

**GP PRESCRIBING DATA FORM**

Date: \_\_\_\_\_

GP Name: \_\_\_\_\_

Health Centre: \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Surname \_\_\_\_\_

Gender F  M

Contact Address \_\_\_\_\_

Postcode \_\_\_\_\_

How would you describe your ethnic origin from this list?

White:	Mixed Race/Dual Heritage	South Asian or Asian British	Black or Black British	Other Ethnic Groups
A British B Irish C Other White	D White & Black Caribbean E White & Black African F White & Asian G Other mixed	H Indian J Pakistani K Bangladeshi L Other Asian	M Caribbean N African P Other Black	R Chinese S Any other Z Not stated

What is your Nationality? UK  Other

Referred for GP Prescribing. \_\_\_\_\_

Referral Source: Self

Date first appointment made: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Prescription Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Accommodation Need Please tick most appropriate

NFA  Accommodation At Risk  Settled

Occupation: Paid Work  Claiming Benefit  Education/Training  Caring for Children  Not Known  Other

Do you have any children under the age of 18? Yes  No

Do you have any caring responsibilities for any children under the age of 18? Yes  No

Number of Children  Age(s) of Children

All children live with client  Some of the children live with client  None of the children live with client  Client declined to answer  Children on CPR \_\_\_\_\_ CPR status unknown

Client Pregnant  If client is pregnant due date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Antenatal care/maternity drug service discussed?

**DRUG/ALCOHOL USE**

	Drug Name	Route	Approx weekly spend	Frequency	Age 1 <sup>st</sup> used	Used in last 4 wks	Last Used (weeks ago)
1 <sup>st</sup> drug						Y/N	
2 <sup>nd</sup> drug						Y/N	
3 <sup>rd</sup> drug						Y/N	

Frequency: 1= Not used in past month 4=Use daily  
2= Once a week or less 5- Used more than once daily  
3= 2-6 days per week 6- Not known

Routes: Inject, Oral, Nasal, Smoke

Number of days in last month used alcohol  Number of units consumed on average drinking day

Are you a current injector? Y  N  Have you ever injected? Y  N

How old were you when you first injected? \_\_\_\_\_ Years

Have you ever shared equipment? Y  N  Have you shared in last 4 weeks? Y  N

Have you ever received treatment for your drug use? Y  N

	For Hepatitis B	For Hepatitis C
Have you had a Hepatitis test?	Y <input type="checkbox"/> N <input type="checkbox"/> if Y, date of test: _____	Y <input type="checkbox"/> N <input type="checkbox"/> if Y, date of test: _____
Last Hepatitis test result:	Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/>
Ever tested positive for Hepatitis	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Immunisation Status:	No of Injections _____	
Hepatitis Intervention	offered Y <input type="checkbox"/> Accepted Y <input type="checkbox"/> Declined Y <input type="checkbox"/>	offered Y <input type="checkbox"/> Accepted Y <input type="checkbox"/> Declined Y <input type="checkbox"/>

Are you currently receiving support from mental health services? Yes  No

## Consent to Sharing your Information

Name: \_\_\_\_\_ DOB / / DATE:

The Data Protection Act sets out rules on how personal information is stored & who has access to information held about you, it also gives you the right to see all the information held about you, either on paper or on computer. We have to ask for your permission to hold information about you the information that you give will be recorded on a database.

Some information is also be used to monitor the drugs services in Bristol, this information will **not** include your full name or address.

You and your GP will complete a form, which provides information about you and your drug use. With your permission we will share the information on this form if you start working with a BDP Shared Care Drug Worker at your GP Surgery, this means that they will not have to complete another assessment form with you.

### Exceptions

If you do not give us your consent, we will **only** share information if you are at serious risk of harming yourself or others; or there are concerns for the neglect or abuse of children.

By signing below you will be giving your permission for your personal information to be held both on paper and on a computer system and for your information to be shared with BDP if you begin working with a Shared Care Drug Worker in the future.

Dr/Worker Signature:

Client Signature:

Print:

Print: