

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*

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 ____/____/____

**Not all doctors are authorised to dispense medicines*

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

- Any of my organs and tissue or
 Kidneys Heart Liver Corneas Lungs Pancreas

Signature confirming my consent to join the NHS Organ Donor Register Date ____/____/____

Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit www.organdonation.nhs.uk or call 0300 123 23 23 to register your decision.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature confirming my consent to join the NHS Blood Donor Register Date ____/____/____

My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode: _____
All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

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

Authorised Signature

Name

Date ____/____/____

Practice Stamp

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 another EEA 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><i>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.</i></p>	Country Code:	
	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 The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.



GREAT BENTLEY SURGERY

New patient questionnaire

If you have not received a **practice information leaflet** along with these documents as a new patient, please ask one of our receptionists to provide one for you. This leaflet is important as it explains our appointment booking system, prescription request system along with the expectations we have of our patients to help us provide a good service to all of our patients.

We encourage all our patients with home internet access or a connected smartphone to sign up to our Patient Access online service. You can book appointments, order repeat prescriptions and see a limited view of your medical records. Tick here if you would like to register for this service:

Your name Date of birth

Mobile number E-mail address

By providing my mobile telephone number I am consenting to the practice communicating with me by SMS/text message for the purposes of appointment reminders and sending me important information. If you want to opt out, tick here:

Do you have any special communication or sensory requirements?

Occupation Work contact number

Are you a carer? **YES / NO*** (Only an unpaid carer for a relative, partner or friend, who is ill, frail or disabled)

Does somebody care for you? **YES / NO*** If "Yes", please tell us their name, address and contact number.

Please indicate your ethnic origin by ticking the appropriate box (you do not have to provide this information):-

White	Mixed	Asian or Asian British	Black or Black British	Other Ethnic Group
British	White and Black Caribbean	Indian	Caribbean	Chinese
Irish	White and Black African	Pakistani	African	Any Other group
Any other White background	White and Asian	Bangladeshi	Any other Black Background	
	Any other Mixed Background	Any other Asian Background		

✓ Tick	Smoking Information	
I smoke now	How much do you smoke?	
I used to smoke	When did you stop?	How much did you smoke?
I have never smoked		

Has any member of your close family suffered a heart attack, stroke or angina before the age of 60? **Yes / No***

If "Yes", please state relationship, disease suffered and age when diagnosed below.

In terms of exercise, are you Very Active / Moderately Active / Lightly Active / Inactive?*

Have you any allergies? **Yes / No*** If "Yes", what?

**Delete as appropriate*

PLEASE DON'T BE SHY WHEN ANSWERING THESE QUESTIONS! HONEST ANSWERS ARE MUCH MORE HELPFUL AND INFORMATION GIVEN IS CONFIDENTIAL AND WON'T GO ANYWHERE ELSE.

Alcohol Consumption Questionnaire

This is one unit of alcohol...

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



Answer the first 3 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 of first 3 questions only:						
Answer these <u>ONLY</u> if total above 5 or more:	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 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	
Grand total of ALL questions, including the first 3:						

Scoring:

**0 – 7 Lower Risk
16 – 19 Higher Risk**

**8 – 15 Increasing Risk
20 + Possible Dependence**

Read this page ONLY if your alcohol score is 5 or above

There are times when you will be at risk even after one or two units. For example, with strenuous exercise, operating heavy machinery, driving or if you are on certain medication.

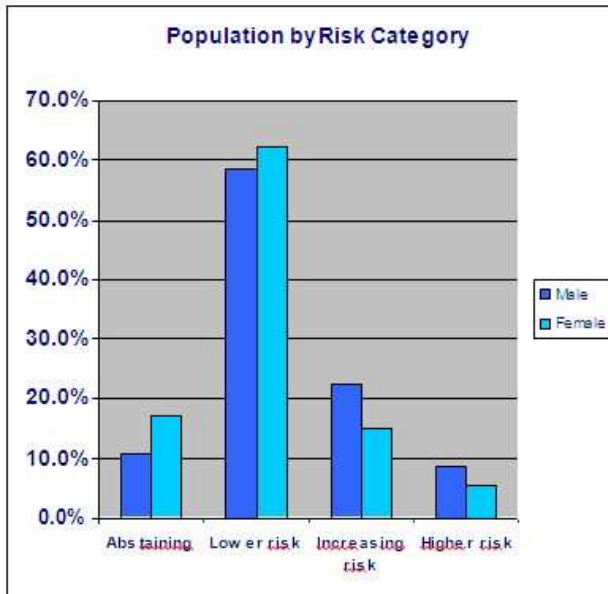
If you are pregnant or trying to conceive, it is recommended that you avoid drinking alcohol. But if you do drink, it should be no more than 1-2 units once or twice a week and avoid getting drunk.

Your screening score suggests you are drinking at a rate that increases your risk of harm and you might be at risk of problems in the future.....**What do you think?**

Risk	Men	Women	Common Effects
Lower Risk	No more than 3-4 units per day on a regular basis	No more than 2-3 units per day on a regular basis	<ul style="list-style-type: none"> • Increased relaxation. • Sociability. • Reduced risk of heart disease (for men over 40 and post-menopausal women).
Increasing Risk	More than 3-4 units per day on a regular basis	More than 2-3 units per day on a regular basis	Progressively increasing risk of: Low energy, memory loss, relationship problems, depression, insomnia, impotence, injury, alcohol dependence, high blood pressure, liver disease and cancer
Higher Risk	More than 8 units per day on a regular basis or more than 50 units per week	More than 6 units per day on a regular basis or more than 35 units per week	

What's everyone else like?

% of Adult Population



The Benefits of cutting down

Psychological/Social/Financial

- Improved mood
- Reduced risks of drink driving

Physical

- More energy
- No hangovers
- Improved memory
- Better physical shape
- Reduced risk of high blood pressure
- Reduced risks of liver disease

Making your plan

- When bored or stressed have a workout instead of drinking.
- Avoid going to the pub after work.
- Plan activities and tasks at those times you would usually drink.
- When you drink, set yourself a limit and stick to it.
- Have your first drink after starting to eat.
- Quench your thirst with non-alcohol drinks before and in-between alcoholic drinks.
- Avoid drinking in rounds or in large groups.
- Switch to low alcohol beer/lager.
- Avoid or limit the time spent with "heavy" drinking friends.

Men - Should not regularly drink more than 3-4 units of alcohol a day.

Women - Should not regularly drink more than 2-3 units a day

'Regularly' means drinking every day or most days of the week. You should also take a break for 48 hours after a heavy session to let your body recover.

My Target:

This brief advice is based on the "**How Much Is Too Much?**" Simple Structured Advice Intervention Tool, developed by Newcastle University and the Drink Less materials originally developed at the University of Sydney as part of a W.H.O. collaborative study

Your Summary Care Record and the Sharing of Information

It is important that those caring for you have access to your medical information so they can treat you safely and effectively. Many patients think that if they are seen at a Hospital, by the Ambulance Service or by a District Nurse they can see the notes written by your GP. In most cases this doesn't happen! Sharing your record for your care can only happen when you tell your GP Surgery that it's ok.

How do I make my record available to other staff involved in my health care?

Simple. You complete this form and hand it in. Parental signature accepted for under 13yr olds only.

A. Summary Care Record with Additional Information

Anyone registered with a GP practice in England, will have a "Summary Care Record" unless you have chosen not to. It includes: Current medication/ Allergies and details of any previous bad reactions to medicines / Your name, address, date of birth and NHS number.

However, unless you have specifically asked for "Additional Information" to be included, health and care professionals who do not know your medical history may not have the following:

Significant medical history (past and present) / Reason for medication / Anticipatory care information (such as information about the management of long term conditions) / Communication preferences / End of life care information / Immunisations

B. Full Electronic Health Record

Your full electronic health record from your GP Surgery can also be made available to health and social care staff. They will only be able to see this if they are involved in your direct care, and **they must still ask for your permission before they look at it**. This will also allow your GP Surgery to see what's recorded about you when you're seen elsewhere. If there are certain parts of your record that you wish to keep private, your GP Surgery can help with this.

C. Receiving messages via text

You can receive communications from your GP Surgery by letter and phone, however **you have to give consent** to receive text messages from the GP Surgery to your mobile phone. This includes; appointment reminders, test results, messages relating to your specific health need (e.g. a flu vaccination reminder), general health information that could benefit you, information about emergencies (e.g. winter pressures). Your phone number will not be provided to third parties.

D. Receiving messages via email

You can receive communications from your GP Surgery by letter and phone, however **you have to give consent** to receive messages from the GP Surgery to your email address. This includes; appointment reminders, test results, messages relating to your specific health need (e.g. a flu vaccination reminder, diabetic management plans), requesting you contact the GP Surgery if they have tried to contact you by telephone, general health information that could benefit you, information about emergencies (e.g. winter pressures)

Your email address will not be provided to third parties.

Your Decision –		YES	NO	
A	I am happy for additional information to be included in my Summary Care Record , this means healthcare staff treating me can see a summary of my medical history in addition to my medication and allergies			Please Tick
B	I am happy for my full health record to be shared by my GP Surgery. This will be available to health and social care professionals, who are currently treating me, and have my permission to view it.			
C	I am happy to receive messages from my GP Surgery via text . Messages I receive will only relate to those listed in box C above.			
D	I am happy to receive messages from my GP Surgery via email . Messages I receive will only relate to those listed in box D above.			

Practice/Surgery: _____

Name: _____

Date of Birth: ____ / ____ / ____

Signature: _____

If you are filling in this form on behalf of another person, please ensure that you fill in their details above; you sign the form above and provide your details below:

Name: _____ Parent Legal Guardian Lasting power of attorney

FAQ's

Does this mean anyone can just look at my record?

No. Your record can only be seen by staff who are currently involved in your direct care, have a need to see it, and have asked for your permission. The only exception to this is in case of an emergency. For instance, if you were taken to hospital unconscious, a doctor could look at your summary care record without your permission. If this happens, an alert is created showing who looked at the record and why, this is to make sure any access to your record is always logged.

Does it contain sensitive information?

No. Specific sensitive information like fertility treatments, sexually transmitted infections, pregnancy terminations and gender reassignment will not be automatically included when the information is added.

Are you going to sell the information in my record?

No. If your record is shared, it's only ever available to staff for the purposes of your health care, nothing else.

Can I change my mind?

Yes. Just tell your GP Surgery and they can update your decision at any time.

Can I opt out of having my Summary Care Record available?

Yes. If you wish to opt out completely, please ask your practice for a 'SCR opt out' form.

Can I access my record online?

Yes. You can view parts of your GP record, including information about medication, allergies, vaccinations, previous illnesses and test results. Ask you GP Surgery for information on how to sign up to 'GP Online Services'. You can read more about this service by following this link. <https://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx>

Patient Information: <https://digital.nhs.uk/summary-care-records/patients>