CHURCH WALK SURGERY

NEW PATIENT REGISTRATION FORM – ADULT (18+)

Welcome to Church Walk Surgery

To register with this practice, please complete this questionnaire as fully as possible. The questions have been designed to help your new GP get to know you and your medical history. It may take some time for your previous medical records to reach us. The information you give will help us to provide you with good medical care

1. Background Details

PERSONAL DETAILS						
NHS Number	*If you have had a previous GP then you will find this on letters/prescriptions or at www.nhs.uk/find-nhs-number*					
Full Name (inc title)						
Previous Surname *(If applicable)*		Gender	Male	☐	Female	☐
Address		Date of Birth				
		Home Tel No.				
		Work Tel No.				
Previous Address						
Mobile Telephone	I consent to be contacted* by SMS on this number:					
Email	I consent to be contacted* by email at this address:					
Next of Kin	Name: Tel: Relationship:					
Has the patient been registered in the NHS before? *If no please state date entered UK*:	☐ Yes ☐ No					

**It is your responsibility to keep us updated with any changes to your telephone number, email & postal address. We may contact you with appointment details, test results, health campaigns or Patient Participation Group details. If you do not consent to being contacted by SMS or Email, please tick here:* ☐*SMS* ☐*Email*

Other Details				
Previous GP	Name: Address:			
Country of Birth				
Ethnicity	☐ White (UK) ☐ White (Other) ☐ Bulgarian	☐ Polish ☐ Romanian ☐ Estonian/Latvian/Lithuanian	☐ Black Caribbean ☐ Black African ☐ Black Other	☐ Bangladeshi ☐ Indian ☐ Pakistani ☐ Chinese ☐ Other ☐ Refuse to answer
Religion	☐ C of E ☐ Catholic ☐ Other Christian	☐ Buddhist ☐ Hindu ☐ Muslim	☐ Sikh ☐ Jewish ☐ Jehovah's Witness	☐ No religion ☐ Other:
Housing	☐ Own House ☐ Rented House ☐ Shared House	☐ Nursing Home ☐ Residential Home ☐ Sheltered Home	☐ Homeless ☐ Housebound	☐ Asylum Seeker ☐ Refugee
Employment	☐ Employed ☐ Self-employed	☐ Student ☐ Unemployed	☐ House husband ☐ House wife	☐ Retired ☐ Refuse to answer
Overseas Visitor	☐ Yes	☐ European Health Insurance Card Held (please bring details with you)		
Armed Forces	☐ Military Veteran	☐ Family member		

Communication Needs	
Language	What is your main spoken language? Do you need an interpreter? ☐ Yes ☐ No
Communication	Do you have any communication needs? ☐ Yes ☐ No (If **Yes** please specify below) ☐ Hearing aid ☐ Large print ☐ British Sign Language ☐ Lip reading ☐ Braille ☐ Makaton Sign Language ☐ Guide dog
Learning disability	Do you have a Learning Disability? ☐ Yes ☐ No (If **Yes** please request a Learning Disability Screening Tool form)

Carer Details				
Are you a carer?	☐ Yes – Informal / Unpaid Carer	☐ Yes – Occupational / Paid Carer		☐ No
Do you **have** a carer?	☐ Yes	Name*:	Tel:	Relationship:

** Only add carer's details if they give their consent to have these details stored on your medical record*

2. Medical History

Medical History

Have you suffered from any of the following conditions?

☐ Asthma	☐ Heart Disease	☐ Diabetes	☐ Depression
☐ COPD	☐ Heart Failure	☐ Kidney Disease	☐ Underactive Thyroid
☐ Epilepsy	☐ High Blood Pressure	☐ Stroke	☐ Cancer- Type:

Any other conditions, operations or hospital admission details:

If you are currently under the care of a Hospital or Consultant outside our area, please tell us here:

Family History

Please record any significant family history of close relatives with medical problems and confirm which relative e.g. mother, father, brother, sister, grandparent

☐ Asthma…….	☐ Heart Disease……	☐ Diabetes……..……	☐ Depression……..……
☐ COPD……...…	☐ Stroke……..	☐ Kidney Disease..……	☐ Thyroid……..……...
☐ Epilepsy……	☐ Blood Pressure…..……	☐ Liver Disease..……...	☐ Cancer……..

Other:

Allergies				
Any known allergies	Yes ☐	No ☐	Allergic to	
Details of the reaction				

Repeat Medication		
Are you on any repeat medication?	Yes ☐	No ☐

If "Yes" please attach your repeat medication slip to this form.

Please ensure you have up to 28 days supply from your current practice.

3. Your Lifestyle

Alcohol

Please answer the following questions which are validated as screening tools for alcohol use:

AUDIT–C QUESTIONS	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or Less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					TOTAL:	

A score of **less than 5** indicates *lower risk drinking*

Scores of 5 or more requires the following 7 questions to be completed:

AUDIT QUESTIONS (after completing 3 AUDIT-C questions above)	Scoring System					Your Score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	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 from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	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	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in last year		Yes, during last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in last year		Yes, during last year	
					TOTAL:	

One unit is:

Half a pint of regular beer, lager or cider

A small glass of wine

A single measure of spirits

A small glass of sherry

A single measure of aperitifs

Each of these is more than one unit:

A pint of 3.5% beer, lager or cider

A pint of 5% beer, lager or cider

A 330ml bottle or can of 4.5% alcopop or lager

A 500ml can of 4% lager or strong beer

A 500ml can of 8% lager

A medium (175ml) glass of 11% wine

A bottle of 12% wine

3. Your Lifestyle - continued

Smoking					
Do you smoke?	☐ Never smoked	☐ Ex-smoker	☐ Yes		
Do you use an e-Cigarette?	☐ No	☐ Ex-User	☐ Yes		
How many cigarettes did/do you smoke a day?	☐ Less than one	☐ 1-9	☐ 10-19	☐ 20-39	☐ 40+
Would you like help to quit smoking?	☐ Yes	☐ No			
	For further information, please see: www.nhs.uk/smokefree				

Height & Weight	
Height	
Weight	
Waist Circumference	

Women Only	
Do you use any contraception?	☐ Yes ☐ No If needed, please book appointment.
Do you have a coil or implant in situ?	☐ Yes ☐ No Date inserted:
Are you currently pregnant or think you may be?	☐ Yes ☐ No Expected due date:
Date of last cervical smear?	
Have you had a hysterectomy?	☐ Yes ☐ No Date:

Students Only			
Students are at risk of certain infections including mumps, meningitis and sexually transmitted infections, as well as mental health issues including stress, anxiety and depression. Please see www.nhs.uk/Livewell/Studenthealth			
I am less than 24 years old and have had two doses of the MMR Vaccination	☐ Yes	☐ No	☐ Unsure
I am less than 25 years old and have had a Meningitis C Vaccination	☐ Yes	☐ No	☐ Unsure

4. Further Details

Electronic Prescribing – for non-dispensing patients (we can dispense medication to you depending on your address – please speak to reception/dispensary)	
If you would like your prescriptions to be sent electronically, please provide details of the pharmacy you would like to use:	Pharmacy:

Patient Participation Group		
Would you like to be involved in our Patient Participation Group?	☐ Yes	☐ No

We are committed to improving the services we provide. The Patient Participation Group is a mechanism for us to gain valuable feedback from our patients about their experiences, views and ideas for improving our services.

Organ Donation	
Organ Donation	You will automatically be considered that you agree to become an organ donor when you die unless you are under 18, have opted out or are in an excluded group. For further information, please see: www.organdonation.nhs.uk

Signatures	
Signature	I confirm that the information I have provided is true to the best of my knowledge. ☐ Signed on behalf of patient
Name	
Date	

5. Sharing Your Health Record

Your Health Record
Do you consent to your GP Practice sharing your health record with other organisations who care for you? ☐ Yes *(recommended option)* ☐ No, never Do you consent to your GP Practice viewing your health record from other organisations that care for you? ☐ Yes *(recommended option)* ☐ No

Your Summary Care Record (SCR)
Do you consent to having an Enhanced Summary Care Record with Additional Information? ☐ Yes *(recommended option)* ☐ No

Signature	
Signature	☐ Signed on behalf of patient
Name	
Date	

Sharing Your Health Record

What is your health record?

Your health record contains all the clinical information about the care you receive. When you need medical assistance it is essential that clinicians can securely access your health record. This allows them to have the necessary information about your medical background to help them identify the best way to help you. This information may include your medical history, medications and allergies.

Why is sharing important?

Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

- Sharing your contact details — This will ensure you receive any medical appointments without delay
- Sharing your medical history — This will ensure emergency services accurately assess you if needed
- Sharing your medication list — This will ensure that you receive the most appropriate medication
- Sharing your allergies — This will prevent you being given something to which you are allergic
- Sharing your test results — This will prevent further unnecessary tests being required

Is my health record secure?

Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

Can I decide who I share my health record with?

Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

Can I change my mind?

Yes. You can change your mind at any time about sharing your health record, please just let us know.

Can someone else consent on my behalf?

If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made by those caring for you.

What about parental responsibility?

If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

What is your Summary Care Record?

Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

How is my personal information protected?

Church Walk Surgery will always protect your personal information. For further information about this, please see our Privacy Notice on our website or please speak to a member of our team

For further information about your health records, please see: www.nhs.uk/NHSEngland/thenhs/records
For further information about how the NHS uses your data for research & planning and to opt-out, please see:
www.nhs.uk/your-nhs-data-matters

SMS (Short Message Service) Text Messaging

We are always looking at ways to improve our communication to patients.

SMS text messaging is currently being used by other organisations (including dentists, banks and schools) for appointment reminders and release of general information and we are able to use this facility, with your permission.

Care will be taken to ensure that no personal information is released using this service and the Practice will continue to observe the strictest controls with regard to holding your personal information in confidence. Please consider who else has access to your mobile phone and could also see these text messages before consenting to us sending them.

Initially, an SMS text message will be sent the day before the appointment is due as a reminder. We can also send a text containing your appointment details once you have booked an appointment if you would like us to. Please ask at the time of booking for a confirmation text.

For now, this service <u>is not available for 13 to 15 year olds</u>, although they will be able to re-register in their own right from their 16th birthday.

If you have a mobile phone, are over 16 or are the Parent/Guardian of a child under 13 and would like to receive SMS messages then please complete the slip below and hand it in at reception. Parents/Guardians are able to register their children who are under the age of 13 years but once the child reaches their 13th birthday, this facility will be removed. This is to ensure that patient confidentiality is maintained. The requesting Parent/Guardian must be registered at the same address as the child in order to access this service.

You may withdraw your consent at any time by notifying Reception either verbally or in writing.

Patient's Surname:			
Patient's Forename(s):			
Patient's Date of Birth:			
Patient's Address:			
Mobile number to be used:			
If details are for a child under 13 – Parent/Guardian's Full Name			
Patient or Parent/Guardian signature:		Date:	

<u>Disclaimer</u>

If you agree to Church Walk Surgery contacting you via the telephone number above, we agree to adhere to the following:

1. The telephone number you have provided will only be used by Church Walk Surgery in relation to the healthcare services offered by the Practice. You will not be contacted in relation to any other types of products or services and your information will not be passed onto any other parties.
2. If at any time you would like to opt-out of the above services, please make a personal request to the Practice and you will be opted out of the service within 48 hours. We would ask that you provide your reason for opting out to help us review and improve the service in the future.