**SABDEN AND WHALLEY MEDICAL GROUP**

42 King Street, Whalley, Clitheroe, BB7 9SL

Tel: 01254 287100 Fax: 01254 919888

www.whalleysurgery.nhs.uk

Vat Reg No: 8786519-59

***Partners - Dr CJ Brown, Dr CM Dalton, Dr A Green, Dr P Chennubhotla, Dr R Thornber***

***Salaried GPs -Dr J Hindle, Dr A Chamberlain, Dr G Sethi, Dr R Khatri***

Welcome to Sabden and Whalley Medical Group. If you wish to look around the Practice or ask any questions before you register, please see the Receptionist. Joining our list is very simple.

To register with the Practice, you will need to complete a GMS1 registration form or complete the online registration process, which can be found on our website. For this, you will need your NHS number (if you do not have this recorded it is available from your previous GP). We also ask that you complete our patient information sheet. You will be registered with **Dr Thornber,** however we do not insist that you see that particular Doctor. Patients are free to see whichever Doctor they are most comfortable with. If you have moved to a rural area, we are able to dispense medication to you from the Surgery. You will be advised if you are within that area. You may register at either Sabden or Whalley Surgery and we ask that you ensure you have enough medication from your previous surgery before registering, as the process can take a couple of weeks.

All newly registered patients are invited to attend the Surgery for a short consultation with one of the GPs or a Practice Nurse. If you take regular medication, we would ask that you make your appointment with a Doctor and if not with the Practice Nurse. This appointment should be within the first few weeks of registering. The purpose of this consultation is to help with both assessing your past medical history and in your overall medical care. We also ask that you bring a urine sample to your first consultation (containers are available at reception). Children under five years of age are not requested to attend a consultation but their names will be added to the Child Health Screening programme at the Surgery. Their details will also be passed to the Health Visitor attached to the Practice, who will contact you should this will be appropriate.

We are open Monday to Friday 8am to 6pm. Patients wishing to see a Doctor out of surgery hours should contact the NHS direct line on 111 where your request will be dealt with.

We have an active Patient Participation Group who meet every three or four months. Please ask a member of the Reception Team if you are interested in joining this group.

Our practice website [www.whalleysurgery.nhs.uk](http://www.whalleysurgery.nhs.uk) and Facebook page provide details of Surgery hours, home visits, appointments, repeat prescriptions etc. If you would like to sign up for online appointment booking, viewing your coded medical records, online repeat prescription ordering and/or our text message reminder service, please ask at reception.

We hope you find the services and care offered by this Practice to be of the standard we intend to provide. If not, please do not hesitate to tell us as we welcome the opportunity to improve the service offered to our patients.

Sabden and Whalley Medical Group

To register with the Practice please complete the questionnaire as fully as possible. The information will help the Doctor to make an initial assessment of your health which will help in your future treatment. Please also include your ethnic origin as it may help with your healthcare as some health problems are more common in specific communities.

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| **SURNAME** |  | | |
| **First Name** |  | | |
| **Date of Birth** |  | | |
| **Telephone No/**  **Mobile No.** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Would you like to sign up for our text reminder service?**   * Yes * No | | |
| **Email Address.** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Would you like to sign up for online access to appointments/prescription ordering?**   * Yes * No | | |
| **Nominated pharmacy**  (We will let you know if you are a dispense patient) |  | | |
| Ethnic Group (Please tick appropriate box) | White  * British * Irish * Other­­\_\_\_\_\_\_\_\_\_\_\_ | Black/Black British  * Caribbean * African * Other\_\_\_\_\_\_\_\_\_\_\_ | Other ethnic group  * Chinese * Other­­­­\_\_\_\_\_\_\_\_\_\_\_ |
| Asian/Asian British IndianPakistaniBangladeshi  * Other\_\_\_\_\_\_\_\_\_\_\_ | Mixed  * White + Black Caribbean * White + Black African * Other ­­­\_\_\_\_\_\_\_\_\_\_\_ | |
| **main language spoken** |  | | |
| **Height** |  | | |
| **Weight** |  | | |
| **Smoking Status**  (Please tick appropriate box) | * Never smoked * Ex-smoker (\_\_\_\_ per day, date stopped smoking \_\_\_\_\_\_\_\_) * Current smoker (\_\_\_\_per day) | | |
| **Alcohol Consumption** | \_\_\_\_ units per week  (1 unit = ½ pint beer/lager, a small glass of wine or one measure of spirit) | | |
| Are you a Carer? | * Yes (If so, please collect a carer’s form at reception) * No | | |
| Do you require reasonable adjustments? |  | | |

**Thank you for your assistance**

**Sabden & Whalley Medical Group**

**Fast/Audit Alcohol Consumption**

For the following questions please circle the answer which best applies:

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| **Q1** MEN How often do you have EIGHT or more drinks on one occasion?  WOMEN How often do you have SIX or more drinks on one occasion?  **(NB – 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits)**  **0 1 2 3 4**  **Never Less than monthly Monthly Weekly Daily or almost Daily** |

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| **Q2** How often during the last year have you been unable to remember what happened the night before because you had been drinking?  **0 1 2 3 4**  **Never Less than monthly Monthly Weekly Daily or almost Daily** |

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| **Q3** How often during the last year have you failed to do what was normally expected of you because of drinking?  **0 1 2 3 4**  **Never Less than monthly Monthly Weekly Daily or almost Daily** |

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| **Q4** In the last year, has a relative or friend, doctor or health worker been concerned about your drinking or suggested you cut down?  **0 1**  **No Yes** |

**Add the score of the four questions above. If the total is 3 or more continue with the remaining 6 questions**

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| **Q5** How often do you have a drink containing alcohol?  **0 1 2 3 4**  **Never Less than monthly Monthly Weekly Daily or almost Daily** |

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| **Q6** How many standard drinks containing alcohol do you have on a typical day when you are drinking?  **0 1 2 3 4+** |

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| **Q7** How often during the last year have you found that you were not able to stop drinking once you had started?  **0 1 2 3 4**  **Never Less than monthly Monthly Weekly Daily or almost Daily** |

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| **Q8** How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?  **0 1 2 3 4**  **Never Less than monthly Monthly Weekly Daily or almost Daily** |

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| **Q9** How often during the last year have you had a feeling of guilt or remorse after drinking?  **0 1 2 3 4**  **Never Less than monthly Monthly Weekly Daily or almost Daily** |

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| **Q10** How you or someone else been injured as a result of your drinking?  **0 1**  **No Yes** |