Dear Mr, Mrs, Miss, Ms,

Welcome to Courtenay House Surgery

Please find enclosed:

1. GMS1 registration form - PLEASE INCLUDE YOUR TEN DIGIT NHS NUMBER-AVAILABLE FROM YOUR PREVIOUS GP IF APPLICABLE

2. New Patient Health Check Questionnaire

3. NHS registration form

Please read and complete these forms fully for each member of your family, then return them to the Surgery along with the necessary documentation. A member of staff is available to help if you are unsure of any details and a list of accepted documents is included in this pack. The Practice does not discriminate on the grounds of race, gender, social class, religion, sexual orientation, disability or medical condition.

Yours Sincerely

Courtenay House Surgery

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NHS REGISTRATION FORM

Entitlement to NHS Treatment is based on Residency not Citizenship. You will need to prove that you have either been living in the UK legally for 6 months or more, OR will be staying for 6 months or more.

Please complete the following and we Thank you for your co-operation

1. Where have you been living for the last 6 months

2. On what date did you arrive in the UK

3. Which country did you come from

4. What is the purpose of your visit to the UK

5. Is it your intention to reside in the UK either permanently/longer than 6 months?

6. Can you prove you have the right to reside in the UK?(UK passport is NOT sufficient as citizenship is irrelevant)

7. On what date will you be leaving the UK?

8. Have you lived the UK previously?

9. Please give all daytime telephone numbers
PATIENT HEALTH CHECK QUESTIONNAIRE

1. Name -
   Mobile number -
   Email Address -
   *by giving you mobile number and email address you are consenting to us using them to contact you regarding appointments and services.

2. What is your Occupation/Job Qualification?

3a. Are you a carer?
   Yes □ No □

3b. Do you have a carer?
   Yes □ No □
   If yes, you will be contacted again in relation to this for us to obtain further information.
   We do have a section “Carers” on our website if you would like to know more.

4. Please state the main exercise you take, frequency, time taken for sports each week

5. What is your weekly alcohol consumption in units?
   1 measure of wine/spirit is = 1 unit
   1 pint of beer = 2 units

6. Please state your daily tobacco consumption - Cigarettes/Tobacco
   Date stopped - Never smoked

7. What was the date of your last vaccination against –
   a. Tetanus
   b. Polio

8. Please state any known drug allergies or sensitivities

9. Please list any illnesses which run in the family - cancer, diabetes, heart disease.

10. Please state your main past illnesses/operations

11. Please list any regular medications you use OR attach a list.

12. Do you feel your current health is - Good, Bad, Indifferent?

13. What is your weight and height?

14. For women only - what was the date of your most recent cervical smear?
   Was this taken by - GP, Hospital, Family Planning Clinic

AUDIT C QUESTIONNAIRE

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
   7-8
   10+

How often have you had 6 or more units if female, or 8 units if male on a single occasion in the last year?
   Never
   less than monthly
   weekly
   Daily or almost total

Scoring:

A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT C positive.
ETHNICITY

WHITE

- British
- Irish
- Scottish
Any other white background – please indicate

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
Any other mixed background please indicate

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
Any other Asian background please indicate

Black or Black British

- Caribbean
- African
Any other Black background please indicate

Chinese or other Ethnic group

- Chinese
Any other - please indicate

COURTENAY HOUSE SURGERY
BANCROFT COURT, BANCROFT
HITCHIN, HERTS, SG5 1LH
TEL: 01462 434239
courtenay.housesurgery@nhs.net
www.courtenayhousesurgery.nhs.uk

ONLINE SERVICES

Please complete one form per patient and return to the surgery – once this has been completed a user name and password will be issued to you and instructions on how to use SystmOne online.

I would like to be able to use the online services to book/cancel appointments and request authorised repeat prescriptions.

Name .................................................................   DOB ..............................

Address ........................................................................
........................................................................
........................................................................

Mobile .................................................................   Home ....................................

Email ........................................................................

** by giving your mobile number and email you consent to us using them on occasions to contact you regarding appointments or services at the surgery via text or email.

Signature .................................................................   Date ..............................

IMPORTANT NOTE FOR UNDER 16s
Due to changes to our online services any child under the age of 16 will automatically go onto their designated parent’s account for them to act as a proxy. Anyone under the age of 16 that want their own account will need to have a competency appointment with the doctor before this can be done.

Name of proxy ..............................................................

Relationship to proxy ..........................................................
PLEASE WOULD YOU COMPLETE YOUR FIRST LANGUAGE FROM THE LIST BELOW.

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<tr>
<th>Language</th>
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<td>Makaton-sign language</td>
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DOCUMENT CHECK LIST

If you are from the UK and permanently living in the UK

If possible 2 of these-
- Birth certificate
- Passport
- Driving Licence

Also one of these-
- Utility Bill
- Bank Statement
- Mortgage/Tenancy agreement
- Birth certificates for any children

If you are from overseas and here to stay permanently - THE ABOVE are required PLUS the following

- Passport, Visa
- Home Office letters
- Marriage Certificate if applicable

If you are from overseas and EITHER OF THE FOLLOWING APPLIES THESE DOCUMENTS ARE ALSO NEEDED

STUDENT
- Confirmation of College or University you attend
- Dates when course starts and finishes

If you are working in the UK

- Works letter from Home Office
- Employment Contract
- E112

Please return this form with all relevant documents - we will be happy to photo-copy ORIGINAL documents.
COURTENAY HOUSE SURGERY
CARE DATA PROGRAMME
OPT OUT FORM

Request for personal confidential data to be withheld from the HSCIC care data upload.

Title

Forename/s

Surname

Address

Date of birth

Telephone number

NHS Number

 Patients

Signature

Date

If you are filling this form out on behalf of a child (under 16) please also complete the section below

Your Name

Your Signature

Relationship to patient

Date

Please tick as appropriate (you can opt out of both or individual components)

I do not want my personal confidential data to leave the GP Practice

I do not want my personal confidential data to leave the Health and Social Care Information centre - HSCIC

FOR PRACTICE USE ONLY

XaZ89(GP)  YES/NO  XaaVL

Date  Date

Dear Patients

We have a Patient Participation Group and are always looking for patients to join this group. We meet with the group in the surgery to discuss how as patients you can help us to maximise our quality of service that we provide and enhance communication between patients and the practice. Our group should reflect a wide representation of our practice list. It is important that you are able to attend some of the meetings.

If you would be interested in joining the group, please complete the form below and you will be contacted in due course.

Thank you

I would be interested in joining the Patient Participation Group:

Name………………………………………

DOB……………………………………

Address……………………………………

……………………………………………………

Contact Number…………………………

Email address…………………………

(by giving your email address you consent to your email address being shared with the group)

Signed……………………………………

Date……………………………………

(Preferred method of contact, i.e: letter/telephone/email/text

Please circle your preferred choice