

## Patient's details

Please complete in BLOCK CAPITALS and tick  as appropriate

Mr  Mrs  Miss  Ms Surname

Date of birth: | | | | | | | | | | First names

NHS No. | | | | | | | | | | Previous surname/s

Male  Female Town and country of birth

Home address

Postcode Telephone number

## Please help us trace your previous medical records by providing the following information

Your previous address in UK Name of previous GP practice while at that address

Address of previous GP practice

## If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving Date you first came to live in UK

## Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas:  Regular  Reservist  Veteran  Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting: Postcode

Service or Personnel number: Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable)

*Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.*

## If you need your doctor to dispense medicines and appliances\*

I live more than 1.6km in a straight line from the nearest chemist

I would have serious difficulty in getting them from a chemist

Signature of Patient  Signature on behalf of patient

Date: / /

\*Not all doctors are authorised to dispense medicines

## What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

**White:**  British  Irish  Irish Traveller  Traveller  Gypsy/Romany  Polish  
 Any other white background (please write in):

**Mixed:**  White and Black Caribbean  White and Black African  White and Asian  
 Any other Mixed background (please write in):

**Asian or Asian British:**  Indian  Pakistani  Bangladeshi  
 Any other Asian background (please write in):

**Black or Black British:**  Caribbean  African  Somali  Nigerian  
 Any other Black background (please write in):

**Other ethnic group:**  Chinese  Filipino  
 Any other ethnic group (please write in):

**Not stated:**   
 Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

NHS England use only Patient registered for  GMS  Dispensing

## To be completed by the GP Practice

Practice Name

Practice Code

 I have accepted this patient for general medical services on behalf of the practice

 I will dispense medicines/appliances to this patient subject to NHS England approval.

*I declare to the best of my belief this information is correct*

Authorised Signature

Name

Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

Practice Stamp

**SUPPLEMENTARY QUESTIONS** – These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

### PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

**You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.**

**The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.**

**Please tick one of the following boxes:**

- a)  I understand that I may need to pay for NHS treatment outside of the GP practice
- b)  I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- c)  I do not know my chargeable status


I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

**A parent/guardian should complete the form on behalf of a child under 16.**

Signed:		Date:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

**Complete this section if you live in an EU country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.**

### NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</i></p>	Country Code:	
	3: Name	
	4: Given Names	
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	DD MM YYYY
	PRC validity period (a) From:	DD MM YYYY

Please tick  if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff.**

**How will your EHIC/PRC/S1 data be used?** By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.

# Springfield House Medical Centre

275 Huddersfield Road

Oldham OL4 2RJ

Phone: 0161 667 2480 Email: [oldccg.springfieldhouse@nhs.net](mailto:oldccg.springfieldhouse@nhs.net)

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## New Patient Registration

### About you

Surname: ..... Forename(s): .....

Date of Birth (dd/mm/yyyy): ..... NHS number (if known): .....

Gender: ..... ([www.nhs.uk/find-nhs-number](http://www.nhs.uk/find-nhs-number))

### Contact Information

Address:.....

Telephone: ..... Mobile: .....

Email: .....

Please circle below your preferred choice of contact:

**Text    Phone    Email    Post**

Do you live in a residential home?                **Yes**        **No**   

Do you live in a nursing home?                **Yes**        **No**   

What is your occupation?.....

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### Residency

Previous address in the UK (if applicable):.....

If you are from abroad, what date did you come to UK?.....

Do you live in an EEA country?.....

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## **Service Families and Military Veterans**

As a practice, we fully support the Armed Forces Covenant. We can only do this if we know our patients' connections to the Armed Forces. Please tick the below boxes that apply to you:

<b>I AM</b> a Military Veteran		<b>I AM</b> currently serving in the Reserve Forces	
<b>I AM</b> married/civil partnership to a serving member of the Regular/Reserve Armed Forces		<b>I AM</b> married/civil partnership to a Military Veteran	
<b>I AM</b> under 18 and my parent(s) are serving member(s) of the armed forces.		<b>I AM</b> under 18 and my parent(s) are veteran(s) of the armed forces.	

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## **Ethnicity**

Having information about patients' ethnic groups would be helpful for the NHS so that it can plan and provide culturally appropriate and better services to meet patients' needs.

If you do not wish to provide this information you do not have to do so.

Please indicate your ethnic origin by ticking the below box:

British or mixed British		Pakistani	
Irish		Bangladeshi	
African		Chinese	
Caribbean		Other (Please state)	
Indian			

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## **Preferred title**

How would you like us to refer to you (eg Mr, Mrs, Miss, Mx)?.....

Preferred title for official correspondence?.....

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## **Religious affiliation**

Do you have a religious affiliation (please give details if so)?.....

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## **Country of birth**

In which country were you born?.....

**Main language**

Which is your main language?.....

Do you speak English?.....

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**Carer status**

Do you have a carer?

Yes

No

**If Yes, please give details of their name, relationship and whether they are a patient here too.....**

Are you yourself a carer?

Yes

No

**Next of kin**

Surname: ..... Forename(s): .....

Gender: .....

**Emergency contact Information (for next of kin)**

Telephone: ..... Mobile: .....

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## Contacting you

**We will use your contact details to send reminders about appointments, reviews and other services which may be of benefit in your medical care**

Do you consent to the Surgery sending letters to your home address?    **Yes**     **No**

Do you consent to the Surgery sending text messages to your mobile?    **Yes**     **No**

Do you consent to the Surgery sending messages to you by email?    **Yes**     **No**

Do you consent to the Surgery leaving messages on your phone?    **Yes**     **No**

(We will not leave detailed messages on your phone, but may ask you to contact us or leave a simple message if we do not need to speak to you).

Are you interested in joining our Patient Participation Group (PPG)?    **Yes**     **No**

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## **Summary Care Record**

### Summary Care Record (SCR)

If you decide to have a SCR, it will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had it will also include basic information about your current diagnoses. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed. Your Summary Care Record will also include your name, address, date of birth and your unique NHS Number to help identify you correctly. If you and your GP decide to include more information it can be added, but only with your express permission.

**For more information:** visit <https://digital.nhs.uk/services/summary-care-records-scr>

I do not wish to have a Summary care Record (N.B. this will mean NHS Healthcare staff caring for you may not be aware of your current medications, any allergies or reactions to previous medication.)    **I wish to opt out of SCR**

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## **Local Shared Electronic Health Record**

### Local Shared Electronic Health Record

Many areas of the country have a local shared electronic health record too. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed. Are you happy for your record to be shared across organisations caring for you? (this is accessed by relevant staff for your direct care on a need-to-know basis only)

Are you happy to be part of the local shared electronic health care record? (if you select no, you need to be aware that NHS Healthcare staff may not be able to see important elements of your care history)

**Yes**     **No**

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## **Electronic Prescribing Service (EPS)**

The EPS allows prescribers – such as GPs and practice nurses to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient’s choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. As a practice, we would encourage all patients to opt for electronic prescribing.

- I DO** give consent for my prescriptions to be sent electronically to the pharmacy
- I DO NOT** give consent for my prescriptions to be sent electronically to the pharmacy

Nominated pharmacy.....

Address.....

Postcode.....

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## **Donation wishes**

If you live in England, Wales or Jersey, are not in a group excluded from opt out legislation and you have not registered an organ donation decision, it will be considered that you agree to be an organ donor. This is known as deemed consent.

If you do not want to donate your organs then you should register your decision to refuse to donate.

Remember to speak to your family and loved ones about your decision. To opt out, visit:

<https://ardens.live/Organ-donation-opt-out>

Do you have a donor card or are you on the organ donation register? **Yes**  **No**

Have you opted out? **Yes**  **No**

Do you donate blood? **Yes**  **No**

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## **Resuscitation wishes and Power of Attorney**

Do you have a DNACPR (Do not attempt CPR) form in place? **Yes**  **No**

Does anybody hold Lasting Power of Attorney for Health and Welfare for you?  
**Yes**  **No**

If **YES to either of the above questions**, please supply details of who holds this and where (and supply a copy for your medical notes).

Details.....

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## **Smoking status**

Do you smoke? **Yes**  **No**

If **yes**, how many cigarettes do you smoke daily: .....

If **no**, have you smoked in the past? **Yes**  **No**

Do you use electronic cigarettes/vape? **Yes**  **No**

Smoking is the UK’s single greatest cause of preventable illness

Stopping smoking is not easy but it can be done, and there is now a comprehensive, NHS Smoking Cessation Service offering support and help to smokers wanting to stop, with cessation aids available on NHS prescription.

*If you would like help and advice on how to give up smoking, please contact <https://www.nhs.uk/live-well/quit-smoking/> or ask at reception.*

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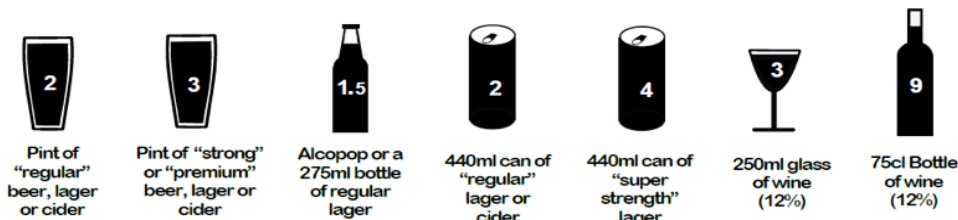
## Alcohol intake

### Alcohol unit reference

One unit of alcohol



Drinks more than a single unit



Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

### Scoring

Score: .....

A total of 5+ indicates increasing or higher risk drinking. If you have a score of 5+ please complete the remaining questions below.

Questions	Scoring system					Your score
	0	1	2	3	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	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or	Never	Less than monthly	Monthly	Weekly	Daily or almost	

remorse after drinking?					daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Please add up your scores from the above tables and write the total below:

**Total**.....

If you would like help and advice on how to reduce your alcohol intake, please contact <https://www.drinkaware.co.uk/> or ask at reception.

## Exercise

### General Practice Physical Activity Questionnaire

1. Please tell us the type and amount of physical activity involved in your work.

		Please mark one box only
a	I am not in employment (e.g. retired, retired for health reasons, unemployed, fulltime carer etc.)	
b	I spend most of my time at work sitting (such as in an office)	
c	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	
d	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)	
e	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	

2. During the *last week*, how many hours did you spend on each of the following activities? *Please answer whether you are in employment or not*

Please mark one box only on each row

		None	Some but less than 1 hour	1 hour but less than 3 hours	3 hours or more
a	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.				

b	Cycling, including cycling to work and during leisure time				
c	Walking, including walking to work, shopping, for pleasure etc.				
d	Housework/Childcare				
e	Gardening/DIY				

3. How would you describe your usual walking pace? Please mark one box only.

Slow pace (i.e. less than 3 Brisk pace	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 50%;"></td><td style="width: 50%; height: 50%;"></td></tr> <tr><td style="width: 50%; height: 50%;"></td><td style="width: 50%; height: 50%;"></td></tr> </table>					Steady average pace Fast pace (i.e. over 4mph)	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 50%;"></td><td style="width: 50%; height: 50%;"></td></tr> <tr><td style="width: 50%; height: 50%;"></td><td style="width: 50%; height: 50%;"></td></tr> </table>					(mph)

**Height/Weight**

What is your height: .....

What is your weight:.....

*If you would like advice on managing a healthy weight, please contact <https://www.nhs.uk/live-well/> or reception who will be able to direct you to the most appropriate service.*

**Disabilities / Accessible Information Standards**

**As a practice we want to make sure that we give you information that is clear to you. For that reason we would like to know if you have any communication needs.**

Do you have any special communication needs?

Yes  No

If yes, please state your needs below:

.....

Do you have significant mobility issues? Yes  No

If yes, are you housebound? Yes  No   
*(Definition of housebound - A patient is unable to leave their home due to physical or psychological illness)*

Are you blind/partially sighted? Yes  No

Do you have significant problems with your hearing? Yes  No

**Transfusion history**

Did you have a blood transfusion before 1991? Yes  No

**Family History and past medical history**

Have any close relatives (parent, sibling or child only) ever suffered from any of the following?

<u>Condition</u>	<u>Yes</u>	<u>No</u>
Heart Disease (Heart attack/Angina)		
Stroke		
Diabetes		
Asthma		
Cancer		

Have you yourself ever suffered from any important medical illness, operation or admission to hospital? **If so** please enter details below:

<b>Condition</b>	<b>Year diagnosed</b>	<b>Ongoing?</b>

**Allergies**

Please list any drug or food allergies that you have:

.....  
 .....  
 .....

**Medications**

Please provide a list of repeat medications:

.....  
 .....  
 .....

**For female patients only**

Are you currently pregnant?

Yes  No

*If yes, please ensure you are under the care of a midwife. If you're not currently under the care of a midwife please speak to reception regarding this.*

Which method of contraception (if any) are you using at present?

.....

Do you currently have long acting reversible contraception in place? (*Implant/Coil*)

Yes  No

**If yes**, when was this fitted? (dd/mm/yy)

.....

Have you had a cervical smear test?

Yes  No

**If yes**, when was this last done? (dd/mm/yy)

.....

Have you had a hysterectomy?

**Yes**  **No**

Do you still have your ovaries?

**Yes**  **No**

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# Springfield House Medical Centre

## Patient/ Practice Agreement

We would like to take this opportunity to welcome you to our Practice and explain how the practice operates.

- The practice strives to ensure that you receive treatment from the most appropriate healthcare professional in a timely manner and may, from time to time suggest an alternative healthcare professional.
- If you cannot attend your appointment, you must let us know in good time, this allows us to offer the appointment to someone else who needs the appointment.
- The doctors' time is very precious and to try and reduce the time away from the practice we aim to keep home visits for those patients that are genuinely house bound. In order to help us we would expect you to attend the practice for appointments whenever possible.
- The practice has a responsibility to ensure that staff and patients are not harassed or abused whilst in the practice in line with NHS policy. The policy within the practice is to remove patients who do not adhere to this policy.
- Please allow 48 hours, from requesting a repeat prescription, to collection. Please note we DO NOT take repeat Prescription requests over the phone.
- Please also note that the results of tests can be given out over the phone but only to the patient concerned and not to any other person regardless of their relationship.

I have read and agreed to adhere to the points outlined above.

**Patients Name and date of birth** \_\_\_\_\_

**Patients Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Practice Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**WELCOME TO**  
**SPRINGFIELD HOUSE MEDICAL CENTRE**  
**275 HUDDERSFIELD RD, OLDHAM OL4 2RJ**  
**Tel: 0161 667 2480**  
**Email: [oldccg.springfieldhouse@nhs.net](mailto:oldccg.springfieldhouse@nhs.net)**

Thank you for choosing to become a patient at Springfield House Medical Centre.

To complete your registration, you need to:

- ✓ **If you would like a new patient check, please book an appointment either by telephone or in person (this is not necessary if you are under the age of 15)**
- ✓ **If you are taking regular medication book a double appointment with a GP.**
- ✓ **You can book your own appointment with the Doctor, order your repeat prescriptions, and change you home details via our clinical system. You just need to complete a form at Reception.**
- ✓ **Please let us know if you need this leaflet in any other format**

**If you require any further information or guidance please ask for our Practice Leaflet, or see the NHS Choices website [www.nhs.uk](http://www.nhs.uk). Alternatively speak to our reception team at the practice. We also have our own website: [www.springfieldhousemedicalcentre.nhs.uk](http://www.springfieldhousemedicalcentre.nhs.uk).**

**Springfield House Medical Centre**  
**ACCEPTABLE BEHAVIOUR POLICY**

We are committed to promoting access to our services and offering choice wherever possible in the services we provide and the way we deliver them. An acceptable behaviour contract is an individual written agreement between a patient and their GP practice.

The contract is between:

PRINT NAME	
DATE OF BIRTH	

and Springfield House Medical Centre and is valid from the date shown in the signature table below.

Springfield House Medical Centre will ensure you are dealt with quickly, fairly and in a courteous and helpful manner.

Springfield House Medical Centre will ensure that staff take responsibility for resolving or dealing with your query or that they refer it to an appropriate colleague.

**The Conditions:**

The above-named person applying for registration at the practice agrees to the following:

1. To refrain from using abusive or offensive language, making threats of violence or aggressive behaviour and to treat all staff fairly and with respect; in person, on the phone, in writing or on social media.
2. To utilise the practice's Complaints Process to raise concerns about care or service received, rather than posting anonymous feedback on social media.
3. To cancel any appointments they are unable to attend with as much notice as possible.
4. To adhere to Springfield House Medical Centre's repeat prescription policy and agree to allow 2 working days before collecting repeat prescriptions.

**Breach of this Contract:**

If the above-named person fails to adhere to the above conditions, they may be removed from the practice list. This contract serves as an initial warning in the event of breaches occurring.



**Declaration:**

**I confirm that I understand the meaning of this contract and that the consequences of breaking the conditions of the contract.**

Signature	
Date	

Dr S Saraf, Dr D Coates, Dr B Gibson and Dr J Shaw

Reviewed 7.1.2022

**V1.0**