**Calder Community Practice- New Patient Registration Form**

As a newly registering patient at this practice, please complete this registration form to ensure that we have up to date information about your health and healthcare needs.

**Patient and Practice Expectations**

**By registering here we expect that you will:**

* Treat all staff with respect
* Attend appointments on time. If you are more than 10 minutes late you may not be seen
* Cancel any appointments you cannot attend or no longer need giving us as much notice as possible
* Give 48 hours’ notice when requesting repeat prescriptions
* Not to drink alcohol, consume any illegal drugs, fight or be aggressive towards anyone within the surgery. Nor are you permitted to bring animals into the surgery.

**I agree to adhere to these expectations.**

**Signature: …………………………………………………………………………………………..**

**In return, you can expect that we will:**

* Treat you with dignity and respect
* Try to see you at the time of your appointment, though this is not always possible
* Provide interpreters if needed
* Enable you to speak to someone on the same day if you have an urgent health need
* Provide a range of services including advice and treatment for general health problems, vaccinations and immunisations, contraception advice, cervical screening services, smoking cessation, management of drug and alcohol misuse issues, health promotion and disease prevention, midwifery services and phlebotomy services.

**Please note:**

* This surgery does not normally offer home visits
* Our telephone lines are open: Monday – Friday 8am – 6:30pm

**Have you been registered with our practice before? Yes/No (please circle)**

**First name: ……………………………………………..**

**Middle name(s): ……………………………………………..**

**Surname: ……………………………………………… DoB: ……………………..**

**Occupation: ………………………………………… Marital Status:…………………………….**

**Email Address: …………………………………..**

**Phone Number: ………………………………….**

You agree to provide us your email address to receive messages, such as confirmation and reminders of appointments and for all other aspects of your healthcare.

**Would you like to register for online services: Yes / No**

**About Your Family:** Please list other members of your family at this surgery:

|  |  |  |
| --- | --- | --- |
| Name: | Relationship: | DOB: |
| Name: | Relationship: | DOB: |
| Name: | Relationship: | DOB: |
| Name: | Relationship: | DOB: |
| Name: | Relationship: | DOB: |

**Please give details of your next of kin:**

|  |  |  |
| --- | --- | --- |
| Name: | Address: | Relationship: |
| Phone Number: |

**Country of Birth:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| http://3.bp.blogspot.com/_yjuZcyldH6w/TB_ZfPUN3xI/AAAAAAAAAqs/n9eypQKH4hU/s1600/england+flag.jpg | | http://www.olstars.com/images/flags/Big/ie.gif | | http://www.theflagshop.co.uk/ekmps/shops/speed/images/70-nations-world-flag-4902-p.png | | http://www.ultimateflags.com/images/P/albania-flag.gif | | http://www.theflagshop.co.uk/ekmps/shops/speed/images/70-nations-world-flag-4902-p.png | | http://www.theflagshop.co.uk/ekmps/shops/speed/images/70-nations-world-flag-4902-p.png | | http://www.theflagshop.co.uk/ekmps/shops/speed/images/70-nations-world-flag-4902-p.png | | http://www.mapsnworld.com/eritrea/eritrea-flag.jpg | |
| England |  | Ireland |  | Afghanistan |  | Albania |  | China |  | Congo |  | Ethiopia |  | Eritrea |  |
| http://www.vbfreepictures.com/picture/flags/iran_flag.gif | | http://www.worldatlas.com/webimage/flags/countrys/zzzflags/iqlarge.jpg | | http://www.theflagshop.co.uk/ekmps/shops/speed/images/70-nations-world-flag-4902-p.png | | http://www.theflagshop.co.uk/ekmps/shops/speed/images/70-nations-world-flag-4902-p.png | | http://www.africa.upenn.edu/Flags_GIFS/Somalia_Flag_11207.gif | | http://www.flags-and-anthems.com/media/flags/flagge-sudan.gif | | http://etc.usf.edu/clipart/72300/72356/72356_sy_flag_col_lg.gif | | http://1.bp.blogspot.com/-nF_ZfJomITY/TwzBaDCIJmI/AAAAAAABDKo/50cr6rpY5e0/s1600/Zimbabwe_Flag3.jpg | |
| Iran |  | Iraq |  | Nigeria |  | Pakistan |  | Somalia |  | Sudan |  | Syria |  | Zimbabwe |  |
| **Other:** |  | | | | | | | | | | | | | | |

**What is your First Language?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| English |  | العربية |  | Français |  | کوردیی ناوەندی |  | کرمانجی |  |
| English |  | Arabic |  | French |  | Kurdish (Sorani) |  | Kurdish (Kurmanji) |  |
| 普通话 |  | ትግርኛ |  | አማርኛ |  | فارسی |  |  |  |
| Mandarin |  | Tigrinya |  | Amharic |  | Farsi |  | Other, please state. |  |

**Do you need an interpreter? No Yes**

**Ethnic Group**

We collect information on ethnic origin for the purpose of monitoring only. If you do not wish to disclose your ethnic origin please tick this box.

What is your ethnic group? Choose ***ONE*** section from A to E, then tick the appropriate box to indicate your ethnic group.

**D: Black or Black British**

Caribbean

African

Any other Black background (please write in)

………………………………………………………

**E: Other ethnic groups**

Chinese

Arab

Middle Eastern

Iranian

Kurdish

Any other (please state)………………………….

**A: White**

British

Irish

Any other White background (please write in)

……………………………………………………………………..

**B: Mixed**

White and Black Caribbean

White and Black African

White and Asian

Any other mixed background (please write in)

………………………………………………………………………

**C: Asian or Asian British**

Indian

Pakistani

Bangladeshi

Any other Asian background (please write in) ……………………………………………………….

**What is your Religion?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | http://jeffgoins.myadventures.org/blogphotos/myadventures/jeffgoins/christian_symbolism.jpg | | [Dharmachakra - The Wheel Of The Law](http://obcon.org/wp-content/uploads/2012/03/DharmachakraV2.png) | | http://www.ancient-symbols.com/images/hindu-symbols/original/om.jpg | | http://ts1.mm.bing.net/th?id=HN.608020404157941260&pid=1.7 | |
| **None** |  | **Christian** |  | **Buddhist** |  | **Hindu** |  | **Jewish** |  |
| http://www.surrogacyclinics.com/wp-content/gallery/surrogacy-blog-images/symbol-of-islam.jpg | | http://i.ebayimg.com/t/Sikh-Khanda-Sword-Symbol-Decal-Sticker-You-Pick-Color-/00/$(KGrHqEOKjUE3B,zI6T8BNz943Iuo!~~_3.JPG | |  | | | |  | |
| **Muslim** |  | **Sikh** |  | **Any Other** | | |  | **Not Stated** |  |

**Special Needs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Communications** | Uses sign language | **Yes** | **No** |
|  | Uses hearing loop | **Yes** | **No** |
|  | Hearing difficulty | **Yes** | **No** |
|  | Other (please specify) |  | |
| **Learning Disability** (please provide details) | |  | |
| **Physical Disability** (please provide details) | |  | |

|  |  |  |
| --- | --- | --- |
| **Are you the Main Carer for anyone** | **Yes** | **No** |
| If Yes, please ask for information on how an assessment of your needs may be done | **Please provide details:** | |

**Do you suffer from, or feel that we should know about, any of the following conditions:**

**Or does any MEMBER OF YOUR FAMILY suffer from any of the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **Yes** | **No** | **Other information** |
| Heart Disease |  |  |  |
| Stroke |  |  |  |
| High Blood Pressure |  |  |  |
| Diabetes |  |  |  |
| Asthma |  |  |  |
| Chronic Bronchitis/Emphysema |  |  |  |
| Under Active Thyroid |  |  |  |
| Epilepsy |  |  |  |
| Mental Illness |  |  |  |
| 1 or more fractures over the age of 50 |  |  |  |
| Other |  |  |  |

**Behaviour agreement**

Calder Community Practice takes the safety, welfare and security of its staff, patients, and visitors very seriously.

We would therefore remind you that you do not have an automatic right to receive treatment if you display violent or aggressive behaviour towards staff or visitors.

Should a patient or member of the public be abusive, aggressive or threatening toward staff, visitors, patients or property in any way they will be asked to leave the premises and the police may be called. A decision will then be made as to whether they can remain a patient at Calder Community Practice.

Your Signature…………………………………………………………………………..

**Employment**

Are you? Working on JSA on ESA Other ………………………………….

**Your Health**

Is there something we need to help with urgently? yes no

If yes, what? ……………………………………………………………………………………………………………………………………………………………

Do you think you have a mental health problem? yes no

If yes, please state what this is

……………………………………………………………………………………………………………………………………………………………

Do you think you have a drug addiction? yes no

If yes, please give details of the addiction

……………….………………………………………………………………………………………………………………………………………….

|  |  |  |
| --- | --- | --- |
| **Current drug user** | **Yes** (please specify) | **No** |
| **Occasional drug user** | **Yes** (please specify) | **No** |
| **Has ever misused drugs** | **Yes** (please specify) | **No** |
| **Other** (please specify) |  | |

Do you have any other current health problems? yes no

If yes, what are they?

……………………………………………………………………………………………………………………………………………………………

Are you on any prescribed medication? yes no

If yes what is the name of your medication? ……………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………………

Do you need any medication urgently? yes no

If yes, what and why?

………………………………………………………………………………………………………………………………………………………………

Are you allergic to any medications? yes no

If yes, please advise which medications they are ……………………………………………………………………………………………………………………………………………………………………

**Smoking Status:**



Do you smoke? Yes No

If you answered yes, please answer the following:

|  |  |
| --- | --- |
| Do you smoke cigarettes/pipe/roll ups?  …………………………………………. | Smoker - average number smoked per day?  ………………………………………… |

**Information for Smokers:** We strongly advise that you stop smoking. We offer counselling and treatment to help you stop. Please make an appointment with our nurse for a Smoking Cessation appointment to help if you wish to stop smoking.

I am aware that I can book an appointment with the Nurse to help me stop smoking.

Signature: ……………………………………………………………………………………………

PLEASE COMPLETE

440ml can of “regular” lager or cider



**2**

440ml can of“super strength” lager



**4**

Pint of “regular” beer, lager or cider



**2**

Alcopop or a 275ml bottle of regular lager



**1.5**

Pint of“strong” or ”premium” beer, lager or cider



**3**

250ml glass of wine (12%)



**3**

75cl Bottle of wine (12%)



**9**



Half a small glass of wine

1 small glass of sherry



1 single measure of aperitifs

1 single measure of spirits



Half pint of “regular” beer, lager or cider

This is one unit

of alcohol…

…and each of these is more than one unit

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AUDIT** | **Scoring system** | | | | | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| 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? | 0 -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 |  |
| 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 |  |
| 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 remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost 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 |  |

**Scoring:** 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence

**SCORE**

**Consent for Communicating via SMS (Text) Messaging**

We provide a text reminder system from the surgery. Please read the following terms and conditions and if you agree to them, provide your mobile phone number in the space provided. If you do not wish to use this service then you can choose that option.

* The service is free of charge
* It is your responsibility to maintain the safety of your phone to avoid anyone else being able to access the SMS Text sent to you.
* You agree to provide us your mobile number to receive SMS messages, such as confirmation and reminders of appointments and for all other aspects of your healthcare.
* If you change your number, your phone is lost or stolen, or no longer wish to use this service, it is your responsibility to inform us as soon as possible.

**Please tick the appropriate box:**

****

You have an appointment…

You have an appointment…

I do not wish to receive and SMS (Text) Messages

I have understood the above and agree to receive communications from the practice via SMS (text) messages.

**Mobile number**: ……………………………………… **Date**: …………………………………….

**Other Communication Methods**

Would you prefer to be contacted by email? If so please state email address below:

………………………………………………………………………………………….

Would you prefer to be contacted by post? Yes No

**Full Name**:. ..................................................... **Date of Birth**: ……………………………….

**Patient’s Signature**: ……………………………………………………………………………….

**Electronic Patient Record and the Sharing of Information**

**Please read this information carefully. It will give you information about the sharing of your electronic patient record and the choices you need to make.**

Today, electronic records are kept in all the places where you receive healthcare. These NHS Care Services can usually only share information from your records by letter, email, fax or phone. This means at times, this could slow down your treatment as the information is hard to access.

Your GP practice uses a computer system called SystmOne that allows the sharing of full electronic records across different NHS Care Services. We are telling you about this as a patient because you have a choice to make about how your information about your care from your electronic patient record is shared. This form is not about your Summary Care Record (SCR), it is asking your sharing preferences regarding your full electronic patient record. You can choose to share or not to share your electronic GP record with other NHS Care Services and vice versa.

**Sharing Out**

Can your GP full electronic patient record be shared with other NHS Care Services where you are treated?

**Yes**, share my record

**No**, do not share my record

**Sharing In**

Do you agree for us to view information you’ve agreed to share at other NHS Care Services?

**Yes**, you can view information from other NHS services

**No**, I don’t want you to view information from other NHS services

**Patient Name (Print Name):** ………………………………………………………………

**Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**Patient Signature:** ……………………………………………………………… Date:

**For office Use only**:

Witnessed by: …………………………………………………… Job Title: ……………………………………………………

Signature………………………………………………………….. ..Date:…………………………………………………………..

**National data opt-out**

Choose if data from your health records is shared for research and planning. For more information, refer to the ‘Your Data Matters to the NHS’ handout attached to this form.

You do not need to do anything if you are happy about how your confidential patient information is used.

To opt-out, or to find out more:

* Visit: nhs.uk/your-nhs-data-matters
* Or call: 0300 303 5678

When opting out, it is helpful to:

* + Make sure you know your NHS number
  + Ensure you have an up-to-date email address or mobile phone number in your GP practice record, as this will be used to verify your identity when you use the service.



