORA MEDICAL PRACTICE

## NHS PERSONAL CARE DATA

Information on GP records will be shared with the Health and Social Care Information Centre (HSCIC). This is to help the NHS plan and improve patient care for the whole country. GP surgeries by law have to allow this transfer of information (data). However, if you choose not to allow information about you to be shared, you can opt out. If you opt out, your GP can put a code on your records so they cannot be shared.

Please record this decision on my medical records

I would like to object to my Personal Confidential Data leaving the GP practice  
*I do not wish my clinical data to be extracted electronically from this GP practice*

I would like to prevent my Personal Confidential Data leaving the Health and Social Care Information Centre (HSCIC)  
I wish to prevent my clinical data gathered from any NHS source from leaving the Health and Social Care Information Centre.

Full Name .....

Signed .....

Date .....

We are able to send SMS text messages to our patients' mobile phones direct from the practice clinical computer system via NHS Mail (a secure communication network). Sending text messages to patients can be useful for a number of reasons:

- To cut down on DNAs (Do Not Attends) either because the patient has forgotten about the appointment or they fail to inform us they will not be attending), by improving this non-attendance we can utilise our appointments more efficiently.
- To send one-off messages regarding changes to appointment, such as clinicians needing to change surgery times.
- To broadcast information about the organisation, i.e. new clinics.
- To send results, i.e. bloods.

In order that we can undertake this we need to have up-to-date mobile numbers/email address for our patients. Can you therefore please complete the following:-

Name: ..... Date of Birth: .....

Email Address .....

Mobile Phone No.: .....

Home Phone No.: .....

**(Tick preferred no. for the practice to use)**

I consent to receiving all SMS messages from Ancora Medical Practice

I do not want to receive SMS messages from Ancora Medical Practice

**(We still require telephone contact details in case of emergency)**



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## **PATIENT PARTICIPATION GROUP INVITE**

At Ancora Medical Practice we aim to give the best possible service to all the communities we serve. We recognise that some communities may have particular needs or issues with regard to their healthcare. To care properly for everyone, we need to be aware of those needs or issues and for this we need help.

We are asking if there are any patients' of the practice who have good contacts in their community and who would be willing to pass on any issues or comments, translated if necessary, to the Patient Participation Group. This is a group of patients who act as a link between the patients and the Practice.

Any person who volunteered to do this would be welcome to join the Group. If they did not wish to do so, the information they passed on to us would still be invaluable to the Practice.

Please consider being a link between your community and the surgery to help us give the highest quality service to all who use our Practice. If you can assist us in this way, please contact the Janie Medhurst on the above address.

