Drs Fitzsimons, J.Grant, Oakley & V.Grant

NEW PATIENT REGISTRATION

Please fill out the following information.

This information will allow us to provide correct patient care including delivery of details of any relevant screening programme that you might be eligible for or choose to be ceased from.
You are welcome to discuss this further with a doctor.

Which of the following best describes you?

Female (including trans women) ☐

Male (including trans men) ☐

Non-binary ☐

In another way (please state)……

Is your gender identity the same as the gender you were given at birth?

Yes ☐

No ☐

Additional comments (preferred pronouns, preferred name, etc)

Do you look after a relative or friend, young or old, who is unable to care for themselves due to a physical or mental impairment or by age? YES / NO

If so, we would like to support you and ask that you please complete the following:

Name & Relationship of the person you are Caring for: ……

their address ……

……

their telephone No ……

Additional Contact Information

Mobile or Work Telephone Number:……

Email Address: ……

U

Have you served in the Armed Forces? Ye☐ No☐

The definition of a veteran is:
"anyone who has served for at least one day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces"

War Pension Scheme and Armed Forces Compensation Scheme

If a patient receives War Pension Scheme or Armed Forces Compensation Scheme payments and are under the age of 60, they can request a war pension exemption certificate from Veterans UK.

A valid war pension exemption certificate entitles you to:

- Free NHS prescriptions for your accepted disability
- Free NHS wigs and fabric supports if they relate to your accepted disability
- Help with dental treatment, NHS travel costs, sight test, glasses or contact lenses if the treatment is for your accepted disability

Practices may wish to highlight in the patient's electronic clinical record and repeat medication prescriptions any accepted disability and therefore entitlement to free NHS treatment.

Female Patients only

In order that we can arrange the correct follow-up, please let us know if you are using either of the following contraceptive devices:-

IUCD (coil) ☐ Date of insertion……

Implanon/Nexplanon ☐ Date of insertion……

☐ **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.

☐ **Undecided -** enclosed is an opt out form. Please complete the form and hand it to a member of the GP practice staff within 12 weeks. If you do nothing, after this time, we will assume that you are happy with these changes and create a Summary Care Record for you.

☐ **No I do not want a Summary Care Record –** enclosed is an opt out form. Please complete the form and hand it to a member of the GP practice staff.

Smoking status- Over 16 yrs

Current Smoker ☐

Current Non-Smoker ☐ → Date/Year Stopped Smoking ……

Never Smoked Tobacco ☐

Medication

Are you taking any regular medication? Please attach Repeat Slip Ideally or list below including frequency and doses;

Additional Information

Height: Weight:

As a practice we offer new patient check appointments with a Health Care Assistant. This would be an initial 10 minute telephone appointment with you to discuss what actions are needed for a check.

Do you feel you require this? Yes / No?

In order for us to provide you with any assistance you may require during consultations, please let us know if you would benefit from any of the following:-

First language **NOT** English – require a translator ☐

Please state Language (if yes to above)…….

Deafness – require a sign language translator ☐

Disability – require a carer ☐

Assistance during appointments:

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Alcohol Use Disorders Identification Test

Primary Care (AUDIT PC)

AUDIT-PC consists of 5 questions from the full 10 question AUDIT. This assessment tool was developed for Primary Care Nurses and Doctors to use in their surgeries and clinics.

Questions:	**Scoring system**					**Your Score**
	0	**1**	**2**	**3**	**4**	
How often do you have a drink containing alcohol?	*Never*	*Monthly or less*	*2 to 4 times per month*	*2 to 3 times per week*	*4 times or more per week*	
How many units of alcohol do you drink on a typical day when you are drinking?	*0 to 2*	*3 to 4*	*5 to 6*	*7 to 8*	*10 or more*	
How often during the last year have you found that you were unable 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*	
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 the last year*		*Yes, during the last year*	
AUDIT PC Score (Total):						

**A total of 5 or more is a positive screen indicating increasing or higher risk drinking*

What to do next

If positive on the primary care test and if time permits, complete remaining alcohol harm questions on the next page to obtain a full score.

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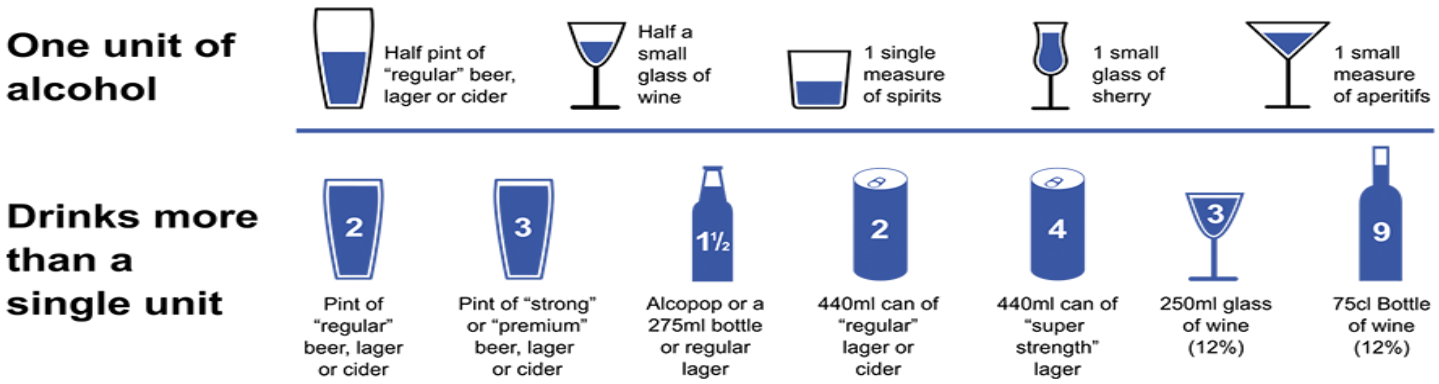
Remaining alcohol harm assessment questions from AUDIT

Questions:	Scoring system					Your Score
	0	1	2	3	4	
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*	
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 the last year*		*Yes, during the last year*	
Total AUDIT Score:						

Scoring:

* 0 to 7 indicates low risk
* 8 to 15 indicates increasing risk
* 16 to 19 indicates higher risk
* 20 or more indicates possible dependence



Summary Care Records

NHS

Your emergency care summary

CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice (completed forms must be returned to your GP practice. Forms sent anywhere other than your GP practice will not be actioned).

A. Please complete in BLOCK CAPITALS

Title ..... Surname / Family name .....

Forename(s) .....

Address .....

Postcode ..... Phone No ..... Date of birth .....

NHS number (if known) ..... Signature .....

B. If you are filling out this form on behalf of another person or child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name ..... Your signature .....

Relationship to patient ..... Date .....

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

- phone the Summary Care Record Information Line on 0300 123 3020;
- contact your local Patient Advice Liaison Service (PALS); or
- contact your GP practice.

FOR NHS USE ONLY

Application for online access to my medical record

Surname	Date of birth
First name	
Address Postcode	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my medical record	☐

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	☐
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	☐
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	☐

Signature	Date

IDENTIFICATION DOCUMENTS REQUIRED WHEN REGISTERING AS A NEW PATIENT

When returning the completed registration form, please bring your proof of identification. We are unable to register you without this.

PROOF OF NAME

(One of the following)

Birth Certificate

Marriage Certificate

Driving Licence (valid)*

Passport (Valid)*

PROOF OF ADDRESS;MUST BE DATED WITHIN THE LAST 3 MONTHS

(One of the following)

Utility Bill

Council Rent Book

Bank Statement

Credit Card Statement

Letter from Benefits Agency

***Please note if applying for Online Access to your medical records, photo ID MUST be produced.**

Information for our patients.

We're improving how we communicate with patients.

Please tell us if you need information in a different format or need communication support.

Out of area registration:

New arrangements introduced from January 2015 give people greater choice when choosing a GP practice. Patients may approach any GP practice, even if they live outside the practice area, to see if they will be accepted on to the patient list.

GP practices have always had the ability to accept patients who live outside their practice area. Regardless of distance from the practice, the practice would still provide a home visit if clinically necessary.

The new arrangements mean GP practices now have the option to register patients who live outside the practice area but without any obligation to provide home visits.
Out of area registration (with or without home visits) is voluntary for GP practices meaning patients may be refused because they live out of area.

If your application is considered the GP practice will only register you without home visits **if it is clinically appropriate and practical in your individual case**. To do this we may:

- Ask you or the practice you are currently registered with questions about your health to help decide whether to register you in this way

- Ask you questions about why it is practical for you to attend this practice (for example, how many days during the week you would normally be able to attend)

If accepted, you will attend the practice and receive the full range of services provided as normal at the surgery. If you have an urgent care need and the surgery cannot help you at home we may ask you to call NHS 111 and they will put you in touch with a local service (this may be a face to face appointment with a local healthcare professional or a home visit where necessary).

We may decide that it is not in your best interests or practical for you to be registered in this way. In these circumstances we may offer you registration with home visits, for example:- if you live just outside the practice area or we may not register you and advise you should seek to register (or remain registered) with a more local practice.

If accepted, but your health needs change, we may review your registration to see if it would be more appropriate for you to be registered with a GP practice closer to your home.

This new arrangement only applies to GP practices and patients who live in England.
For further information visit the NHS Choices website (www.nhs.uk)

FOR PRACTICE USE ONLY (Checklist)

PST To Complete

	Checked By (Initials)
Registration (GMS1) Form completed and signed • Patient details to be complete • Previous address in the UK and GP details • If from abroad or Returning from armed forces (IF APPLICABLE) • Signature and Date	
Alcohol Screening Questions and Smoking Status completed	
SCR option selected (Opt-Out Form completed if dissent given)	
ID Verified and photocopied (x2 if possible)	
Given Named GP letter	
Check if requesting online access and if so sign to say you have seen ID	
IF IMIGRANT OR REFUGEE – Check to see if have completed letter of consent to discuss making/changing appointments.	

PSST To Complete

	Checked By (Initials)
Register Patient onto Systm1	
Register patient for online access if applicable	
Inform patient that online details are available (If above is yes)	
New Patient Screening appt made(If wanted)	
Allocate Registration to GP	
Once received back, scan onto patients record	
File registration form and await notes to come in.	