

Patient's details

 Please complete in BLOCK CAPITALS and tick as appropriate

Mr Mrs Miss Ms Surname _____
 Date of birth _____ First names _____
 NHS No. _____ Previous surname/s _____
 Male 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 GP practice while at that address _____
 Address of previous GP practice _____

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 _____

Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas:

-
- Regular
-
- Reservist
-
- Veteran
-
- Family Member (Spouse, Civil Partner, Service Child)

 Address before enlisting: _____
 Postcode _____

Service or Personnel number: _____ Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

*Not all doctors are authorised to dispense medicines

-
- I live more than 1.6km 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 _____ / _____ / _____

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

 White: British Irish Irish Traveller Traveller Gypsy/Romany Polish

 Any other white background (please write in): _____

 Mixed: White and Black Caribbean White and Black African White and Asian

 Any other Mixed background (please write in): _____

 Asian or Asian British: Indian Pakistani Bangladeshi

 Any other Asian background (please write in): _____

 Black or Black British: Caribbean African Somali Nigerian

 Any other Black background (please write in): _____

 Other ethnic group: Chinese Filipino

 Any other ethnic group (please write in): _____

 Not stated:

Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

 NHS England use only Patient registered for GMS Dispensing

To be completed by the GP Practice

Practice Name

Practice Code

I have accepted this patient for general medical services on behalf of the practice

I will dispense medicines/appliances to this patient subject to NHS England approval.

I declare to the best of my belief this information is correct

Practice Stamp

Authorised Signature

Name

Date ____/____/____

SUPPLEMENTARY QUESTIONS – These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a) I understand that I may need to pay for NHS treatment outside of the GP practice
- b) I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- c) I do not know my chargeable status

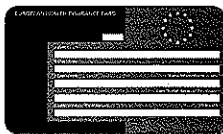
I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:		Date:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

Complete this section if you live in an EU country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</p>	Country Code: <input type="text"/>	
	3: Name	
	4: Given Names	
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	DD MM YYYY
	PRC validity period	(a) From: DD MM YYYY

Please tick if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.

NEW PATIENT QUESTIONNAIRE

Botolph Bridge Community Health Centre

OOA	NHS	TR	PP	ID check Initial	
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We would be grateful if you could fill in this form. All information given will be treated as CONFIDENTIAL. If you need any assistance completing the form, please ask at reception; they will be happy to help.

PERSONAL DETAILS

Surname: First Name(s):

Marital Status: Single / Married / Divorced / Separated / Widowed / Cohabiting Male / Female

Former Name: Title:

Date of Birth: Town / City of Birth:

Ethnicity: Country of Birth:

Religion: Parental responsibility:

School attending: How many siblings:

Are you an Asylum Seeker Yes / No Interpreter Required? Yes / No Nationality:

Main Language: Year of Entry in UK:

Address:

Postcode:

If you are registering as an out of area patient you may not be eligible for home visits. Please confirm that you are aware of the process for receiving care whilst at home. Yes / No

Previous address:

Postcode:

Telephone Home: Telephone Work:

Mobile: Email:

Email addresses may be shared with the surgery Patient Participation Group, so patients are aware of their activities, on their behalf. If you prefer not to be included in their mailings please check this box.

Some occupations carry particular health risks. If you think that you are or have been involved in such activities, please let us know.

Occupation: Previous Occupation(s):

Please let us know who you would like us to contact if anything should happen to you.

Next of Kin: Relationship to you:

Address:

Contact Tel:

Please bring the following for registration:

Passport/ identification with photo- No photo copy	Utility Bill with current home address
NHS card or equivalent	

It is important that you attend your New patient check as soon as possible to access the full benefits of the NHS. Please arrange an appointment with Reception. Please bring for your New patient check:

Immunisation record, if available	Urine sample (bottle available from reception)
All your medication and repeat prescription form, from previous health centre if applicable.	

CARERS Info

Do you care for someone who is sick / elderly / mentally ill? Yes / No Does someone care for you? Yes / No

If so, what help do you need?

Named GP

Everyone in the surgery has a named GP. You will automatically be assigned Dr Rupert Bankart as a regular GP. If you would prefer to nominate another GP please indicate here:

Patients who are between 40 and 70 and who do not have a chronic medical condition will be asked to have a personal health check. This will require an appointment with the nurse. This is a new government initiative that aims to prevent future condition arising by looking at clinical measurements, ie blood pressure, weight, and offer life style changes that may improve your long term health.

MEDICAL HISTORY

HAVE YOU SUFFERED FROM ANY OF THE FOLLOWING SERIOUS ILLNESSES? (please tick)

High Blood Pressure	Stroke	Cancer	Asthma	Diabetes	Heart Disease	Mental Illness	Other

Any consultants or hospital admissions: Medical condition/ operation and year of

FEMALE HEALTH

How many times pregnant?..... When was last smear?
Contraception used: Pill / Coil / Depot / Other Date of mammogram? (if over 50)

MEDICATION (including over the counter drugs)

Please bring any medication and repeat prescription from your previous surgery.

NAME OF DRUG	STRENGTH	DAILY TOTAL
.....

Do you take recreational drugs?

Are you allergic to any drugs? (eg Penicillin) Or anything else? (eg latex)

FAMILY HISTORY

HAS ANYONE IN YOUR IMMEDIATE FAMILY ANY OF THE FOLLOWING? (please tick)

High Blood Pressure	Stroke	Cancer	Asthma	Diabetes	Heart Disease	Mental Illness	Other

Other / further information:

HEALTH PROMOTION

Alcohol

- How often do you have a drink containing alcohol.
a. Never, b. Monthly or less, c. 2-4 times per month, d. 2-3 times a week, e. 4 or more times a week
- How many standard alcoholic drinks do you have on a typical day when you are drinking
a. NA, b. 1-2, c. 3-4, d. 5-6, e. 7-8, f. 10+,
- How often do you have 6 or more standard drinks on one occasion.
a. Never, b. Less than a month, c. Monthly, d. Weekly, e. Daily or most days

Smoking

Have you ever smoked? Yes / No Do you smoke now? Yes / No If yes how many -----
Have you ever tried to quit smoking? Yes / No
Would you like to book into the smoking cessation clinic Yes / No

CONSENT TO RECEIVE SMS (TEXT) MESSAGES ON YOUR MOBILE PHONE

Please indicate if you wish to receive appointment reminders and other important messages from the practice by

SMS (Text Message). If you don't regularly use text messaging please do not give your consent

Yes	No
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Your signature: Date:

Your health record and sharing of information

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Please read both sides of this leaflet carefully. It provides information about the choices you can make about sharing your health record.

Your health record includes your medical history, details about your medication and any allergies you may have. You can now choose whether to share these full medical details.

We use a secure electronic health records system called SystmOne. With your permission, this system can allow clinicians to share your full record held here with other healthcare services who are providing care for you. These other services will ask your permission to view your record.

Many organisations may use SystmOne including some GP practices, out of hours services, children's services, community services and some hospitals. Sharing your health record will help us deliver the best level of care for you.

You have two choices which allow you to control how your record is shared. You can change these choices at any time by letting the relevant practice or service know.

Please read the other side of this leaflet and fill in your choices. You may wish to keep this section for future information. Please contact the Patient Experience Team on 0800 279 2535 or capccg.pet@nhs.net if you have any queries.

Please note: if you have previously opted out of sharing your information via the Summary Care Record, you will still need to complete this form with your choices about sharing your health record within SystmOne.

For further details visit www.cambridgeshireandpeterboroughccg.nhs.uk

Please complete your details below AND make your choices OVERLEAF

Patient name:

Date of birth:

Address:

..... Phone:

Signature: Date:

Please complete a separate form for each of your dependents.

Complete both sides of this section and return to the practice or service receptionist

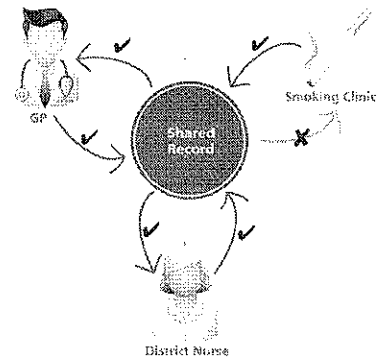
NHS Cambridgeshire and Peterborough CCG - July 2013

Your choices at each practice or service

Sharing OUT - This controls whether your information recorded at this practice or service can be shared with other healthcare services.

Sharing IN - This determines whether or not this practice or service can view information in your record that has been entered by other services who are providing care for you, or who may provide care for you in the future.

Imagine you're receiving care from three services: your GP, a district nurse and a smoking clinic. You want your GP and District Nurse to share information with each other and you want both of them to know your progress at the smoking clinic. However, you don't want the smoking clinic to see any of your other medical information.



Your sharing choices at each practice or service would be:

- The GP can share information IN and OUT.
- The district nurse can share IN and OUT.
- The smoking clinic can only share information OUT but not IN.

You can change your choices at any time. Let each practice or service know.

Note: You can request individual entries in your record to be marked as 'Private'. These are not shared with the rest of your record even if you choose to share out.

The choices you would like to make about sharing your health record:

SHARING OUT

I would like my health record at this practice or service to be shared with other healthcare services providing care for me. Yes No

SHARING IN

I would like this practice or service to be able to view information in my health record that has been recorded by other healthcare services. Yes No

My choices apply to my record here at..... PRACTICE or SERVICE

Complete both sides of this section and return to the practice or service receptionist



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

A. Please complete in BLOCK CAPITALS

Title Surname / Family name

Forename(s)

Address

Postcode Phone No Date of birth

NHS Number (if known)

B. If you are filling out this form on behalf of another person or a 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

Actioned by practice: yes/no Date



TYPE 2 DIABETES RISK ASSESSMENT FORM

Circle the right alternative and add up your points.

1. Age

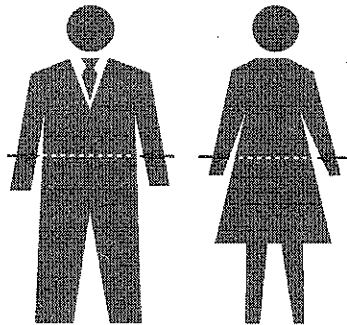
- 0 p. Under 45 years
- 2 p. 45–54 years
- 3 p. 55–64 years
- 4 p. Over 64 years

2. Body-mass index
(See reverse of form)

- 0 p. Lower than 25 kg/m²
- 1 p. 25–30 kg/m²
- 3 p. Higher than 30 kg/m²

3. Waist circumference measured below the ribs
(usually at the level of the navel)

- | | MEN | WOMEN |
|------|------------------|-----------------|
| 0 p. | Less than 94 cm | Less than 80 cm |
| 3 p. | 94–102 cm | 80–88 cm |
| 4 p. | More than 102 cm | More than 88 cm |



4. Do you usually have daily at least 30 minutes of physical activity at work and/or during leisure time (including normal daily activity)?

- 0 p. Yes
- 2 p. No

5. How often do you eat vegetables, fruit or berries?

- 0 p. Every day
- 1 p. Not every day

6. Have you ever taken medication for high blood pressure on regular basis?

- 0 p. No
- 2 p. Yes

7. Have you ever been found to have high blood glucose (eg in a health examination, during an illness, during pregnancy)?

- 0 p. No
- 5 p. Yes

8. Have any of the members of your immediate family or other relatives been diagnosed with diabetes (type 1 or type 2)?

- 0 p. No
- 3 p. Yes: grandparent, aunt, uncle or first cousin (but no own parent, brother, sister or child)
- 5 p. Yes: parent, brother, sister or own child

Total Risk Score

The risk of developing type 2 diabetes within 10 years is

- Lower than 7 Low: estimated 1 in 100 will develop disease
- 7–11 Slightly elevated: estimated 1 in 25 will develop disease
- 12–14 Moderate: estimated 1 in 6 will develop disease
- 15–20 High: estimated 1 in 3 will develop disease
- Higher than 20 Very high: estimated 1 in 2 will develop disease

Please turn over

