

The Roseland Surgeries

Welcome to our Practice on the Roseland Peninsula. Our surgeries are at Portscatho, Tregony and St Mawes.

Please complete this questionnaire which helps us to register you as a new patient. It needs to be returned to reception.

NHS Number: _____ Date of Birth: ____ / ____ / ____

Title and Full Name: _____

Former Surname: _____ Place of Birth: _____

Address: _____

Home Telephone No: _____ Occupation: _____

Mobile or Alternative Phone No: _____

Previous Address: _____

Name/Address of previous GP: _____

Please let us know which pronouns you would like to be known by.....
(e.g. he/him, she/her, they/them)

***Do you give consent to receive text message reminders for appointments? Yes / No**

***Do you consent to the sharing of medical information between us and other healthcare professionals, i.e. hospital, community teams, such as District Nurses/Podiatry etc? Yes/ No**

E-mail address (individual to you, no shared addresses): _____

Marital Status: _____

Your Height in cm _____ Your Weight in Kg _____

If you are from abroad.

Your first UK address where registered with a GP: _____

Date you first came to live in the UK: ____ / ____ / ____

Next of Kin: _____ Relationship: _____

Address: _____

Contact Telephone No: _____

Version – updated July 2022

Are You the Main Carer for Another Person? Yes/No

If Yes, who do you care for? _____

Have you ever served in the forces? Yes / No

Past Medical History – please tick if you have any of the following conditions:-

Diabetes Asthma COPD

Heart disease Hypertension (high blood pressure)

Please list any operations you have had:

1. _____ Approx. date of onset _____
2. _____ Approx. date of onset _____
3. _____ Approx. date of onset _____

Regular Medication

Please list your regular medication below and bring your tablets or repeat prescription slip to your new patient check appointment. (You will need to see a GP before we can issue you with a prescription for your regular 'repeat' medication)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Allergies/Drug Intolerance

Please list any allergies and drug intolerances known to you.

1. _____ 3. _____
2. _____ 4. _____

Smoking History: please choose one option below:

1. Never smoked
2. Ex-smoker Amount I used to smoke per day _____ Date stopped _____
3. Current smoker Amount smoked per day? _____
(please let us know if you would like help to give up smoking)

Alcohol intake: How many units do you drink a week? _____
(1 unit = 1 small glass of wine (125ml) / 1 measure of spirit (25ml), ½ pint 4% lager or beer)

Family History:

Please tick if there is a history of the following in your family:

	Mother	Father	Brothers/Sisters	Children
Heart disease				
Asthma				
Other Lung Disease				
High Blood Pressure				
Glaucoma				
Stroke				
Diabetes				
Cancer				

Female Patients Only:

Please list any pregnancies/deliveries and dates:

Have you ever had a cervical smear? Yes/No Date of last one and result _____

Have you ever had a mammogram ? Yes/No Date of last one and result _____

Contraception: current type and date fitted if implant or Coil/IUD: _____

NHS Organ Donor registration

After 30 September 2021, patients wishing to record their preferences:

This can be done directly through the blood and organ donation online registration websites, or by phone:

1. Blood donation: <https://www.blood.co.uk>
2. Organ donation: <https://www.organdonation.nhs.uk>
3. Blood or organ donation by phone: 0300 123 23 23

ROSELAND SURGERIES CONSENT STATEMENT

You can choose to permit or restrict access to any data entered into your medical records, either here or at another healthcare organisation. Anyone who requires access to your medical data should request your permission to do so. Your consent can be changed at any time.

Do you consent to the sharing of your surgery medical records with any other healthcare organisation that may care for you? (i.e. District Nurses, hospitals etc)

Yes – share data with other organisations

No – do NOT share any data recorded here

Do you consent to your GP accessing your medical data recorded by other healthcare services? (i.e. community clinics, District Nurses etc)

Yes - Consent given

No - Consent refused

Signed..... Dated ____ / ____ / ____

Please print your name:

(Please hand to receptionist when completed. This consent statement is in addition to those we have asked you regarding text messaging/emails.)

The Roseland Surgeries Online Access – Patient Sign Up Form

SURNAME* _____ FORENAME* _____

DATE OF BIRTH* _____ Postcode _____

Email – 1* _____

Home Tel _____ Mobile _____

Are you happy to receive contact by SMS as well as email Y/N

Required Identity Document – Please tick and attach a copy of one of the following: (We can copy this for you if you don't have access to a photocopier/printer).

Passport Birth Certificate Driving Licence

Utility Bill Marriage Certificate Bank statement

Other (please specify) _____

Required Services - Please tick the services you would like to be able to access online
NB Not all of these services may be currently available at your practice at the time of sign up.

Appointments ➤ booking and cancelling appointments

Prescriptions ➤ ordering medication

Repeat medication

One off medication

Core Summary Care Record ➤ Includes medication and all allergies

Practice Communication ➤ email practice with NON urgent queries

Test Results ➤ blood tests etc.

Documents ➤ Hospital discharge summaries etc.

Immunisations

Coded medical record

Full medical record

Signed: _____ Date: _____

Welcome to The Roseland Surgeries

As part of your registration with this practice, we should like to offer you the opportunity to attend for a Health Check with one of our Practice Nurses. This check includes measuring your height/weight, blood pressure etc. and usually takes about 15 minutes. We can offer you appointments throughout the day at any of our surgery sites.

If you would like to take up this offer, please book an appointment at the reception desk.
(Please bring along a sample of urine)

For Office Use Only – Appt Booked ____ / ____ / ____

If however, you would prefer NOT to have this check-up, please could you fill in the details below and we will amend your records accordingly. You may of course change your mind at any time.

I would NOT like a health check at this time

Signed Date

Please print name

Ethnic Origin

To which of the following ethnic groups do you belong? Ethnic group refers to people with the same cultural background and national identity. It does not always mean where you were born.

Please tick one box.

White	British	
	Irish	
	Cornish	
	Any other white background (please specify)	
Mixed	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Any other mixed background (please specify)	
Asian or Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Any other Asian background (please specify)	
Black or Black British	Caribbean	
	African	
	Any other black background (please specify)	
Chinese		
Other Ethnic Group	(please specify)	
Declined		

First Language	
If English is NOT your first language, do you speak English?	

To be completed by new patients aged 16 and over please

The Alcohol Use Disorders Identification Test: Self-Report Version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest.

Place an X in one box that best describes your answer to each question.

Questions		0	1	2	3	4	
1	How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3	How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	Only
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	use
5	How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	Surgery
6	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	For
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 of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	Only
9	Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	Use
10	Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	Surgery
						TOTAL	For

ACCESSIBLE INFORMATION

The Accessible Information Standard is a legal requirement to make sure that patients are given information that they can understand and receive the communication support they need.

It is of particular relevance to individuals who are blind, deaf, deafblind and / or who have a learning disability, although it will support anyone with information or communication needs relating to a disability, impairment or sensory loss, for example people who have aphasia, Autism or a mental health condition which affects their ability to communicate.

All organisations that provide NHS or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, and GP practices.

We must ask patients if they have any information or communication needs.
Please give your answers below.

How is your vision? Wear glasses Partially sighted Registered blind
 Wear contact lenses
 No difficulty with vision

How is your hearing? Hearing aid worn Hearing difficulty Registered deaf
 No difficulty with hearing

Please tick if you need information in a large font.

Please tick if you need key points written down to take away with you.

Please tick if you need information by email because you use a screen reader or braille display.

Please tick if you use an interpreter or translator, including a relative.

Please tick if you use sign language.

Is there anything else we should know about your communication needs?

.....
.....

With your permission, we would like to share your information and communication needs with other providers of NHS and adult social care to improve our service to you.

Do you give consent for this information to be shared? Yes No

Roseland Surgeries

www.roselandsurgeries.co.uk

PORTSCATHO SURGERY Gerrans Hill, Portscatho TR2 5EE (01872) 580345

Open all day Mon, Tues, Wed 8.30 am 6.30 pm, Thurs/Friday 8.30 to 5 pm

TREGONY SURGERY Well Street, Tregony TR2 5RT (01872) 530483

Open Mon/Tues/Wed 8.30 am to 1 pm, Thurs/Friday 8.30-1pm and 2 pm-6.30 pm

ST MAWES SURGERY Hillhead, St Mawes TR2 5AL (01326) 270241

Open Mon/Tue/Wed/Friday 8.30 am to 1 pm (closed Thursdays)

Welcome to our Practice. The Roseland Peninsula is one of the most beautiful parts of Cornwall and we feel extremely privileged to serve our community here. We are one of Cornwall's smallest GP surgeries and consequently, are able to offer the sort of personalised service that our patients appreciate.

REGISTRATION

There are some simple forms to fill in which can be completed at the reception desk of any of our surgeries or find a registration form and patient questionnaire on our website. We will also need to know the name and address of your previous doctor. You may request to see a particular practitioner but for practical reasons each Doctor looks after patients who live in a particular area. When registering with the practice please remember to bring confirmation of your identity with you. Please also let us know if you are on regular, repeat medication.

As a general rule you will be seen at the practice site nearest to your home address. However there may be occasions when you can be seen sooner by traveling to one of our other sites and you will always be offered this option. Due to the unpredictable nature of illness there may be times when you are asked to see one of the other doctors in the practice for expediency sake.

However, we try and maintain continuity with one doctor so you can build up confidence and trust in your GP. All new permanent patients are offered a New Patient Check with the Practice Nurse when they first join the practice and this can be arranged at the time of registration.

VIOLENT/ABUSIVE BEHAVIOUR

We do not tolerate violent or abusive behaviour towards the doctors or our staff.

MAKING AN APPOINTMENT – THERE ARE CHANGES AS A RESULT OF COVID SAFETY MEASURE S –PLEASE CHECK WITH RECEPTION AT THE TIME YOU WISH TO MAKE AN APPOINTMENT.

Our reception desks are open from 8.30 – 6 pm (Monday to Friday) and you can book appointments over the phone or in person. **If one of the branch surgeries is closed, appointments can still be booked via Portscatho reception (numbers given above)** If you find it difficult to attend during work or school hours, do please ask at reception for details of clinics we run outside of normal office hours. At the request of the GPs, receptionists will ask you to outline the reason for your appointment with the doctor – this is so that we may signpost you to the most appropriate person (who may in fact, not be the GP). Please be as honest as you can. Remember, everyone in our surgery is beholden to a contract of strict confidentiality.

HOME VISITS

Our routine home visits are done between 11.30 am – 2 pm. We offer home visits for the genuinely housebound and the terminally ill. Wherever possible we prefer to see patients in surgery where we have better facilities for examination and treatment on hand. If you require a home visit, **please make your request before 10.30 am** giving the receptionist your name, address and telephone number with some indication of the nature and urgency of your problem. Sometimes your doctor may assess the severity and nature of your condition over the telephone and decide that you should be seen in surgery or that you can receive treatment without being seen. This is a normal part of modern general practice called triage and it ensures that you receive the most appropriate and expedient treatment for your condition.

EMERGENCIES Please call 999 in an emergency. **Chest pain/shortness of breath constitutes an emergency.**

We provide emergency cover ourselves from 8.00 am – 6.30 pm Monday to Friday – please ring 01872 580345. Outside of these times all our patients receive medical emergency cover 24 hours a day, please call NHS 111. You may also call NHS 111 for advice and help at any time.

TRAINEES AND MEDICAL STUDENTS

The Roseland Practice has a long tradition of training doctors for General Practice. Every year we usually have a registered doctor, who has extensive hospital experience and plans to become a GP, attached to the practice. They will always be capable doctors and be under our supervision. Please treat them as one of us. In addition we have medical students attached to the practice. Their time with us is crucial for stimulating the next generation of doctors to have an interest in working in General Practice. Their enthusiasm and listening skills can often bring to light new features of our patients' conditions and we have found their involvement with practice care benefits both parties. Your generosity in allowing them to be involved is greatly appreciated but if, for whatever reason, you would rather that they not be present for a particular consultation please let the receptionist know.

DISPENSING OF MEDICATIONS

We are a dispensing practice, and most of our patients obtain their medication directly from the Surgery at all three sites. However, we are unable to dispense medication to those NHS patients who live within one mile of a pharmacy. Reception will be able to confirm whether we can dispense for you if you are at all unsure.

REPEAT PRESCRIPTIONS

Requests for repeat medication can be accepted at Portscatho, Tregony or St Mawes, by post, or by placing your repeat card in the box provided at each surgery. Requests can also be made via e-mail to: prescriptions.portscatho@nhs.net There is also a link on our website www.roselandsurgeries.co.uk. We do not accept telephone requests. Please allow at least **THREE working days' notice** before you run out of tablets (5 days for postal requests).

Your medication can be collected from the surgery of your choice during opening hours*. Medication ordered will be available for collection from Portscatho surgery in **3 working days**. **If you collect from St. Mawes or Tregony, please allow extra time for delivery from our main site.** We also provide a free delivery service to those patients who are housebound. Please telephone Portscatho Surgery for more information. *If you are on 'controlled' medication, this can only be dispensed at Portscatho. Please ask a member of the dispensary team if you are unsure.

CONFIDENTIALITY

All information concerning our patients is treated in the strictest confidence. From time to time, medical details may be released to other Health Care Professionals if it is in the interests of the patient. Information would only be released to a third party after signed consent from the patient was obtained. The Data Protection Act 1998 allows you to find out what information about you is held in your medical record. If you wish to see your records, you should make a written request to your doctor. You are entitled to a copy of your records but a charge will usually be made. You should also be aware that in certain circumstances, some information may be limited in your own interest or for other reasons.

The duty of confidentiality owed to a person under 16 is as great as that owed to any other person. Any competent young person, regardless of age, can independently seek medical advice and give valid consent to medical treatment. If you would like more information about what we mean by "duty of confidentiality" then please ask, we will be happy to explain.

NURSING STAFF

We have two Practice Nurses and a Treatment Room Nurse working part-time throughout the week. In addition to running our Health Promotion Clinics they also see patients in their own surgeries by appointment. They look after patients who require ear syringing, vaccinations or dressings, etc. They also assist in the on-going care of certain medical conditions, for example Hypertension, Diabetes and Asthma.

ASSOCIATED/ALLIED STAFF

Family Health Worker can be contacted on: 01872 322779

Midwife can be contacted at their Truro office: 01872 221420 or messages left for her at Portscatho

Physiotherapist – patients are referred by their GP, appointments held at Portscatho on a weekly basis.

Chiropody – clinics held fortnightly at Portscatho – patients can self-refer – 01872 354321

PRACTICE STAFF

Our Practice Manager, Nicola Davies, is on hand to help if you have any non-medical problems or suggestions. We also have a practice secretary and 10 non-clinical staff members (receptionists, dispensers and admin).