

Please use a **BLACK PEN** when completing this form

**Manor Road Surgery**

**Adult Patient Registration form**

If you live in our catchment area we will happy to register you at our surgery.

What you will need to bring with you to register at the Practice:

- \* NHS number – You can obtain this from your Current GP
- \* Current GP's name and address
- \* Current proof of address (Utility bill, bank statement)
- \* Photo ID (Passport, driving licence)

If newly arrived in the country:

- \* Passport – with Visa
- \* 2 current proof of address

**1.HAVE YOU BEEN REGISTERED WITH MANOR ROAD PRACTICE BEFORE? YES / NO**

**Personal Details**

Surname \_\_\_\_\_ First Names \_\_\_\_\_

Previous Surname \_\_\_\_\_ Date of Birth 

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Home telephone number \_\_\_\_\_ Mobile number \_\_\_\_\_

Work telephone number \_\_\_\_\_ Email \_\_\_\_\_

**2. Repeat Medication**

Are you on REPEAT MEDICATION? YES  NO

**IF YES - Please attach a list of your current medication with this form**

The practice uses electronic prescribing for all repeat prescriptions. Please state which chemist you use on a regular basis so we may add this to your records.

**Nominated Chemist for EPS:** \_\_\_\_\_

**3. Would you like a new patient check?** YES  NO

If no please provide current: HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

BLOOD PRESSURE (if known): \_\_\_\_\_ / \_\_\_\_\_

**4. Smoking**

Have you ever smoked Cigarettes / Cigars? YES  NO

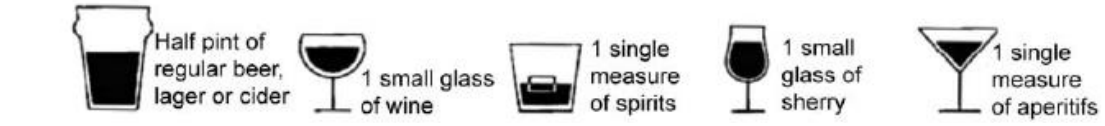
When did you give up? \_\_\_\_\_ How many were you smoking a day? \_\_\_\_\_

Are you still smoking? YES  NO  If yes, how many per day? \_\_\_\_\_

**Would you like help to give up smoking?  
Please call 0300 123 1044 to help you give up smoking.**

**5. Alcohol consumption**

This is one unit of alcohol...



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



Please complete the following questionnaire by circling the most appropriate answer:

How many units of alcohol do you drink on a weekly basis? \_\_\_\_\_ Units

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

**6. Accessible Information:**

Do you need help with mobility/hearing/speaking? (Tick all that apply)

- Wheelchair  Walking aid  Hearing aid  British sign language  Makaton sign language  
 Lip reading  Large print  Braille  Other. Please state:.....

Do you require an interpreter? Yes  No  If yes, which language?: .....

**7. Are you a refugee or are you seeking political asylum in the UK?** YES  NO

**FOR FEMALE PATIENTS ONLY**

Have you ever had a smear test in England? YES / NO

Had a smear test done abroad? YES / NO

When? \_\_\_\_\_ Where? \_\_\_\_\_ Results? \_\_\_\_\_

Have you been exposed to Female Genital Mutilation (FGM)? YES  NO

When? \_\_\_\_\_ Where? \_\_\_\_\_

(If the answer is yes please discuss this with the GP on your first visit)

## Contacting You

I agree that I may be contacted from time to time, via email and/or SMS, with practice news, advice about my health and/or appointment reminders.

Tick this box to opt out of text message reminders.

### Ethnicity

Please tick appropriate group from the list below:

Do NOT wish ethnicity to be recorded		Pakistani	
White British		Bangladeshi	
White Irish		Other Asian Origin	
Other White		Black Caribbean	
Mixed Black Caribbean/White		Black African	
Mixed Black African/White		Other Black Origin	
Mixed White/Asian		Chinese	
Mixed other Origin		Any other Ethnicity	
Indian			

### **Carers Details**

Do you provide care/support for anyone who is disabled, infirm or ill **YES / NO**

If YES, who? \_\_\_\_\_

Do you have a carer? **YES / NO** If YES, who is your carer? \_\_\_\_\_

Carers contact phone number \_\_\_\_\_

### Patient Forum group

Would you like to join our patient forum group and help develop our service? **YES/ NO**

Are you happy for us to pass your details to the Chairman to contact you? **YES/ NO**

### **Next of Kin Records - Please complete as much detail as possible**

<b>Relationship to patient</b>		
<b>Name</b>		
<b>Address</b>		
<b>Home Telephone</b>		
<b>Work Telephone</b>		
<b>Mobile Telephone</b>		
<b>Can the above person be contacted by your GP in the event of an emergency?</b>	<b>YES</b>	<b>NO</b>
<b>Do you give consent for your medical records to be discussed with this person in the event of an emergency?</b>	<b>YES</b>	<b>NO</b>

## Online Access

Online Access is a service for our patients to book and cancel online appointments with a doctor, view and request repeat prescriptions and view certain areas of your medical records.

If you are over 16 and wish to use this service you will need to register first to get your own secure access code.

**Please note we do not register children under the age of 16 years for Online Access.**

To register please complete the following form and provide photo ID. For further information please ask at reception or view the terms and conditions on our 'Patient online access page' on our website:

<http://www.14manor-road.co.uk/>

I would like to sign up for Online Access

### DATA SHARING

**Summary Care Records** contain key information about the medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had in the past. You will be able to add other information too if you and your GP agree that it is a good idea to do so. If you have an accident or fall ill, the people caring for you in places like accident and emergency departments and GP out of hours services will be better equipped to treat you if they have this information. Your Summary Care Record will be available to authorised healthcare staff whenever and wherever you need treatment in England, and they will ask your permission before they look at it.

**You need to make a decision. Your GP practice is supporting Summary Care Records and as a patient you have a choice:**

• **Yes, I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you in due course once you have selected which record you would like below:

- Implied consent for medication, allergies and adverse reactions only
- Implied consent for medication, allergies, adverse reactions only and additional information
- No I do not want a Summary Care Record

You are free to change your decision at any time by informing your GP practice.

Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**If you need help completing this form please ask a member of staff who will be happy to assist.**

**Please complete all sections of the form.**

**Incomplete forms may not be processed and will delay your registration.**