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**NEW REGISTRATION QUESTIONNAIRE**

**Welcome to Redgate Medical Centre :**

To register with the practice, please complete this questionnaire as fully as possible to help your new GP get to know you and your medical history. It may take some time for your previous medical records to reach us so the information you give will help us to provide you with good medical care. The following table is for information only. **Please complete all fields from PERSONAL INFORMATION onwards.**

QUESTIONNAIRES and INFORMATION	INFORMATION	FOR OFFICE USE ONLY
New Patient Health Questionnaire	All newly registered patients must complete a general health questionnaire form	
Smoking Advice	All patients are offered information on quitting smoking if required	
Carers Form	If you are a carer or have a carer, please fill out the relevant form. This can be obtained from the receptionist at registration	
Repeat Medication Form	Please complete the attached form only if you are currently on any repeat medication	
Summary Care Record	Your Summary Care Record will be securely uploaded to the National Spine on signing this registration form so that wherever in the country you need care, healthcare professionals can have access to the most up-to-date information. PLEASE READ CAREFULLY THROUGH THE ATTACHED SUMMARY RECORD FORM, THEN COMPLETE AND SIGN	
On-line Patient Access	You can now register to book appointments on-line and order your repeat medication - PLEASE READ CAREFULLY THROUGH THE ENCLOSED LEAFLET	
SMS Text Messaging Service	You can now register to receive a text reminder for any scheduled appointments you may have <b>PLEASE INDICATE IF TEXT MESSAGING WANTED</b>	
<b>Electronic Prescription Service (ERS)</b>	You can now have your prescriptions sent electronically to a Pharmacy of your choice <b>PLEASE INDICATE IF ELECTRONIC PRESCRIPTION SERVICE WANTED</b>	
Proof of ID	All newly registered patients are requested to provide proof of ID (photo) and proof of current address	
Named GP	Your named GP is <b>Dr Syed Akhter</b>	
Date Completed	<b>RECEPTIONIST SIGNATURE:</b>	

**PERSONAL INFORMATION - PLEASE COMPLETE ALL THE FOLLOWING FIELDS**

PERSONAL INFORMATION		
<b>Title</b>		<b>Male/Female</b>
<b>Surname</b>	(please PRINT)	
<b>Forename(s)</b>	(please PRINT)	
<b>Previous Surname</b>		
<b>Date of Birth</b>		<b>Place of Birth</b>
<b>Occupation</b>		
<b>Home Telephone</b>		<b>Email address</b>
<b>Mobile</b>		

<b>CURRENT Address</b>		<b>Postcode</b>
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Have you previously been registered with the surgery? YES  NO

If YES, please provide us with your address details at that time:

<b>MY PREVIOUS GP NAME AND ADDRESS:</b>	
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<b>Are you a military veteran:</b>	If yes, Force served (Army, Royal Navy, RAF)
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<b>ETHNIC GROUP (Please TICK)</b>					
<b>White:</b>	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Polish <input type="checkbox"/>	Other <input type="checkbox"/>	
<b>Black:</b>	Black British <input type="checkbox"/>	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Other Black <input type="checkbox"/>	
<b>Asian:</b>	Asian British <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Indian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Asian <input type="checkbox"/>
<b>Mixed:</b>	Asian & White <input type="checkbox"/>	Asian & Black <input type="checkbox"/>	Asian & Caribbean <input type="checkbox"/>	White African <input type="checkbox"/>	White Caribbean <input type="checkbox"/>
<b>Other:</b>	Chinese <input type="checkbox"/>	Japanese <input type="checkbox"/>	Middle Eastern <input type="checkbox"/>	Turkish <input type="checkbox"/>	
<b>Any Other:</b>					

**What is your First Language:** \_\_\_\_\_ **What is your second Language:** \_\_\_\_\_

**Do you require an interpreter?**

<b>PATIENT CARE</b>	
<b>Next of Kin (Name, Relationship &amp; Contact Details)</b>	
<b>Do you have a carer?</b>	Yes/No IF 'YES' PLEASE COMPLETE A CARERS IDENTIFICATION AND REFERRAL FORM
<b>Are you a carer?</b>	Yes/No IF 'YES' PLEASE COMPLETE A CARERS IDENTIFICATION AND REFERRAL FORM

<b>PRESCRIPTIONS: We can now send your paper prescription or an ELECTRONIC prescription to a pharmacy of your choice. Please indicate your preference of prescription and your Nominated Pharmacy</b>			
I would like an ELECTRONIC PRESCRIPTION			<input type="checkbox"/>
I have ticked my Nominated Pharmacy below			
I WOULD NOT like an electronic prescription but would like my paper prescription to go to my Preferred Pharmacy as ticked below			<input type="checkbox"/>
Somerset Bridge JHOOTS <input type="checkbox"/>	North Petherton LLOYDS <input type="checkbox"/>	Taunton Road LLOYDS <input type="checkbox"/>	
Redgate LLOYDS <input type="checkbox"/>	Sainsbury's LLOYDS <input type="checkbox"/>	Cranleigh Gardens <input type="checkbox"/>	
Stockmoor Estate <input type="checkbox"/>	Superdrug <input type="checkbox"/>	Boots <input type="checkbox"/>	Asda <input type="checkbox"/>

WOULD YOU LIKE TO SIGN UP FOR OUR TEXT MESSAGING SERVICE AND ALLOW US TO SEND YOU A REMINDER FOR ANY SCHEDULED APPOINTMENTS YOU HAVE AT THE PRACTICE?

YES  NO

**YOUR MEDICAL HISTORY** (If you have any one of the diagnosis listed below, you will receive an annual review with a practice nurse during your Birthday Month)

CONDITION	DATE / YEAR OF DIAGNOSIS (If known)
Asthma	
Cancer	
COPD	
Diabetes	
Hypertension	
Epilepsy	
Heart attack/disease	
Osteoporosis	
Mental health problems	
Learning Disability/Difficulty	
Other serious illnesses	
Family History	Please state any serious illness, in particular heart disease, strokes, high blood pressure diabetes or any inherited disease:

**HOSPITAL CARE**

Are you currently under hospital care? Yes/No (If YES, then complete details BELOW)

Hospital Name	Name of Consultant	Nature of problem

Your Weight	Your Height
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**DO YOU CURRENTLY SMOKE?**

How many cigarettes per day		How many ounces of tobacco per week	
Would you like to receive information on how you can get support to stop smoking	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
DID YOU EVER SMOKE?		If 'YES' when did you quit?	

SMOKEFREELIFE SOMERSET CONTACT NUMBER: 01823 356222  
 WEBSITE: [www.healthysomerset.co.uk/smokefree](http://www.healthysomerset.co.uk/smokefree)

**VACCINATIONS**

Have you recently had a 'flu vaccination? Please enter year	
Have you had a pneumococcal vaccination? Please enter year	

**REPEAT MEDICATION**

Any known allergies that you have	Please specify
Are you on any repeated medication	YES <input type="checkbox"/> NO <input type="checkbox"/>

IF YES, PLEASE PROVIDE US WITH MOST RECENT REPEAT PRESCRIPTION SLIP or PROOF OF YOUR CURRENT MEDICATION FROM YOUR PREVIOUS GP. THIS WILL ENABLE US TO UP-DATE YOUR MEDICAL RECORDS TO ENSURE A PRESCRIPTION IS READY FOR YOU WHEN YOU REQUIRE ONE

I have attached my repeat prescription: Please TICK if you have   
 If you do not have a repeat prescription form, please ask the receptionist for a MEDICATION FORM that you can complete so that we may obtain this information from your previous GP.

NHS ORGN DONOR REGISTER – For more information visit the website:  
[www.uktransplant.org.uk](http://www.uktransplant.org.uk) or telephone 0300 123 23 23

**Redgate Medical Centre offers its patients the choice of having a Summary Care Record.** The new NHS Summary Care Record has been introduced to help deliver better and safer care and give you more choice about who you share your healthcare information with.

### **What is the NHS Summary Care Record?**

The Summary Care Record contains basic information about:

- Any allergies you may have
- Unexpected reactions to medications
- And any prescriptions you have recently received

The intention is to help clinicians in Accident and Emergency Departments and 'Out of Hours' health services to give you safe, timely and effective treatment.

Clinicians will only be allowed to access your record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

### **Children under the age of 16**

Patients under 16 years will not receive this form, but will have a Summary Care Record created for them unless their GP surgery is advised otherwise. **If you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf. Ask the surgery for additional forms if you want to opt them out.**

You do not have to have a Summary Care Record, although you are strongly recommended to consider this choice. If you are happy for a Summary Care Record to be set up for you then you need take no further action. If you want to opt-out now please tick the box below and return it to Reception within the next three days.

### **Please tick the box and sign below:**

**No**  I do not want a Summary Care Record      **Yes**  I want a Summary Care Record

Signed \_\_\_\_\_ Date \_\_\_\_\_

### **HealthSpace information**

In addition, patients over 16 can register on a secure website called HealthSpace for a 'Basic' account which gives you access to a Personal Health Organiser. Register at [www.healthspace.nhs.uk](http://www.healthspace.nhs.uk) to do this. If you go a stage further you can register for an 'Advanced' account which will entitle you to see a copy of your Summary Care Record once it has been created. Complete the Advanced Registration application and print off the form and contact your Patients' Advice and Liaison Service (PALS) office to find out where you should go to register for an Advanced HealthSpace Account. You can do this by emailing [healthspace@somerset.nhs.uk](mailto:healthspace@somerset.nhs.uk) or by telephoning the PALS on **0800 0851 067**. Advisers are available Monday to Friday from 9.00am to 5.00pm.

**YOUR FULL NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ALCOHOL CONSUMPTION Name..... D.O.B.....**

**This is one unit of alcohol...**



**...and each of these is more than one unit**

<b>AUDIT – C</b>	<b>Scoring system</b>					<b>Your score</b>
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
<b>How often do you have a drink containing alcohol?</b>	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
<b>How many units of alcohol do you drink on a typical day when you are drinking?</b>	1 - 2	3 - 4	5 - 6	7 - 9	10+	
<b>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?</b>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

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

**TOTAL OF FIRST 3 QUESTIONS**



<b>Remaining AUDIT questions</b>	<b>Scoring system</b>					<b>Your score</b>
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	
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 the last year		Yes, during the 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 the last year		Yes, during the last year	

**Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

A score of 16 or above indicates that you may be at higher risk from drinking alcohol  
Total Score equals = Totals for first 3 questions and remaining 7 questions



## REDGATE MEDICAL CENTRE

# NEW SERVICES AVAILABLE



### **PATIENT ACCESS**

You can now choose to sign up for 'Patient Access' to use the internet to book GP appointments, request prescriptions for regular medications and look at your medical record online. This may help you to manage your medical conditions and you can even access it abroad should you require medical treatment on holiday. You will be given login details and you will need to think of a password which is unique to you. This will ensure that only you are able to access your record. To do this, simply apply on-line via our practice website [www.redgatemedicalcentre.co.uk](http://www.redgatemedicalcentre.co.uk) or ask the receptionist for an application form. To activate your account, you will need to provide photo ID and proof of address is presented at the practice within 2 weeks of application.



### **ELECTRONIC PRESCRIPTIONS A new way to get your medicines**

The electronic prescription service (EPS) is an NHS service that makes it possible for your prescriptions to be sent electronically to the pharmacy of your choice. This means you will no longer need to collect a paper prescription from your GP practice. Instead, you can go straight to the nominated pharmacy to pick up your medicines.

You will have more choice about where to get your medicines because they can be collected from a pharmacy near where you live, shop or work.

You won't have paper prescriptions to lose.

The service is reliable, secure and confidential.

### **How can you use EPS?**

You will need to choose a place for your GP to electronically send your prescription/s. This is called a *nomination*. Ask your pharmacy or GP practice to add your nomination for you. You do not need a computer to do this.



### **APPOINTMENT REMINDERS**

You can also register for Text message appointment reminders. Just ask the receptionist to enable this facility for you.