

FAST QUESTIONNAIRE

Read code for Vision = 388u.00 Fast alcohol screening test

Date:

Name:

DOB:

**ALL NEW PATIENTS 16Y AND OVER REGISTERING AFTER 01.04.2012 ARE
REQUIRED TO COMPLETE THIS FORM AND RETURN TO THE SURGERY
For the following questions please tick the answer which best applies.**

1 unit =1/2 pint of beer or 1 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		
Total for Each Column:					
Total =					

Dissent from secondary use of patient identifiable data

Dear doctor,

I am writing to give notice that I refuse consent for my identifiable information and the identifiable information of those for whom I am responsible [*delete as appropriate*] to be transferred from your practice systems for any purpose other than my medical care.

Please take whatever steps necessary to ensure my / our confidential personal information is not uploaded and record my dissent by whatever means possible.

That includes adding the '**Dissent from secondary use of GP patient identifiable data**' code (read v2: 9Nu0 or CTV3: XaZ89) to my record as well as the '**Dissent from disclosure of personal confidential data by Health and Social Care Information Centre**' code (Read v2: 9Nu4 or CTV3: XaaVL).

I am aware of the implications of this request, understand that it will not affect the care I / we receive and will notify you should I change my mind.

Yours sincerely,

Signature _____ Date _____

Information to help identify my records [*please complete in BLOCK CAPITALS*]

Title _____ Surname/ Family name _____

Forename(s) _____

Address _____

Postcode _____

Date of Birth _____

NHS number (if known) _____

Space for additional patient details overleaf

Additional patient details *[please complete in BLOCK CAPITALS]*

Dear Doctor, please take whatever steps necessary to ensure the following people's confidential personal information is not uploaded from your practice and record my dissent on their behalf by whatever means possible. You can provide details of other family members you wish to opt out on a separate sheet, but make sure this letter is attached.

Patient's full name:

Address:

Postcode: _____

Date of Birth: _____

NHS number (if known):

Patient's full name:

Address:

Postcode: _____

Date of Birth: _____

NHS number (if known):

Patient's full name:

Address:

Postcode: _____

Date of Birth: _____

NHS number (if known):

Patient's full name:

Address:

Postcode: _____

Date of Birth: _____

NHS number (if known):

Name:

Address:

NHS number:

In accordance with The Accessible Information Standard (SCC1 1605 (Accessible Information)) please accept the below as formal notification of my information and communication preferences.

I communicate using (e.g. BSL, deafblind manual):

To help me communicate I use (e.g. a talking mat, hearing aids):

I need information in (e.g. braille, easy read):

If you need to contact me the best way is (e.g. email, telephone):

For more information visit: www.england.nhs.uk/accessibleinfo

Information for new patients: about your Summary Care Record

Dear patient,

If you are registered, with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.
- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- **Express dissent for Summary Care Record (opt out).** Select this option if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

Summary Care Record patient consent form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP practice:

Yes – I would like a Summary Care Record

Express consent for medication, allergies and adverse reactions only.

Or

Express consent for medication, allergies, adverse reactions and additional information.

No – I would not like a Summary Care Record

Express dissent for Summary Care Record (opt out).

Name of patient:.....

Date of birth:..... Patient’s postcode:.....

Surgery name:..... Surgery location (Town):

NHS number (if known):.....

Signature: Date:

If you are filing out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name:.....

Please circle one:

Parent

Legal Guardian

Lasting power of attorney
for health and welfare

For more information, please visit <http://www.digital.nhs.uk/summary-care-records/patients>, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

For GP practice use only

To update the patient’s consent status, use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below.

Summary Care Record consent preference	Read 2	CTV3
The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only)	9Ndm	XaXbY
The patient wants a Summary Care Record with core and additional information (express consent for medication, allergies, adverse reactions and additional information)	9Ndn	XaXbZ
The patient does not want to have a Summary Care Record (express dissent for Summary Care Record – opt out)	9Ndo	XaXj6

Riverview Park Surgery
1 Whinfall Way
Gravesend
Kent DA12 4RX



Telephone: 01474 363020

Fax: 01474 568861

Dear Patient

The last smoking status we have recorded for you is out of date. Would you complete the slip below and return it to the surgery at your convenience. If you are a current smoker please read on.

One of our aims here at Riverview Park Surgery is to improve and maintain the health of our patients. Stopping smoking is one of the most effective ways to help this and for many people it has been one of the best decisions they have ever made.

Therefore we would like to take this opportunity to tell you about our Ready Steady Stop! Smoking service that can help if you wish to stop smoking. I am one of the surgery's 'Stop-smoking' advisors. I can give you advice and help if you wish.

Please ring 01474 363020 to find out the best way or arranging a time to speak to me or to make an appointment.

Yours sincerely
Sue Shelton
Stop-smoking Co-ordinator

Please return to: Mrs S Shelton, Riverview Park Surgery, 1 Whinfall Way, Gravesend, Kent. DA12 4RX.

I HAVE NEVER SMOKED YES/NO
(Please delete where necessary)

I AM NO LONGER A SMOKER, I GAVE UP ON
(Please enter month (if known) and year)

Name..... Date of Birth:
Address

.....

Smoking – The Facts

Cigarette smoking is the greatest single cause of illness and premature death in the UK. This leaflet gives reasons why smoking is so harmful. It also lists the benefits of stopping, and where to go for help.

Some initial facts and figures

About 100,000 people in the UK die each year due to smoking. Smoking-related deaths are mainly due to cancers, chronic obstructive pulmonary disease (COPD) and heart disease.

About half of all smokers die from smoking-related diseases. If you are a long-term smoker, on average, your life expectancy is about 10 years less than a non-smoker. Put another way, in the UK about 8 in 10 non-smokers live past the age of 70 but only about half of long-term smokers live past 70. The younger you are when you start smoking, the more likely you are to smoke for longer and to die early from smoking.

Many smoking-related deaths are not quick deaths. For example, if you develop COPD you can expect several years of illness and distressing symptoms before you die.

Smoking increases the risk of developing a number of other diseases (listed below). Many of these may not be fatal but they can cause years of unpleasant symptoms.

The good news is:

- Stopping smoking can make a big difference to your health. It is never too late to stop smoking to greatly benefit your health. For example, if you stop smoking in middle age, before having cancer or some other serious disease, you avoid most of the increased risk of death due to smoking.
- Many people have given up smoking. In 1972 just under half of adults in the UK were smokers. By 1990 this had fallen to just under a third. At present, about a sixth of UK adults are smokers.
- Help is available if you want to stop smoking but are finding it difficult.

Cigarette smoke contains the following

Nicotine

Nicotine is a substance that stimulates the brain. If you are a regular smoker, when the blood level of nicotine falls, you usually develop withdrawal symptoms, such as:

- Craving.
- Anxiety.
- Restlessness.
- Headaches.
- Irritability.
- Hunger.
- Difficulty with concentration.
- Just feeling awful.

These symptoms are relieved by the next cigarette.

So, most smokers need to smoke regularly to feel normal and to prevent nicotine withdrawal symptoms.

Tar which contains many chemicals

These deposit in the lungs and can get into the blood vessels and be carried to other parts of the body. Cigarette smoke contains over 4,000 chemicals, including over 50 known causes of cancer (carcinogens) and other poisons.

Carbon monoxide

This chemical affects the oxygen-carrying capacity of the blood. In particular, in pregnant women who smoke, this causes a reduced amount of oxygen to get to the growing baby. This is thought to be the most important cause for the bad effects of smoking on the growing baby.

Which diseases are caused or made worse by smoking?

- **Lung cancer.** About 30,000 people in the UK die from lung cancer each year. More than 8 in 10 cases are directly related to smoking.
- **COPD.** About 25,000 people in the UK die each year from this serious lung disease. More than 8 in 10 of these deaths are directly linked to smoking. People who die of COPD are usually quite unwell for several years before they die.
- **Heart disease.** This is the biggest killer illness in the UK. About 120,000 people in the UK die each year from heart disease. About 1 in 6 of these is due to smoking.
- **Other cancers** - of the mouth, nose, throat, larynx, gullet (oesophagus), pancreas, bladder, neck of the womb (cervix), blood (leukaemia) and kidney are all more common in smokers.
- **Circulation.** The chemicals in tobacco can damage the lining of the blood vessels and affect the level of fats (lipids) in the bloodstream. This increases the risk of atheroma forming (sometimes called hardening of the arteries). Atheroma is the main cause of heart disease, strokes, poor circulation in the legs (peripheral vascular disease) and swollen arteries which can burst causing internal bleeding (aneurysms). All these atheroma-related diseases are more common in smokers.
- **Sexual problems.** Smokers are more likely than non-smokers to have erection problems (impotence) or have difficulty in maintaining an erection in middle life. This is thought to be due to smoking-related damage of the blood vessels to the penis.
- **Rheumatoid arthritis.** Smoking is known to be a risk factor for developing rheumatoid arthritis. One research study estimated that smoking is responsible for about 1 in 5 cases of rheumatoid arthritis.
- **Ageing.** Smokers tend to develop more lines on their face at an earlier age than non-smokers. This often makes smokers look older than they really are.
- **Fertility** is reduced in smokers (both male and female).
- **Menopause.** On average, women who smoke have a menopause nearly two years earlier than non-smokers.
- **Other conditions where smoking often causes worse symptoms.** These include:
 - Asthma.
 - Colds.
 - Flu (influenza).
 - Chest infections.
 - Tuberculosis infection of the lungs.
 - Long-term inflammation of the nose (chronic rhinitis).
 - Eye damage due to diabetes (diabetic retinopathy).
 - An overactive thyroid (hyperthyroidism).
 - A disorder of the brain and spinal cord (multiple sclerosis).
 - Inflammation of the optic nerve (optic neuritis).
 - A condition causing inflammation of the gut (Crohn's disease).
- **Smoking increases the risk of developing various other conditions.** These include:
 - Dementia.
 - Optic neuropathy - this is a condition affecting the nerve supplying the eye.

- Cataracts.
- A breakdown of the tissue at the back of the eye (macular degeneration).
- Pulmonary fibrosis.
- A skin condition called psoriasis.
- Gum disease.
- Tooth loss.
- 'Thinning' of the bones (osteoporosis).
- Raynaud's phenomenon - in this condition, fingers turn white or blue when exposed to cold.

Smoking in pregnancy

Smoking in pregnancy increases the risk of:

- Miscarriage.
- Complications of pregnancy, including bleeding during pregnancy, detachment of the placenta, premature birth, and ectopic pregnancy.
- Low birth weight. Babies born to women who smoke are on average 200 grams (8 oz) lighter than babies born to comparable non-smoking mothers. Premature and low-birth-weight babies are more prone to illness and infections.
- Congenital defects in the baby - such as cleft palate.
- Stillbirth or death within the first week of life - the risk is increased by about one-third.
- Poorer growth, development and health of the child. On average, compared with children born to non-smokers, children born to smokers are smaller, have lower achievements in reading and maths and an increased risk of developing asthma.

[See separate leaflet called Pregnancy and Smoking for more details.](#)

How does smoking affect other people?

Children

Children and babies who live in a home where there is a smoker:

- Are more prone to asthma and ear, nose and chest infections. About 17,000 children under 5 years old in England and Wales are admitted to hospital each year due to illnesses caused by their parents' smoking.
- Have an increased risk of dying from cot death (sudden infant death syndrome).
- Are more likely than average to become smokers themselves when older.
- On average, do less well at reading and reasoning skills compared with children in smoke-free homes, even at low levels of smoke exposure.
- Are at increased risk of developing COPD and cancer as adults.

Passive smoking of adults

You have an increased risk of lung cancer and heart disease if you are exposed to other people smoking for long periods of time. Tobacco smoke is also an irritant and can make asthma and other conditions worse.

[See separate leaflet called Smoking and Others \(Passive Smoking\) for more details.](#)

Other problems with smoking

- Your breath, clothes, hair, skin, and home smell of stale tobacco. You do not notice the smell if you smoke, but to non-smokers the smell is obvious and unpleasant.
- Your sense of taste and smell are dulled. Enjoyment of food may be reduced.

- Smoking is expensive.
- Life insurance is more expensive.
- Finding a job may be more difficult as employers know that smokers are more likely than non-smokers to have sick leave. More than 34 million working days (1% of total) are lost each year because of smoking-related sick leave.
- Potential friendships and romances may be at risk.

What are the benefits of stopping smoking?

The benefits begin straightaway. You reduce your risk of getting serious disease no matter what age you give up. However, the sooner you stop, the greater the reduction in your risk. If you have smoked since being a teenager or young adult:

- If you stop smoking before the age of about 35, your life expectancy is only slightly less than that of people who have never smoked.
- If you stop smoking before the age of 50, you decrease the risk of dying from smoking-related diseases by 50%.

But, it is never too late to stop smoking to gain health benefits. Even if you already have COPD or heart disease, your outlook (prognosis) is much improved if you stop smoking.

Timeline of health benefits after stopping smoking

After Health Benefit

72 hours	Breathing becomes easier. Bronchial tubes begin to relax and energy levels increase.
1 month	Skin appearance improves, owing to improved skin perfusion.
3-9 months	Cough, wheezing, and breathing problems improve and lung function increases by up to 10%.
1 year	Risk of a heart attack falls to about half that of a smoker.
10 years	Risk of lung cancer falls to about half that of a smoker.
15 years	Risk of heart attack falls to the same level that it would be for someone who has never smoked.

Other benefits of stopping smoking include the following:

- Chest infections and colds become less frequent.
- The smell of stale tobacco goes from your breath, clothes, hair and face.
- Foods and drinks taste and smell much better.
- Finances improve. You will save well over £1,000 per year if you smoked 20 a day.
- You are likely to feel good about yourself.

See separate leaflets called *The Benefits of Stopping Smoking* for more details.

How can I stop smoking?

DECISION AIDS

- Doctors and patients can use Decision Aids together to help choose the best course of action to take.
- Compare the options

About 2 in 3 smokers want to stop smoking. Some people can give up easily. Willpower and determination are the most important aspects when giving up smoking. However, nicotine is a drug of addiction and many people find giving up a struggle. Help is available:

- GPs, practice nurses or pharmacists can provide information, encouragement, and tips on stopping smoking. Also, throughout the country there are specialist NHS Stop Smoking

Clinics which have a good success in helping people to stop smoking. Your doctor may refer you to one if you are keen to stop smoking.

- Various medicines can increase your chance of quitting. These include nicotine replacement therapy (NRT) which comes as gums, sprays, patches, tablets, lozenges and inhalers. You can buy NRT without a prescription. Also, medicines called bupropion (trade name Zyban®) and varenicline (trade name Champix®) can help. These are available on prescription. See separate leaflets called Nicotine Replacement Therapy, Bupropion (Zyban®) and Varenicline (Champix®) for more details.

Further reading & references

- [Tobacco: harm-reduction approaches to smoking](#); NICE Public Health Guidance, June 2013
- [Smoking cessation](#); NICE CKS, October 2012 (UK access only)
- [Wu J, Sin DD](#); Improved patient outcome with smoking cessation: when is it too late? Int J Chron Obstruct Pulmon Dis. 2011 6:259-67. doi: 10.2147/COPD.S10771. Epub 2011 May 2.
- [Braun J, Sieper J, Zink A](#); The risks of smoking in patients with spondyloarthritides. Ann Rheum Dis. 2012 Jun 71(6):791-2. doi: 10.1136/annrheumdis-2011-200954. Epub 2012 Feb 13.

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