

Stockton Heath Medical Centre NHS Registration Form - Adult

Office Use only

Date received

Staff Initials

Basic Details

NHS Number:

Mr

Ms

Master

Mrs

Miss

Mx

Other:

First Name:

Middle Names:

Last Name:

Which gender were you assigned at birth?

Male

Female

Intersex/Undefined

Previous Last Name:

How do you identify yourself now?

First name known as:

Male

Female

Non-Binary

Transgender

Other:

Date of Birth:

Town & Country of Birth:

Your Marital Status:

What is your Ethnic Origin?

What is your Occupation?

What is your Religion?

Is English your first language? Yes No Do you need an interpreter? Yes No

What is your first language?

Phone numbers (please indicate preferred by underlining):

Mobile:

Home:

Other:

Home Address & Postcode:

Previous UK Address:

Email Address: (please write clearly)

Previous GP Name & Address:

If you are from abroad

Your first UK address where registered with a GP

Date of leaving the UK

Date you came to live in the UK

If you are returning from the Armed Services

Your address before enlisting

Date enlisted

Date left armed services

Are you an armed forces veteran or been a member of the armed forces in the past? Yes No

NHS Organ Donation (aged 18 years and over)

Organ donation law in England works on an opt-out system, which means that all adults have agreed to donate their organs or tissues for transplantation after death unless they register their wishes otherwise – this is known as deemed or presumed consent.

For more information including registering your decision or talking to a professional go to <https://www.organdonation.nhs.uk/>

More information about you ...

Your height, weight, and blood pressure (BP) can be measured at Reception:

What is your height today?

What is your weight today?

What is your BP today?

Are you currently pregnant?

Yes

No

If so, how many weeks

Or what is your expected date of delivery (EDD):

Next of Kin: Name & Phone Number

Are they registered here?

Yes

No

Their relationship to you:

Disabilities

Please select any of the following that apply to you:

Blind or Partially Sighted

Mute or Unable to Speak

Deaf or Hard of Hearing

Reading or Writing Difficulties

Wheelchair user

For any of the above, is there anything we can do to help our communication?

Carer Info

Are you a carer?

Yes

No

If so, who do you care for?

Do you have a carer?

Yes

No

If so, who is your carer?

Health Habits

Do you have any serious allergies we need to know about?

Yes No If so, please give details:

Do you have any serious illnesses or operations we need to know about?

Yes No If so, please give details:

Do you smoke?

Yes No If so, how many per day:

Do you vape or use an electronic cigarette?

Yes No

Info about stopping smoking services: Call Livewire Lifestyles now on **0300 003 0818** or visit livewirewarrington.co.uk/lifestyles

Are you an ex-smoker?

Yes No If so, when did you give up:

Do you drink alcohol?

Yes No If so, how many units per day:

NB: 1 unit of alcohol = half pint beer/lager/cider, 125ml (small glass) wine, 50ml fortified wine (e.g. sherry or port), 25ml (single) spirit (e.g. rum, vodka, whisky)

AUDIT-C Questionnaire (please circle answers)	0	1	2	3	4	Score
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:						

AUDIT-C score of less than 5 means lower risk levels of drinking; 5 or above indicates higher levels of risk and modifying your levels of alcohol consumption or seeking further medical advice is recommended. Info about alcohol services and support: <https://www.brighton-hove.gov.uk/adult-social-care/stay-healthy-and-well/help-alcohol-or-drug-misuse>

Health History

Please indicate whether you or a family member have suffered from any of the following:

- Heart Attack (MI), Angina, or other Chronic Heart Disease
- Heart Failure
- Atrial Fibrillation or other Arrhythmia (if so, please define)
- Hypertension (High Blood Pressure)
- Stroke or TIA (Transient Ischaemic Attack or 'mini-stroke')
- Diabetes - Type 1
- Diabetes - Type 2
- Peripheral Vascular Disease
- Asthma
- COPD (Chronic Obstructive Pulmonary Disease)
- Epilepsy
- Hypothyroidism (underactive thyroid)
- Kidney Disease
- Coeliac disease
- Inflammatory Bowel Disease (Crohn's or Ulcerative Colitis)
- Rheumatoid Arthritis or SLE (Lupus)
- Depression
- Schizophrenia, Bipolar Disorder, or other Psychoses
- Cancer (if so, what type?)
- Dementia including Alzheimer's
- Parkinson's Disease
- Learning Disabilities
- Genetic Disorders
- Taking immunosuppressive or biological therapies (if so, what and what for?)

Use this space to give details,
e.g date of diagnosis / family
member / other info

Communication & Contact Methods

Online Services

Would you like to register for online NHS services?

Online services include making or cancelling appointments, ordering repeat prescriptions, and sending non-urgent messages to the practice.

Yes Please No Thanks

Under 16s must access their online services through their parent/legal guardian. If you have any children you would like to add to your account then please state here:

Name:	Date of birth:
Name:	Date of birth:
Name:	Date of birth:

Communication Preferences

Please give your consent and how you would prefer to be contacted by the practice about all aspects of your healthcare including communicating results, consultations or follow-up of care, other healthcare communications, appointment confirmation and reminders. [Results and appointment info is normally sent by text/online message.]

SMS Text Email Letter

Which if these is your preferred method of contact?

SMS Text Email Letter

Medical Records – Detailed Access

Would you like Detailed Access to your Medical Records Online?

Yes Please* No Thanks

**please see reception for more information and extra forms*

Newsletter

Are you happy to receive the practice newsletter via email?

Yes Please No Thanks

Pharmacy

Please nominate a pharmacist for your electronic prescriptions – some local pharmacists are listed below. EPS is reliable, secure, safe and confidential. For further info: <https://www.nhs.uk/nhs-services/prescriptions-and-pharmacies/electronic-prescriptions/>

- | | |
|--|---|
| <input type="checkbox"/> Stockton Heath Pharmacy | <input type="checkbox"/> Click Pharmacy |
| <input type="checkbox"/> Browns Pharmacy | <input type="checkbox"/> Hughes Chemist |
| <input type="checkbox"/> Boots (London Road) | <input type="checkbox"/> |

Other:

Summary Care Record

A Summary Care Record (SCR) contains information from your GP medical records about your medicines, allergies, and bad reactions to drugs, to ensure those caring for you have enough information to treat you safely.

An enhanced SCR with Additional Information (SCR+AI) contains further information from your GP medical records about your long-term conditions, significant medical history, treatment preferences (care planning), carer's details, and communication needs (e.g. hearing difficulties or interpreter requirements) which may improve your healthcare experience by enriching the information available to healthcare staff outside of your GP practice.

Your Summary Care Record will be available to authorised healthcare staff, providing your care anywhere in England, and they will ask permission before they look at it. This means if there is an accident or emergency, you attend a clinic appointment or pharmacist, or if you are away from your usual GP practice or it is closed, healthcare staff will still have access to important information about your health with your consent.

For further information go to: <https://digital.nhs.uk/services/summary-care-records-scr/summary-care-records-scr-information-for-patients> and on the practice website privacy notice under policies.

A Summary Care Record (SCR+AI) will be created automatically for you unless you wish to opt-out. You have three choices:

- Yes (default) – please create an enhanced Summary Care Record with Additional Information (SCR+AI)
- Yes – please create a basic Summary Care Record (SCR) only
- No – please do not create a Summary Care Record for me (*I understand that this will prevent healthcare professionals from accessing medical information about me under any circumstances, even in an emergency, and may affect my care*)

Data Sharing

The NHS Constitution states, 'You have a right to request that your personal and confidential information is not used beyond your own care and treatment and to have your objections considered'. You can choose if data from your health records is used for research and planning. To find out more or to register your choice to opt-out, please visit <https://www.nhs.uk/your-nhs-data-matters/>.

Declaration

Thank you for completing your application form.

Your NHS GP practice registration at SHMC will take *at least 2 working days* to process.

You may be contacted to clarify details you have submitted.

You will be informed when your registration has been successfully completed.

Please sign and date here to declare that the information given above is correct to the best of your knowledge:

Your Signature

DD/MM/YYYY