|  |
| --- |
| *Emergency Contact* |
| *Full name:*  |
| *Relationship:* | ***Mobile:*** |

|  |
| --- |
| *Smoking Status* |
| * *Never Smoked*
 | * ***Current Smoker (Please specify)***
 | * ***Ex-Smoker***
 |



|  |
| --- |
| *Alcohol Status* |
| * *No – I don’t drink alcohol*
 | * ***Yes – I drink alcohol (units per week?)***
 |

|  |
| --- |
| *Allergies* |
| * *No – I have no known allergies*
 | * ***Yes – I have allergies (please specify)***
 |

|  |
| --- |
| *Family History* |
| * *Cardiovascular*
 | * ***Hypertension***
 | * ***Asthma***
 | * ***Cancer***
 |
| * *Diabetes Type 1*
 | * ***Diabetes Type 2***
 | * ***Lung Disease***
 | * ***Sickle Cell***
 |
| * *Anaemia*
 | * ***Mental Health***
 | * ***Other***
 | * ***No Family History***
 |
| *Please provide us with any significant health conditions you may have:*  |
| *Please provide us with any mediation you are currently being prescribed:*  |

|  |
| --- |
| *Ethnicity* |
| * *White – British*
 | * ***Mixed – White and Black African***
 | * ***Black – British***
 | * ***Asian – Indian***
 |
| * *White – Irish*
 | * ***Mixed – White and Asian***
 | * ***Black – African***
 | * ***Asian – Pakistani***
 |
| * *White – Scottish*
 | * ***Mixed – Any other Mixed background***
 | * ***Black – Caribbean***
 | * ***Asian – British***
 |
| * *Other (Specify):*
 |

|  |
| --- |
| *Language* |
| *Main spoken language:* | ***Will you require an interpreter?*** |

|  |
| --- |
| *Summary Care Record Sharing* |
| *Summary Care Records (SCR) – information for patients* 1. *Summary*
2. *Ask the doctor to include additional information on your SCR*
3. *Protecting your SCR information*
4. *Opting out*
5. *More information on your health records*

*The information in your records can include your:** *Name, age and address*
* *Health conditions*
* *Treatments and medicines*
* *Allergies and past reactions to medications*
* *Test, scans and x-ray results*
* *Lifestyle information, such as whether you smoke or drink*
* *Hospital admission and discharge information*

*Find out about the types of records and how to access them**Please ask reception for a copy of the information regarding SCR and Opting out* |
| * *Express consent for medication, allergies, and adverse reactions only*
 |
| * *Express consent for medication, allergies, and adverse reactions, AND additional information*
 |
| *Signature:*  | ***Date:*** |

|  |
| --- |
| *Carers* |
| *Are you cared for by a friend or relative?* | * ***Yes***
 | * ***No***
 |
| *What is the relationship to the person who cares for you?* |
| *Are you a carer for a friend or relative?*  | * ***Yes***
 | * ***No***
 |
| *What is the relationship to the person who you care for?* |
| *Signature:*  | ***Date:*** |