


 <p>healthy and well</p>	<p>What medical problems are there in your <b>family's history</b>?</p> <p><b>Mother's side - family history</b>                      <b>Fathers side - family history</b></p>
 <p>accessible information standard</p>	<p>Do you need help with <b>seeing things clearly</b> or <b>hearing things</b> when at the surgery ?</p> <p style="text-align: center;">An/or</p> <p>When we send you letters, do they need to be in <b>large print</b> ? Yes/no</p>
 <p>my care</p>	<p>Other than the staff at the doctors surgery, what other health Professionals, Consultants, Social Workers or people from social care do you have involved with your care?</p>
 <p>check up</p>	<p>Ladies:                                      When did you last have a smear test?</p> <p>Men/Women over 40:                      When did you last have an NHS Health Check?</p> <p>Men/Women (All):                      What (if any) other screening have you had ?</p>

**Summary Care Record:**

The summary care record is an electronic summary of ONLY your medications, allergies and any bad reactions that you have had. This information is used to treat patients safely in an emergency by allowing hospital staff who are treating an emergency patient access to the summary record. It does not contain any details of any medical conditions, test results, consultations or conversations.

If you are happy for a summary to be uploaded securely to the computer system where emergency services can access them, you need take no action as all patient records are uploaded automatically unless a patient 'opts out' by ticking below.

**To opt out. If you would NOT like your medical record to be available as a summary care record for the emergency services, please tick here.**

To see other ways that patient information is used and how we keep patient data secure, please see our website: <https://www.leighviewmedical.co.uk/about/patient-data/your-medical-record/>

**WE ARE ACCEPTING NEW PATIENTS**






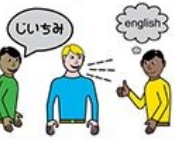



This is the new patient registration form for **16 years old** and above

**Things to bring in with this form :**






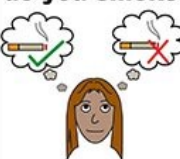

- Each new patient need to be present at the surgery at the time of submission of their registration forms, for their identity to be verified.
- The purple **GMS1 form** - which asks for details of previous practice.
- Check that this new patient form is **fully completed**; blank spaces will need to be returned to the patient to complete before being registered.
- Proof of Identity / Address:** No one shall be refused registration because they don't have a proof of address or ID to hand, **however** an alert will be added and this will be required to fully complete the registrations process.
  - Proof of ID** - e.g. passport/driving licence/proof of age card
  - Proof of address** (dated within last 3 months) - e.g. utility bill, landline phone bill, tenancy agreement, council tax bill, bank/credit card statement. Mobile phone bills are not allowed.
- Would the patient like to also be given **access to online** appointments & online repeat prescription ordering?. If this is ticked, this paperwork will be prepared and should be collected by the patient from Reception 1 week after handing this form in.
- Would the patient like to order 3 months worth of their repeat prescription now? n.b. This is not available for controlled drugs or new medication.
  - If yes, all requests must be in writing and allow atleast 48 hours.
  - The patient should wait 1 week for their registration to be complete and then call to book a ROUTINE review with a GP towards the end of the 3 months. n.b. If it is for contraception only, please book a pill review with a Nurse.
- Is the patient is aged 40 - 74 years old? If the patient has not had an NHS health check in the last 5 years, would they like to be contacted to book an NHS Health check?

Which colleague checked and received this form: \_\_\_\_\_ Date received: \_\_\_\_\_

Please check the practice boundary covers your address BEFORE completing any forms!

<p><b>my name</b></p> 	<p>What is your <b>full name</b> and title?</p> <p>First:</p> <p>Middle:</p> <p>Last:</p>	<p><b>date of birth</b></p> 	<p>What is your <b>date of birth</b>?</p> <p>Date:</p> <p>Month:</p> <p>Year:</p>
<p><b>home</b></p> 	<p>What is your <b>full address</b> and postcode?</p>		
<p><b>phone number</b></p> 	<p>• Mobile phone number:</p> <p>• Home phone number:</p> <p>Email address:</p>		
<p><b>ethnicity</b></p> 	<p>What is your ethnicity? <i>e.g. White British/Chinese</i></p> <p>What is your <b>MAIN</b> language? <i>e.g. English / Polish</i></p>	<p><b>interpreter</b></p> 	<p><input type="checkbox"/> Do you understand English?</p> <p><input type="checkbox"/> Do you need an interpreter?</p>
<p><b>healthy and well</b></p> 	<p>What diagnosed medical conditions do you have?</p>	<p><b>allergies</b></p> 	<p>Have you ever had any allergies or sensitivities?</p> <p><b>Yes/no</b></p> <p>If yes: please list</p>
<p><b>prescription</b></p> 	<p>What medication do you take? (Please list or attach a print out.)</p> <p><i>Patients MUST request repeat prescriptions in writing ATLEAST 48 hours in advance, and allow longer if it is not already on the repeat list.</i></p> <p><b>Telephone ordering is NOT available under any circumstances.</b></p>		

16 years old and above.

<p><b>family</b></p> 	<p>Who lives with you? (their names please)</p> <p>Husband/wife/partner:</p> <p>Children (Please include ages):</p> <p>Other members of the household:</p>			
<p><b>carer</b></p> 	<p>Do you have a <b>carer</b> ?                      Yes/no                      If yes, who:</p> <p>Are you a carer for someone?            Yes / no                      If yes, who:</p> <p>Who is your <b>emergency contact</b>:    Contact number:</p>			
<p><b>height</b></p> 	<p>What is your height?</p>	<p><b>weight</b></p> 	<p>What is your weight?</p>	<p> What exercise do you do &amp; how often?</p>
<p><b>do you smoke</b></p> 	<p>Do you smoke ?</p>	<p><b>If yes:</b> How many per day?</p>	<p><b>If no:</b> <input type="checkbox"/> Never smoked Or <input type="checkbox"/> Ex-smoker?</p>	<p>Score:</p>
<p><b>alcohol</b></p> 	<p>1. How often do you have a drink <b>containing alcohol</b>?</p> <p>Never                      <input type="checkbox"/> if you tick here, your score is 0</p> <p>Monthly or less                      <input type="checkbox"/> if you tick here, your score is 1</p> <p>2-4 times per month                      <input type="checkbox"/> if you tick here, your score is 2</p> <p>2-3 times per week                      <input type="checkbox"/> if you tick here, your score is 3</p> <p>4 + times per week                      <input type="checkbox"/> if you tick here, your score is 4</p>			<p>Score:</p>
<p><b>Answer 3 questions then add up the 3 scores.</b></p> <p>A total score of 5+ indicates increasing or higher risk drinking.</p> <p>If so, the can offer you information and / or support.</p> <p><b>Please ask for details.</b></p> <p>If you <b>do not</b> want to receive any alcohol support, please tick here <input type="checkbox"/></p>	<p>2. <b>How many units</b> of alcohol do you drink on a typical day when you are drinking?</p> <p>1-2 units                      <input type="checkbox"/> if you tick here, your score is 0</p> <p>3-4 units                      <input type="checkbox"/> if you tick here, your score is 1</p> <p>5-6 units                      <input type="checkbox"/> if you tick here, your score is 2</p> <p>7-9 units                      <input type="checkbox"/> if you tick here, your score is 3</p> <p>10+ units                      <input type="checkbox"/> if you tick here, your score is 4</p>			<p>Score:</p>
<p>3. <b>How often</b> have you had 6 or more units (if female), or 8 or more (if male) <b>on a single occasion</b> in the last year?</p> <p>Never                      <input type="checkbox"/> if you tick here, your score is 0</p> <p>Less than monthly                      <input type="checkbox"/> if you tick here, your score is 1</p> <p>Monthly                      <input type="checkbox"/> if you tick here, your score is 2</p> <p>Weekly                      <input type="checkbox"/> if you tick here, your score is 3</p> <p>Daily or almost daily                      <input type="checkbox"/> if you tick here, your score is 4</p>	<p>3. <b>How often</b> have you had 6 or more units (if female), or 8 or more (if male) <b>on a single occasion</b> in the last year?</p> <p>Never                      <input type="checkbox"/> if you tick here, your score is 0</p> <p>Less than monthly                      <input type="checkbox"/> if you tick here, your score is 1</p> <p>Monthly                      <input type="checkbox"/> if you tick here, your score is 2</p> <p>Weekly                      <input type="checkbox"/> if you tick here, your score is 3</p> <p>Daily or almost daily                      <input type="checkbox"/> if you tick here, your score is 4</p>			<p>Score:</p>
<p>Total score for all 3 alcohol questions added together: _____</p>				<p>Score:</p>

