

THORNLEY STREET SURGERY NEW PATIENT RECORD

www.thornleystreetsurgery.co.uk

Welcome to Thornley Street Surgery. Please fill in the details below answering **every** question so that we can be sure we have as much up to date correct information as possible. **Return to Reception between 9am – 5.30 pm (Monday- Friday) to register.** Please remember to update your details if you move/change contact details.

Name:..... D.O.B.....

Address:.....

Contact Telephone Number(s): Mobile:

Contact Email Address:.....

Do you give us consent to contact you via email? YES / NO (please circle)

MEDICAL DETAILS:

<u>MEDICAL HISTORY/PAST AND ONGOING ILLNESSES:</u>
.....
.....
<u>MEDICATIONS:</u>
.....
.....

Allergies:.....

Family history of any illnesses? (Please include what, and whom affected)

What is your ethnic origin?.....

Are you a refugee? YES/NO Asylum seeker? YES/NO (Please circle)

Do you speak English? If not – what language do you speak?.....

Will you require an interpreter? YES/NO

Are you a university student? YES/NO What year are you due to graduate?.....

Next of kin name:..... Next of kin contact telephone number:.....

Next of kin address:.....

Do you want to consent to your medical information being shared with anyone? If so, who?

Do you have any problems reading/writing/hearing/with your sight?.....

Are you a carer? If so, for whom?.....

Do you have a carer?.....

PATIENTS UNDER 16 YEARS: Name of parent / guardian

Interpreter required? YES/NO If yes what Language.....

FEMALE PATIENTS AGED 25-64 WHO HAVE ARRIVED IN UK IN LAST 5 YEARS: Last smear/ Cervical Screening Test date(approx.)

LIFESTYLE INFORMATION (all patients):

Smoking- Do you smoke? YES/NO Have you ever smoked? YES/NO

We offer smoking cessation advice / clinics to both smokers and ex-smokers. Please ask reception for details

Alcohol: Your estimated alcohol intake per week in units.....
(1 small glass of wine=approx. 2 units; single measure of spirits=1 unit; Lager/beer/cider 1 can= 2 units & 1 pint=2-3 units)

AUDIT-C: This box designed to help you evaluate your drinking. Please calculate your score by circling those that apply):

	Score: 0	Score: 1	Score: 2	Score: 3	Score: 4
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-3 times per month	2-3 times per week	4+ times per week
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

By adding up the score for each line, Your total is:.....

Do you wish to consent to having your records uploaded to the Summary Care Record? YES/ NO
(See back of clipboard or www.nhs.gov.uk/summarycarerecords for more information)

Do you wish to consent to having your records uploaded to the HSCIC database? YES/ NO
(See back of clipboard or www.nhs.uk/caredata for more information)

Do you wish to have consent to organ donation recorded? YES/ NO

ELECTRONIC PRESCRIPTION SERVICE:

You can sign up to this at your chosen pharmacy. If you are moving area please remember to change your nominated pharmacy. See www.hscic.gov.uk/epspatients for further details

PATIENT PARTICIPATION GROUP (PPG). Please see clipboard for more details

Would you like to be part of our PPG? (You will be contacted with the meeting dates to attend): YES/ NO

Would you rather join our virtual PPG? (you get email updates only): YES/ NO

For Surgery Staff completion only - Admin checklist (please tick):

- Proof of ID, and address within last 3 months – or alternative: Details - _____
- Book NPM if requested/ medical history/ medications
- Named GP (67DJ): _____
(known diabetic – Dr Stone (and notify AS); known dementia / Atholl / Oaks – Dr Richardson)
- New university student and age 17-25: book meningitis C vaccination if not had it since age 10
Patient declined OR Comment _____
- If a smoker or ex-smoker then offer information on smoking cessation clinics (8CAL)
- If AUDIT-C score 5+ then please fill in AUDIT questionnaire (38D3), and offer Dr appt if this score is 8+
- Offer registration for online EMIS Web access (if NHS number available):
 Advised return in 48+ hours when registration completed to collect paperwork
- Inform HR/ manager if wishes to join PPG
- Check PDS is aligned. (No NHS number available currently)
- In nursing / residential home- Select Nursing home in CCG Residential Institute & tick box on registration
- New pt to the UK age 25-65 offered cervical screening:Yes / Declined – offered Opt Out form []
or had outside UK where _____ when _____

Patient's details

Please complete in **BLOCK CAPITALS** and tick as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Surname
Date of birth	First names
NHS No.	Previous surname/s
<input type="checkbox"/> Male <input type="checkbox"/> Female	Town and country of birth
Home address	
Postcode	Telephone number

Please help us trace your previous medical records by providing the following information

Your previous address in UK	Name of previous doctor while at that address
	Address of previous doctor

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving	Date you first came to live in UK
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If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number	Enlistment date
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If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

**Not all doctors are authorised to dispense medicines*

- I live more than 1 mile in a straight line from the nearest chemist
- I would have serious difficulty in getting them from a chemist

Signature of Patient
 Signature on behalf of patient
 Date

NHS Organ Donor registration

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick as appropriate

- Kidneys
 Heart
 Liver
 Corneas
 Lungs
 Pancreas
 Any part of my body

Signature confirming consent to organ donation

Date

For more information, please ask for the leaflet on joining the NHS Organ Donor Register

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register

Date

For more information, please ask for the leaflet on joining the NHS Blood Donor Register

My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode:

To be completed by the doctor

Doctors Name

HA Code

- I have accepted this patient for general medical services
 For the provision of contraceptive services
 I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above

HA Code

- I am on the HA CHSlist and will provide Child Health Surveillance to this patient **or**
 I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above

HA Code

I will dispense medicines/appliances to this patient subject to Health Authority's Approval

I am claiming rural practice payment for this patient.
 Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Authorised Signature

Name

Date

Practice Stamp