ELECTRONIC PRESCRIPTIONS AND EMIS ONLINE ACCESS

PLEASE NOTE WHEN REGISTERING WITH THIS PRACTICE IF YOU ARE ON ANY REPEAT MEDICATION YOU WILL AUTOMATICALLY BE SIGNED UP FOR ELECTRONIC PRESCRIBING. IF YOU ARE UNSURE WHAT THIS IS PLEASE ASK AT RECEPTION.

PLEASE STATE BELOW WHAT CHEMIST YOU WOULD LIKE TO USE FOR THIS SERVICE BELOW.	
CHEMIST	
Signature	Date
EMIS ONLINE ACCESS	
WE OFFER AN ONLINE SERVICE WHICH LETS Y AND ORDER YOUR REPEAT PRESCRIPTIONS. Y WITH YOU DETAILS TO REGISTER ONLINE UN BELOW.	OU WILL AUTOMATICALLY BE ISSUED VLESS YOU TICK OUT OPT. OUT BOX
EMIS ONLINE ACCESS OPT. OUT	
Signature	Date
PRACTICE POLICY ON MEDICATION	
IT IS OUR PRACTICE POLICY THAT PATIENTS ON FLURAZEPAM, TEMAZEPAM, LORAZOLA AND Z DRUGS SUCH AS ZOPICLONE AND ZOL ON A REDUCING DOSE TO TRY AND GET THE FUL DRUG	M, LORMETAZEPAM, DIAZEPAM PIDEM WILL BE COUNSELLED AND PUT M OFF THESE ADDICTIVE AND HARM-
PATIENTS ON RECREATIONAL DRUGS IE CANN. AUTOMATICALLY REFERRE	
YOU WILL BE REGISTERED AT OUR SURGERY (CONDITION	
FAILURE TO COMPLY WOULD RESULT IN REMOVAL FROM THE PRACTICE.	
Signed	Date

Concord Medical Practice

Please complete this questionnaire.
It will help the Doctors and other members of staff to know about your health problems (if any) as quickly possible.

Full NameDOB		
Present Address		
Please note if living in a care home please specify if nursing or residential.		
*		
How long have you lived in Washington?		
Are you married? Ages of any children?		
Why do you want to change your GP?		
Have you always been fit? (Have you had any operations or serious illness, please list)		
Do you smoke? If yes how many per day)		
Are you on regular medication(If yes please list)		
* * *		
Proof of ID - Utility bill yes Driving License yes Passport yes		
Proof of ID must be provided prior to registering with this practice.		
Have you ever served in the armed forces: YES NO		
Summary care record opt out: YES		
Female patient only When was your last cervical smear test?		

Thank you for completing this questionnaire, please hand it back to reception as soon as possible to arrange an appointment for a medical.

For Patients

	<u>For Patients</u>	
Your ethnicity described how you see yourself. It is a mixture of culture, Religion, skin colour, language, the origins of yourself and your family. It is not the same as nationality.		
It is used to decide where services should be developed, to ensure all sectors of the community have equal access to our services and for research purposes.		
Please circle which ethnic and language best described you Ethnicity		
White A (9i0) British B (9i1) Irish C (9i2) Any other white backg	Black or black British M (9iB) Caribbean N (9iC) African P (9ID) Any other black background	
Mixed D (9i3) White and black Carib E (9i4) White and black Africa F (9i5) White and Asian G (9i6) Any other mixed back	n S (9iF) Any other ethnic group	
Asian or Asian British H (9i7) Indian J (9i8) Pakistani K (9i9) Bangladeshi L (9iA) Any other background		
Language Amharic (13Id) Arabic (13I0) Bengali (13II) Croatian (13IT) Czech (1313) English (1314) Farsi (1310) French (13I5) Gaelic (13Ij) German (13IR) Italian (13IQ)	Polish (13IC) Portuguese (13ID) Punjabi (13IE) Russian (13IF) Serbian (13It) Spanish (13IH) Swahili (13II) Tigrinya (13Iy) Turkish (13IZ) Urdu (13IL) Welsh (13Iz) Language not given (13ZG) Do you need an interpreter/translation?	
Japanese (13IW) Kurdish (13iN) Mandarin (13IB)	Yes I do No I don't	