

Adult Registration Form - For Over 14

Please complete **ALL** fields in **BLOCK CAPITALS** and tick ☒ as appropriate. *Please use blue or black pen only*

Patient's Details

☐ Mrs ☐ Miss ☐ Ms ☐ Other _____ Surname: _____

Date of Birth: _____ First Name: _____

NHS No.: _____ Previous Surname: _____

Town & Country of Birth: _____

Home Address: _____

Postcode: _____

Phone: _____ **Mobile:** _____

Email: _____

Please help us trace your previous medical records by providing the following information

Your previous address in the UK: _____

Postcode: _____

Name of previous Doctor: _____

Address of previous Doctor: _____

Postcode: _____

Do you have a social worker? ☐ Yes ☐ No Name: _____

Social Workers Contact Details: _____

Gender & Sexual Orientation

Which of the following best describes you think of yourself ☐ Woman (including trans woman)

☐ Man (including trans woman) ☐ Non-binary ☐ In another way (Please state) _____

Sexual orientation: ☐ Lesbian or Gay ☐ Straight or Heterosexual ☐ Bisexual Other: _____

Preferred pronouns: ☐ He/His ☐ She/Her ☐ They/Their Other: _____

Communication Needs

Do you have any communication needs? ☐ Yes ☐ No

If yes, Braille ☐, Large print ☐, Audio ☐, BSL ☐, Other: _____

If you visiting from abroad

Are you visiting from overseas? ☐ Yes ☐ No

If yes, how long is your visit? _____ Days/Months (delete as appropriate)

Do you hold a non UK EHIC or an S1 (formally E106)? ☐ Yes ☐ No (If yes please email a copy to selicb.g85085-general@nhs.net)

Your **first UK address** where registered with a Doctor: _____

Postcode: _____

If previously resident of the UK, date of leaving: _____

Date you first came to live in the UK: _____

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Please complete **ALL** fields in **BLOCK CAPITALS** and tick ☒ as appropriate. Please use blue or black pen only

If you are returning from the Armed Forces

Address before enlisting: _____

Postcode: _____

Service or Personnel number: _____ Enlistment date: _____

Leaving date: _____

Details of Chemist/Pharmacy from where you would like to order & pick up repeat prescriptions

Name of Pharmacy: _____

Address: _____

Postcode: _____ Telephone: _____

☐

Signature of Patient :

Date: _____

Grove Medical Centre

Windlass Place, Deptford, London SE8 3QH

WELCOME TO OUR PRACTICE

We aim to provide you with a complete range of medical care. There is normally a delay before your notes reach us. To help us provide the best service for you, it is important that you fill in this CONFIDENTIAL questionnaire. USE ONE FORM PER MEMBER OF HOUSEHOLD. Please note that you should do a new patient health check using the surgery pod in the waiting room within the next 28 days.

ETHNIC ORIGIN

MAIN SPOKEN LANGUAGE

INTERPRETER NEEDED? ☐ Yes ☐ No

MARITAL STATUS

OCCUPATION

Would you like to sign up for **PATIENT ACCESS** allowing you to book appointments & order repeat prescriptions on-line? ☐ Yes ☐ No

Would you like to join our Patient Participation Group (PPG)? ☐ Yes ☐ No

Email:

In case of an emergency, please supply details of your Next of Kin

☐ Mr ☐ Mrs ☐ Miss ☐ Ms Name Surname

Relationship Daytime phone no

Can we discuss your medical records with them? ☐ Yes ☐ No

CARERS INFORMATION

Do you look after a chronically ill or infirm member of your family/someone else

☐ Yes ☐ No

If yes, who Relationship

Do you have a carer?

☐ Yes ☐ No

If yes, who Relationship

YOUR HEALTH

Please note down any of the following: Any referrals for consultant/specialist opinion; hospital stays; operations; serious accidents; serious illness; serious disability and current medical problems.

DATE	ILLNESS/OPERATION	PLACE OF TREATMENT

MEDICATION

Please list any prescribed & repeat medication you are using at the present time.

NAME OF MEDICATION	STRENGTH OF TABLET/LIQUID	HOW OFTEN TAKEN PER DAY

ALLERGY

List any medically diagnosed allergies (particularly drug allergies)

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IMMUNISATIONS

Have you had 5 polio drop immunisations in your lifetime?

☐ Yes

☐ No

Have you had 5 tetanus immunisations in your lifetime?

☐ Yes

☐ No

SMEAR DATA

Have you had a cervical smear?

☐ Yes ☐ No

If yes, please bring copy of the result if possible.

Where was it taken? i.e. GP surgery, elsewhere

When was it taken? (Approximate date will do if you do not have the copy of result)

What was the result?

Number of pregnancies Number of children

Do you take the oral contraceptive pill? ☐ Yes ☐ No

Have you been fitted with an IUCD (coil)? ☐ Yes ☐ No If yes, when?

Have you been fitted with an implant? ☐ Yes ☐ No If yes, when?

Have you had a hysterectomy? ☐ Yes ☐ No If yes, when?

Have you had a mammogram? ☐ Yes ☐ No If yes, when?

FAMILY HEALTH HISTORY

Condition	Relationship (Father/Mother/Brother/Sister)	Age of onset (approximate)
Asthma		
Diabetes mellitus		
High blood pressure		
Heart attack		
Stroke		
Others:		

ACTIVITY

Please tick the level of exercise you take **each week**

Very active: <input type="checkbox"/>	Moderately active: <input type="checkbox"/> (Equivalent to 20 minutes of perspiration producing exercise on three occasions in a week)
Lightly active: <input type="checkbox"/>	No regular exercise: <input type="checkbox"/>

SMOKING

Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many cigarettes / cigars / ozs of tobacco per day?	
If no, have you ever smoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what did you smoke (amount per day) and when did you stop?	

For your information – Text Reminder Service

When you register with our practice we provide a text reminder service. This service includes the following:

- Text reminders near your appointment time (**this also includes a feature to cancel by text if you no longer require the appointment**).
- Health Care text reminders where relevant to your care.

If you do not want to receive these, please tick - No ☐



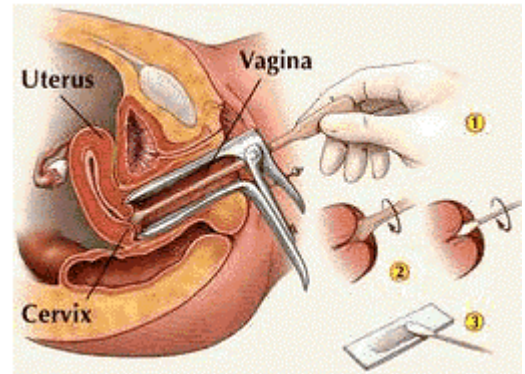
Cervical Smear Test

What is it?

This is a test that is recommended and offered to all women which will check that there are no changes in the cells at the neck of the womb (cervix). It will involve a vaginal (an internal) examination by your GP, family planning doctor, or practice nurse. The doctor or nurse will look at the cervix and gently scrape the surface to collect a few cells which will be sent away to be examined under a microscope.

Will it hurt?

Women who have never had a smear often worry about this. For most women the test is painless and for some slightly uncomfortable. It only takes a few minutes to perform. Why is it important? Cancer of the cervix is still common in this country. It can be prevented. Most women who die from this have never had a smear test. Having smear tests regularly should prevent cancer of the cervix.



Some common wrong ideas about the smear test

"I thought it would hurt"

"I no longer have sex, so I didn't think I needed one"

"I'm too old for that sort of thing now"

"I wouldn't want to know if I had cancer anyhow"

Some points to remember

The smear test is not looking for cancer. It will detect changes in the cells of the neck of the womb before they become cancer.

You should have a smear test regularly if you are 25 or older.

You should have a smear test regularly after becoming sexually active, even if you stop having sex.

Follow the doctor's advice about when the next smear is due.

If you have had regular smears, you don't need to have them if you are over 65.

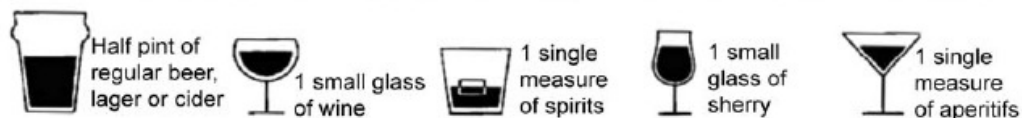
If you have never had a smear, it is advisable to have one even if you are over 65.

What if it is abnormal?

Most smears are normal. However, it is common to have a minor abnormality. If the result is abnormal there is usually no cause for worry. It may mean that there are mild changes in the cells and the smear will need to be taken more regularly for a while. If the changes in the cells are more marked you may be referred for colposcopy. This is a more detailed examination of the cervix and any abnormal cells detected can be treated which will prevent cancer developing in the future. An abnormal smear test RARELY means cancer.

A Cervical Information Booklet is available in English and number of other languages. Please ask reception to give you a copy or you can find them on the NHS web site at <http://www.cancerscreening.nhs.uk/cervical/>

This is one unit of alcohol...



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



AUDIT – C

Please circle your answers

Questions	Scoring system				
	0	1	2	3	4
1. 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
2. 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+
3. 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

Scoring:

If your total score is 5 or more please complete the remaining audit questions on the other side.



Score from AUDIT- C (other side)

AUDIT C
SCORE

Remaining AUDIT questions

Please circle your answers

Questions	Scoring system				
	0	1	2	3	4
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
5. 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
6. 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
7. 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
8. 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
9. 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
10. 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: if your score is more than 7 we would advise you to book an appointment with the doctor. Please tick if you would like an appointment.

☐ Yes ☐ No

TOTAL Score equals
AUDIT C Score (above) +
Score of remaining questions

TOTAL
SCORE

A new way to get your medicines and appliances



The Electronic Prescription Service (EPS) is an NHS service. It gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from.

What does this mean for you?

- If you collect your repeat prescriptions from your GP you will not have to visit your GP practice to pick up your paper prescription. Instead, your GP will send it electronically to the place you choose, saving you time.
- You will have more choice about where to get your medicines from because they can be collected from a pharmacy near to where you live, work or shop.
- You may not have to wait as long at the pharmacy as there will be time for your repeat prescriptions to be ready before you arrive.

Is this service right for you?

Yes, if you have a stable condition and you:

- don't want to go to your GP practice every time to collect your repeat prescription
- collect your medicines from the same place most of the time
- use a prescription collection service now

No, if you:

- don't get prescriptions very often
- pick up your medicines from different places
- travel or work away from home a lot

How can you use EPS?

You need to choose a place for your GP practice to electronically send your prescription to. This is called *nomination*. You can choose:

- a pharmacy
- a dispensing appliance contractor (if you use one)
- your dispensing GP practice (if you are eligible)

Ask any pharmacy or dispensing appliance contractor that offers EPS or your GP practice to add your nomination for you. You don't need a computer to do this.

Can I change my nomination or cancel it and get a paper prescription?

Yes you can. If you don't want your prescription to be sent electronically tell your GP. If you want to change or cancel your nomination, speak to any pharmacist or dispensing appliance contractor that offers EPS, or your GP practice. Tell them before your next prescription is due, or your prescription may be sent to the wrong place.

Is EPS reliable, secure and confidential?

Yes. Your electronic prescription will be seen by the same people in GP practices, pharmacies and NHS prescription payment and fraud agencies that see your paper prescription now.

Sometimes dispensers may see that you have nominated another dispenser. For example, if you forget who you have nominated and ask them to check, or if you have nominated more than one dispenser.

For more information about EPS visit www.cfh.nhs.uk/eps, your pharmacy, dispensing appliance contractor or GP practice.

Patient nomination form

Form EPS-NOM-D001

PATIENT NOMINATION REQUEST
(as part of the EPS Release 2 process)

First name:

Surname:

Address:

Postcode:

Date of birth..... NHS Number

I am the patient named above. Nomination has been explained to me by staff at my GP practice/community pharmacy/appliance contractor. I have also been given a leaflet about this.

I have read the nomination leaflet and understand what I have to do.

Name and address of nominated dispenser

Patient/patient representative signature :

Patient representative telephone number:

Patient telephone numbers:

Home:

Mobile:

Work:

Patient email address:

Staff signature:

Date:



Your emergency care summary

How secure are Summary Care Records?

By law, everyone working for the NHS or on behalf of the NHS must keep all information about patients secure. Healthcare staff have a legal, ethical and professional obligation to respect patient confidentiality.

Summary Care Records are stored securely on NHS computers. There are measures in place to ensure the information is stored safely, stays private and can only be looked at by those authorised to do so.

Can patients access their Summary Care Record?

Patients will be able to look at their Summary Care Record at any time at a secure website called HealthSpace.

Patients must register to use HealthSpace to keep it as secure as possible. For more information about HealthSpace visit www.healthspace.nhs.uk

Further information

Your local health organisation can provide further details about plans for Summary Care Records and HealthSpace in your area, including system training and governance advice.

For more information about Summary Care Records visit:
www.connectingforhealth.nhs.uk/systemsandservices/scr/staff

The NHS Care Record Guarantee sets out how the NHS will collect, store and allow access to electronic patient records and a patient's choices for how their information is stored and looked at. The NHS Care Record Guarantee is available at: www.nigb.nhs.uk/guarantee

If you are not able to answer a patient's query you can advise them to speak to a member of the Patient Advice and Liaison Services (PALs) at your NHS organisation; visit www.nhscarerecords.nhs.uk or phone the Summary Care Record Information Line on 0300 123 3020.



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

A. Please complete in BLOCK CAPITALS

Title Surname / Family name

Forename(s)

Address

Postcode..... Phone No..... Date of birth

NHS Number (if known)..... Signature

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

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 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.

Your records will stay as they are 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.

FOR NHS USE ONLY

Actioned by practice: yes/no

Date.....

SUPPLEMENTARY QUESTIONS**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 <u>non-UK</u> EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:	
	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	(b) To: 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.