

St Mary's Surgery Ely

Temporary address: Princess of Wales Hospital, Lynn Road, CB6 1DN

Telephone: **01353 663434**

Option 1 for reception

Option 3 for dispensary

Dear Patient

Welcome to St Mary's Surgery. We are a thriving GP practice situated right at the heart of Ely, providing comprehensive NHS healthcare services to patients living in the town and surrounding villages.

We welcome new patients to the surgery and our patient list is currently open to people living in the practice area. Please use the postcode checker on our website to check if your address lies within our practice boundary.

If you don't already have it, please obtain your NHS number from your old practice. It is helpful to have it to complete the registration form and it assists us in correctly arranging the transfer of your medical records to the surgery.

Full details of how to register at St Mary's are on our website. You should complete a separate form for each family member wishing to register with us. If you are registering a new born child, please only complete the GMS1 form.

Please allow 10 working days for us to process your registration.

It is helpful to have proof of ID when you register with us as it can assist us in matching previous medical records and confirm parental responsibility.

- Examples of ID proof include passport, driving licence, birth certificate, HC2 certificate, rough sleepers' identity badge or hostel or accommodation registration or mail forwarding letter.
- If you are homeless, you can give a temporary address, such as a friend's address or a day centre. But again it is helpful to have a mobile number so we have a means of communicating with you.
- For children aged 16 and under we can accept a birth certificate or passport as proof of identification.

As your medical records may take several weeks to arrive at the practice, we would be grateful if you could complete and return our new patient's questionnaire.

Once you have completed the forms, please scan or take a photo of them and email them to St Mary's at capccg.stmaryselyqueries@nhs.net. Or you can bring your completed forms to the surgery along with your ID.

Research Active

St Mary's Surgery is a research active GP practice.

All NHS organisations are expected to participate in and support health and care research. Conducting high quality clinical research helps us to keep improving NHS care by finding out which treatments, therapies and care pathways work best.

A member of your care team may approach you to ask if you are interested in taking part in research or a trial. Or you can find out more about the research trials we are involved with via our website.

Patient Participation Group

Our Patient Participation Group (PPG) helps to ensure that the patient voice is represented in the planning and development of local healthcare provision. The PPG provides an important link between the practice and our patients, and the group welcomes new members.

If you would like to join or wish to find out more, please contact or search PPG on our website.

Keeping up to date

You can keep up-to-date with news and information from the surgery by following us on Facebook. Search stmaryssurgeryely. Or by subscribing up to receive news updates straight to your email. Sign up via our home page: <https://www.stmarysely.nhs.uk/>

Dr Young and Partners

New Patient Health Questionnaire

In order for us to be able to contact you in the future, please help us keep our records up to date by completing the form below:	
Mr/Mrs/Miss/Ms (delete as appropriate)	
Full Name:	Date of birth: Town/Place of birth:
Address:	
.....Post Code.....	
Contact Telephone Numbers: Home: Mobile: Work: Email:	Yes/No Yes/No
Do you give consent for the surgery to leave a message on your mobile/home numbers if no reply?	Yes/No
Do you give consent for the surgery to send text reminders for appointments and also other occasional text messages?	Yes/No

Do you have a key safe: What is the code? Location

Do you have a Power of Attorney?	Yes/No
Who are your appointed Attorneys?	
.....	
.....	

Details of Next of Kin/carer and/or family member/friend whose contact details we can include in your medical record in case of an urgent medical problem.	
Name:	Relationship:
Contact Details:	Tel: Mob:
Name:	Relationship:
Contact Details:	Tel: Mob:

CARERS

Do you have a carer?	Yes/No
Do you have anyone who looks after you or your daily needs?	Yes/No
Is this through an agency?	Yes/No
Name of agency:	
Contact Details:	
Or do you have informal help through family and friends?	Yes/No
Please record details here if not already completed on the other side	
Name of relative or friend:	
.....	
Contact Details:	
.....	
Would you like them to deal with your health affairs here and give consent for them to speak to the Practice?	Yes/No

ARE YOU A CARER?

Do you care informally for anyone else?	Yes/No
If 'YES', please ask Reception about Carers Support information.	

Do you smoke:	Yes/No
• How many cigarettes/cigars do you smoke per day?
• Roll ups/pipe (ounces/week)
• Have you previously smoked?	Yes/No
If the answer to the above question is YES, when did you cease smoking?
If you are a current smoker, are you trying to give up?	Yes/No

The Stop Smoking Service for Cambridgeshire (CAMQUIT – part of Healthy You) is a FREE advice and support service to help people who wish to quit smoking for good. Contact them on 0333 005 0093 or text Healthyu to 60777 for more information.

ALCOHOL

How often do you have a drink containing Alcohol? Circle the applicable answer below

Never 2-3 times a week 4 or more times a week 2-4 times a month

Monthly or Less

How many units of alcohol do you drink on a typical day when you are drinking? Circle the applicable answer below

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. Circle the applicable answer below

Never Daily/almost daily Weekly Less than a month Monthly

ALLERGIES

Are you allergic to any substances or foods? If 'YES', please give details below:

Yes/No

REPEAT MEDICATION

Please attach a copy of any current medications.

ELECTRONIC PRESCRIPTION SERVICE

If we do not dispense your medication, and you would like to collect it from a local pharmacy, please let the pharmacy know that you would like to nominate them. This allows us to send your prescription electronically to the pharmacy of your choice.

Please note, if you nominated a pharmacy when you were registered at another surgery that nomination will stay in place until you make a new nomination.

VACCINATIONS

Flu vaccinations - clinics are held annually during October and November. If you are 65+ or in an at risk group, please contact reception mid-September to book your appointment.

Pneumococcal vaccination - you are entitled to this if you are 65+ (usually only one vaccination in a lifetime). If you have not had this, please contact reception who will arrange an appointment for you.

Ethnic Origin

We have been requested to collect information regarding the ethnic origin of all the patients that we register.

Information on ethnicity is important because of the need to take into account culture, religion and language in providing appropriate individual care. Please indicate your ethnic origin by ticking one of the categories shown below. If, however, you do not wish to divulge this, please select category 'F'.

A White

- British
- Irish
- Any other White background (*please give details*)

B Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background (*please give details*)

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (*please give details*)

D Black or Black British

- Caribbean
- African
- Any other Black background (*please give details*)

E Chinese or other ethnic group

- Chinese
- Any other (*please give details*)

F Not stated

- Not stated

First spoken language

Please indicate your first language spoken:

Will you need the help of an interpreter when you visit the surgery to see a doctor or nurse?

Yes / No

Thank you for your time in completing this questionnaire.

Dear Sir/Madam

If you have already signed a Summary Care Record Opt Out form but you are currently new to this area, please complete the attached form and hand in with your completed registration forms.

Thank you.

St Mary's Surgery



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.....