New Patient Registration Form

Please complete all pages in full using block capitals

1. Background Details

Contact Details			
NHS Number		*If you have had a previous GP then you will find this on letters/prescriptions or at* www.nhs.uk/find-nhs-number	
Name		Gender	
Previous Surname (if applicable)			
Address		Date of Birth	
		Home Telephone	
		Work Telephone	
Previous Address			
Mobile Telephone	I consent to be contacted* by SMS on this number:		
Email	I consent to be contacted* by email at this address:		
Next of Kin	Name: Tel: Relationship:		
Family Registered With Us			
Has the patient been registered in the NHS before? ☐ Yes ☐ No If no please state date entered UK:			

** It is your responsibility to keep us updated with any changes to your telephone number, email & postal address. We may contact you with appointment details, test results, health campaigns or Patient Participation Group details*
If you do not consent to being contacted by SMS or Email, please tick here: ☐ *SMS* ☐ *Email*

Other Details				
Previous GP	Name: Address:			
Country of Birth				
Ethnicity	☐ White (UK) ☐ White (Irish) ☐ White (Other)	☐ Black Caribbean ☐ Black African ☐ Black Other	☐ Bangladeshi ☐ Indian ☐ Pakistani	☐ Chinese ☐ Other
Religion	☐ C of E ☐ Catholic ☐ Other Christian	☐ Buddhist ☐ Hindu ☐ Muslim	☐ Sikh ☐ Jewish ☐ Jehovah's Witness	☐ No religion ☐ Other:
Housing	☐ Own House ☐ Rented House ☐ Shared House	☐ Nursing Home ☐ Residential Home ☐ Sheltered Home	☐ Homeless ☐ Housebound	☐ Asylum Seeker ☐ Refugee
Employment	☐ Employed ☐ Self-employed	☐ Student ☐ Unemployed	☐ House husband ☐ House wife	☐ Carer ☐ Retired
Overseas Visitor	☐ Yes	☐ European Health Insurance Card Held (please bring details with you)		
Armed Forces	☐ Military Veteran	☐ Family member		

Communication Needs	
Language	What is your main spoken language? Do you need an interpreter? ☐ Yes ☐ No
Communication	Do you have any communication needs? ☐ Yes ☐ No (If **Yes** please specify below) ☐ Hearing aid ☐ Large print ☐ British Sign Language ☐ Lip reading ☐ Braille ☐ Makaton Sign Language ☐ Guide dog
Learning disability	Do you have a Learning Disability? ☐ Yes ☐ No (If **Yes** please request a Learning Disability Screening Tool form)

Carer Details			
Are you a carer?	☐ Yes – Informal / Unpaid Carer ☐ Yes – Occupational / Paid Carer ☐ No		
Do you **have** a carer?	☐ Yes	Name*: Tel:	Relationship:

** Only add carer's details if they give their consent to have these details stored on your medical record*

2. Medical History

Medical History

Have you suffered from any of the following conditions?

☐ Asthma	☐ Heart Disease	☐ Diabetes	☐ Depression
☐ COPD	☐ Heart Failure	☐ Kidney Disease	☐ Underactive Thyroid
☐ Epilepsy	☐ High Blood Pressure	☐ Stroke	☐ Cancer- Type:

Any other conditions, operations or hospital admission details:

<Problems>
<Summary>

If you are currently under the care of a Hospital or Consultant outside our area, please tell us here:

Family History

Please record any significant family history of close relatives with medical problems and confirm which relative e.g. mother, father, brother, sister, grandparent

☐ Asthma……..	☐ Heart Disease…….…	☐ Diabetes……..……	☐ Depression……..……
☐ COPD……...….	☐ Stroke…….……..	☐ Kidney Disease..……	☐ Thyroid……..……..
☐ Epilepsy……	☐ Blood Pressure……	☐ Liver Disease..……..	☐ Cancer……..

Other:

Allergies

Please record any allergies or sensitivities below

Current Medication
Please check and include as much information about your current medication below Please give us your previous repeat medication list if possible and a medication review appointment may be needed

3. Your Lifestyle

Alcohol

Please answer the following questions which are validated as screening tools for alcohol use:

AUDIT–C 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	7-9	10+	
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	
					TOTAL:	

A score of **less than 5** indicates *lower risk drinking*

Scores of 5 or more requires the following 7 questions to be completed:

AUDIT QUESTIONS (after completing 3 AUDIT-C questions above)	Scoring System					Your Score
	0	1	2	3	4	
How often during the last year have you found that you were not able 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	
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 last year		Yes, during last year	
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 last year		Yes, during last year	
					TOTAL:	

One unit is:

Half a pint of regular beer, lager or cider

A small glass of wine

A single measure of spirits

A small glass of sherry

A single measure of aperitifs

Each of these is more than one unit:

A pint of 3.5% beer, lager or cider

A pint of 5% beer, lager or cider

A 330ml bottle or can of 4.5% alcopop or lager

A 500ml can of 4% lager or strong beer

A 500ml can of 8% lager

A medium (175ml) glass of 11% wine

A bottle of 12% wine

3. Your Lifestyle - Continued

Smoking					
Do you smoke?	☐ Never smoked	☐ Ex-smoker	☐ Yes		
Do you use an e-Cigarette?	☐ No	☐ Ex-User	☐ Yes		
How many cigarettes did/do you smoke a day?	☐ Less than one	☐ 1-9	☐ 10-19	☐ 20-39	☐ 40+
Would you like help to quit smoking?	☐ Yes	☐ No			
	For further information, please see: www.nhs.uk/smokefree				

Height & Weight	
Height	
Weight	
Waist Circumference	

Women Only			
Do you use any contraception?	☐ Yes	☐ No	If needed, please book appointment.
Do you have a coil or implant in situ?	☐ Yes	☐ No	Date inserted:
Are you currently pregnant or think you may be?	☐ Yes	☐ No	Expected due date:

Students Only			
Students are at risk of certain infections including mumps, meningitis and sexually transmitted infections, as well as mental health issues including stress, anxiety and depression. Please see www.nhs.uk/Livewell/Studenthealth			
I am less than 24 years old and have had two doses of the MMR Vaccination	☐ Yes	☐ No	☐ Unsure
I am less than 25 years old and have had a Meningitis C Vaccination	☐ Yes	☐ No	☐ Unsure

4. Further Details

Named Accountable GP	
The GP who has overall responsibility for your care is?	

You are however entitled to make an appointment to see any GP of your choice, subject to availability.

Electronic Prescribing	
If you would like your prescriptions to be sent electronically, please provide details of the pharmacy you would like to use:	Pharmacy:

Patient Participation Group	
Would you like to be involved in our Patient Participation Group?	☐ Yes ☐ No

We are committed to improving the services we provide. The Patient Participation Group is a mechanism for us to gain valuable feedback from our patients about their experiences, views and ideas for improving our services.

Signatures	
Signature	I confirm that the information I have provided is true to the best of my knowledge. ☐ Signed on behalf of patient
Name	
Date	

Checklist

Please ensure the following are done and provided so that your registration can be completed successfully

- ☐ Completed & Signed Above Form
- ☐ Completed & Signed GMS1 Form
- ☐ Photo Proof of ID *e.g. Passport, Photo Driving License or Photo ID card*
- ☐ Proof of Address *e.g. Bank statement, Utility Bill or Council Tax from within the last 3 months*

Practice Use Only

Appointment	☐ Required	☐ Not Required		
Photo ID	☐ Passport	☐ Driving licence	☐ Identity card	☐ Other
Proof of Address	☐ Utility Bill	☐ Council Tax	☐ Bank Statement	☐ Other

5. Sharing Your Health Record

Your Health Record

Do you consent to your GP Practice sharing your health record with other organisations who care for you?

☐ Yes *(recommended option)*
☐ No, never

Do you consent to your GP Practice viewing your health record from other organisations that care for you?

☐ Yes *(recommended option)*
☐ No

Your Summary Care Record (SCR)

Do you consent to having an Enhanced Summary Care Record with Additional Information?

☐ Yes *(recommended option)*
☐ No

Signature	
Signature	☐ Signed on behalf of patient
Name	
Date	

Sharing Your Health Record

What is your health record?

Your health record contains all the clinical information about the care you receive. When you need medical assistance it is essential that clinicians can securely access your health record. This allows them to have the necessary information about your medical background to help them identify the best way to help you. This information may include your medical history, medications and allergies.

Why is sharing important?

Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

- Sharing your contact details — This will ensure you receive any medical appointments without delay
- Sharing your medical history — This will ensure emergency services accurately assess you if needed
- Sharing your medication list — This will ensure that you receive the most appropriate medication
- Sharing your allergies — This will prevent you being given something to which you are allergic
- Sharing your test results — This will prevent further unnecessary tests being required

Is my health record secure?

Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

Can I decide who I share my health record with?

Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

Can I change my mind?

Yes. You can change your mind at any time about sharing your health record, please just let us know.

Can someone else consent on my behalf?

If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made by those caring for you.

What about parental responsibility?

If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

What is your Summary Care Record?

Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

How is my personal information protected?

<Organisation Details> will always protect your personal information. For further information about this, please see our Privacy Notice on our website or please speak to a member of our team

For further information about your health records, please see: www.nhs.uk/NHSEngland/thenhs/records
For further information about how the NHS uses your data for research & planning and to opt-out, please see: www.nhs.uk/your-nhs-data-matters

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Good Behaviour Guidance Agreement

At Kingswood Medical Centre we are committed to ensuring everyone is treated with respect and dignity including all patients, their families, carers and our practice team.
In order to continue to be registered with our practice we are providing this guide to set out the type of conduct that is expected of all patients.
All patients are expected to behave in the following manner:

- To be polite and respectful towards all individuals (staff and other patients).

- To not make inappropriate or unacceptable remarks to any staff or other patients at the practice including any abusive remarks related to any individuals:

    - age
    - disability
    - gender reassignment
    - marriage or civil partnership
    - pregnancy
    - race
    - religion or belief
    - sex
    - sexual orientation

- To not undertake any form of threatening abuse or violence towards any individual (staff and other patients) at the practice.

- To use our services responsibly including:

    - To book routine appointments in accordance with the practice's policy
    - To request urgent appointments only for genuine urgent conditions
    - To engage with any remote appointments, we may offer over the telephone (or video)/
    - To attend face-to-face services where it is important to be seen in person, (including when physically able to do so, rather than requesting a home visit)
    - Attend all appointments on time
    - Cancel any booked appointments that are no longer required
    - Request repeat prescriptions in good time, ensuring that all items are ordered together rather than in individual lots
    - Use our health care professionals time in an appropriate manner e.g. do not seek appointments for minor ailments that can be self-treated in the first instance.
    - To raise only genuine concerns or complaints you may have about your care or the services we provide you.

- To respect surgery premises and property.

- To attend the surgery premises for the purpose of engaging with our services.

In return, as a patient you can expect to:

- continue to access all out services, to be provided with respect, dignity and confidentiality

- to raise any concerns or complaints about your care or our services and that these will be investigated and responded to.

We would remind that all patients are free to register with a practice of their choice, as long as the practice has an open patient list for new registrations and the patient lives within the practice area. Any patients who commit any inappropriate or unacceptable behaviours towards a GP, Practice staff, other patients or the surgery premises or property risk being removed from the practice list with 8-days' notice. We will normally provide a warning letter which will be held on record for 12 months before issuing such a notice.
Any threatening abuse or violent incidents will not be tolerated. Any such incident will be reported to the police and will mean your immediate removal from the practice list and your care transferred to a special allocation scheme which manages violent and aggressive patients.
We invite patients to agree to the terms of this guide as a commitment to our ongoing relationship.

Declaration

I, ..., agree to comply with the above conditions and wish to remain registered at the practice. I understand that if I commit any inappropriate or unacceptable behaviours as illustrated by this guidance, I will be removed from the practice patient list.

Signed: ..... Date: .....

Please return to Reception or email: kingswood.infor@nhs.net