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	OI DICK
Postcode	Telephone number
Please help us trace your previous	ous medical records by providing the following information  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 w	vith a GP
The property of the land of th	
If previously resident in UK, date of leaving	Date you first came to live in UK
Address before enlisting:	
	Postcode
Footnote: These questions are optional a	Enlistment date: DD MM YY Discharge date: DD MM YY (if application and your answers will not affect your entitlement to register or receive services some NHS priority and service charities services.
f you need your doctor to dispe	ense medicines and appliances*  *Not all doctors are
	ght line from the nearest chemist authorised to
I live more than 1.6km in a straig	dispense medicines
<ul><li>☐ I live more than 1.6km in a straig</li><li>☐ I would have serious difficulty in</li></ul>	getting them from a chemist
☐ I would have serious difficulty in	n getting them from a chemist
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☐ I would have serious difficulty in	n getting them from a chemist
☐ I would have serious difficulty in	Signature on behalf of patient
I would have serious difficulty in  Signature of Patient  What is your ethnic group?  Please tick one box that best describes your	Signature on behalf of patient  Date / /
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### Family doctor services registration

GMS

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.  Detailed the services of the best of my belief this information is correct  Practice Stamp    Practice Stamp	To be completed by the GP ractice Name	Tractice	De la Companya de la	tica Cada
I will dispense medicines/appliances to this patient subject to NHS England approval.  declare to the best of my belief this information is correct    Practice Stamp	ractice Name		Prac	tice Code
I will dispense medicines/appliances to this patient subject to NHS England approval.  declare to the best of my belief this information is correct    Practice Stamp	I have accepted this patient for	general medical services on be	ehalf of the practice	
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### **New Patient Registration**

Additional Contact Information
Mobile or Work Telephone Number:
Email Address:
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
Have you served in the Armed Forces? Yes 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"
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 appointments with a Health Care Assistant, do you require this? Yes / No?

Implanon/Nexplanon

**Summary Care Record** (Please refer to additional information sheets) 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 ☐ → Date/Year Stopped Smoking ..... Current Non-Smoker Never Smoked Tobacco **Assistance During Appointments** 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 Deafness – require a sign language translator Disability – require a carer **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.....

Date of insertion.....

## 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
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	Score
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):						

<sup>\*</sup>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.

## Remaining alcohol harm assessment questions from AUDIT

Questions:		Scoring system				Your
		<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	Score
How often have you had 6 or more units if female, or		Less			Daily or	
8 or more if male, on a single occasion in the last	Never	than	Monthly	Weekly	almost	
year?		monthly			daily	
How often during the last year have you needed an		Less			Daily or	
alcoholic drink in the morning to get yourself going	Never	than	Monthly	Weekly	almost	
after a heavy drinking session?		monthly			daily	
How often during the last year have you had a feeling		Less			Daily or	
of guilt or remorse after drinking?	Never	than	Monthly	Weekly	almost	
of guilt of Terriorse after drillking:		monthly			daily	
How often during the last year have you been unable		Less			Daily or	
to remember what happened the night before	Never	than	Monthly	Weekly	almost	
because you had been drinking?		monthly			daily	
			Yes, but		Yes,	
Have you or somebody else been injured as a result of	No		not in		during	
your drinking?	INO		the last		the last	
			year		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

#### One unit of alcohol









1 small glass of sherry



Drinks more than a single unit



Pint of "regular" beer, lager or cider



Pint of "strong" or "premium" beer, lager or cider



Alcopop or a 275ml bottle or regular lager



440ml can of "regular" lager or cider



440ml can of "super strength" lager



250ml glass of wine (12%)



75cl Bottle of wine (12%)





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 CAPIT	ALS	
Title	Surname / Family name	
Forename(s)		
Address		
Postcode	Phone No	Date of birth
NHS number (if known)		Signature
	half of another person or child, their GF in section A and your details in section E	
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 Your records will stay as they are 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.

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.

## Application for online access to my medical record

Surnar	ne	Date of birth		
First na	ame			
Addres	SS			
		_		
		Post	code	
	address			
Teleph	one number	Mobile number		
		e services (please tick all that apply):		
	Booking appointments		닏	
	Requesting repeat prescriptions			
3.	Accessing my medical record		Ш	
	•	and understand and agree with each		
	ent (tick)		I	
1.	I have read and understood the inf	ormation leaflet provided by the		
	practice			
2.	I will be responsible for the security	of the information that I see or		
	download	91 1 02 2 4		
3.	3. If I choose to share my information with anyone else, this is at my			
	own risk			
4.	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.	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.	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.			
	eise unwillingly i will contact the pr	actice as soon as possible.		
Cimpotius				
Signat	uie	Date		

## 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 Form completed and signed	
<ul> <li>Patient details to be complete</li> </ul>	
<ul> <li>Previous address in the UK and GP details</li> </ul>	
<ul> <li>If from abroad or Returning from armed forces</li> </ul>	
(IF APPLICABLE)	
<ul> <li>Signature and Date</li> </ul>	
Ethnicity form completed	
Alcohol Screening Questions completed	
Smoking Status completed	
SCR option selected (Opt-Out Form completed if	
dissent given)	
ID Verified and photocopied (x2 if possible)	
New Patient Screening appt made(If wanted)	
Given Named GP letter	
Check if requesting online access and if so sign to say you have seen ID	

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)	
Allocate Registration to GP	
Once received back, scan onto patients record	
File registration form and await notes to come in.	