NEW PATIENT REGISTRATION PRIVATE AND CONFIDENTIAL

Welcome to Cranleigh Gardens Medical Centre and to our branch Surgery at Westonzoyland.

­­­­­­

Before we accept you onto our list we ask **all** potential new patients to complete this important questionnaire and the purple registration form and return it to the Practice as soon as possible. This information, along with that contained in your medical records (which can take several months to arrive at times) is very helpful for us to have when we first meet you. **If you wish to have an appointment to discuss your past medical history and your future care, please make an appointment for a health check with a member of our team.**

Please answer **all** the questions.

PREVIOUS GP AND ADDRESS DETAILS

Who is your current Doctor and Practice? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your previous address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to move Practices? ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously been registered at this Medical Centre YES / NO

If so, when were you registered?

PERSONAL DETAILS

|  |  |
| --- | --- |
| Title |  |
| First Name |   |
| Surname |  |
| Previous Surname |  |
| Name of Parent (for children only)  |  |
| Date of Birth |  |
| Current Address |  Postcode |
| Home Telephone |  Preferred Method of Contact  |
| Work Telephone |  Preferred Method of Contact |
| Mobile Telephone |  Preferred Method of Contact  |
|  | We are trialling a new SMS text service for our patients – please check the box if you do **not** wish to be sent a text message  |
| E-mail Address |  |
| Ethnic Group | White: British Irish Mixed: White and Caribbean White and Black African White and Asian Asian/Asian British: Indian .. Pakistani Bangladeshi Chinese/Chinese British: Black/Black British: Carribean African Other (please write in)\_\_\_\_\_\_\_\_\_\_**FIRST LANGUAGE: ENGLISH OTHER please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Do you need information in a particular format eg large print or braille, or do you require a language interpreter or sign language YES/NO****Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

LIFESTYLE INFORMATION

Your current weight --------

Your height --------

Smoking status

 Never smoked

 Current smoker No of cigarettes per day --------

 Amount of tobacco per week --------

 Ex-smoker Previous no of cigarettes per day --------

 Date given up --------

Would you like information on our ‘quit smoking’ service

which is held at the Practice? Yes/No

Alcohol - please score yourself from the following questions:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Score** |  | **Score** |  | **Score** |  | **Score** |  | **Score** | **Your score** |
| How often do you have a drink that contains alcohol?  | Never  | **0** | Monthly or less | **1** | 2-4 times per month | **2** | 2-3 times per week | **3** | 4+ times per week | **4** |  |
| How many standard alcoholic drinks (units\*) do you have on a typical day when you are drinking? | 1-2  | **0** | 3-4 | **1** | 5-6 | **2** | 7-8 | **3** | 10+ | **4** |  |
| How often do you have 6 or more standard drinks on one occasion? | Never | **0** | Less than monthly | **1** | Monthly | **2** | Weekly | **3** | Daily or almost daily | **4** |  |
| **\*Half a pint of regular strength beer, 1 small glass of wine or a single measure of spirits = 1 unit, extra-strength lager or alcopops = 1.5 units** |

How much is too much? A total of 5+ indicates hazardous or harmful drinking.

\*Half a pint of regular strength beer, one small glass of wine or a single measure of spirits = 1 unit, extra-strength lager or alcopops = 1.5 units

Exercise

Do you:

 Avoid exercise

 Enjoy light exercise

 Enjoy moderate exercise

 Enjoy heavy exercise

 Exercise is impossible due to a medical condition

Occupation: ………………

FAMILY MEDICAL HISTORY (if known)

(i.e., parents, siblings, grandparents, uncles and aunts)

Has a family member had a heart attack or heart problems BELOW age 60? Yes/No

If yes, which member? --------------------------------------------------------

Has a family member had a stroke BELOW age 60? Yes/No

If yes, which member? --------------------------------------------------------

Has any family member had the following?

  High blood pressure If so, which family member --------------------

  High cholesterol If so, which family member --------------------

  Glaucoma If so, which family member --------------------

  Bowel cancer If so, which family member --------------------

  Breast cancer If so, which family member --------------------

  Asthma If so, which family member --------------------

  Diabetes If so, which family member --------------------

CARING

Are you a carer? Yes/No

If yes, whom do you care for: Name ----------------------------

 Relationship ----------------------------

 Contact tel. ----------------------------

Do you have a carer? Yes/No

If yes, who is your carer: Name ----------------------------

 Relationship ----------------------------

 Contact tel. ----------------------------

There is a Carers Support Worker based in Bridgwater.

Would you like her to contact you? Yes/No

MEDICAL INFORMATION

## Allergies

Do you have an allergy? Yes/No

If yes, what are you allergic to? -----------------------------------------------------

Please return in the envelope to:

 Medical Secretary

 Cranleigh Gardens Medical Centre

 Cranleigh Gardens

 BRIDGWATER

 Somerset

 TA6 5JS

**Please ensure the correct postage is applied if returning the registration pack by post.**

We will register you at this Practice on receipt of this questionnaire and the purple registration form. We may contact you for further information or to offer health promotion information. If you wish to make an appointment please contact us at the above address or by telephone 01278 433335.

**YOUR INFORMATION – DATA PROTECTION ACT 1998**

We collect and hold personal information about you on our computer system and use this to assist in your personal healthcare. As you would expect, this information is kept securely and confidentially and only shared with other healthcare professionals as required in any medical treatment you may be undergoing or with other agencies with your specific, written consent. A leaflet explaining this more fully is available from reception.

**CRANLEIGH GARDENS MEDICAL CENTRE

Consent to Medical**

**Examination and Treatment**

**What does consent mean?**

It means agreement. Before a doctor, nurse or any other health professional can examine or treat you, they must have your consent.

**Who can give consent?**

You can give consent if you can make decisions for yourself. Being able to make decisions means you can understand what is involved and can think clearly about the advantages and disadvantages of different actions. You must be given enough information, and you should be allowed to make up your own mind without pressure from other people.

**What if I can’t give consent?**

You can give consent only if you can understand the information you are given, make a decision, remember your decision and tell other people your decision. If you can’t do all these things, it is called ‘incapacity’.

* If your incapacity is because of intoxication from drugs or alcohol, a health professional may be able to treat you without consent, if this is in your best interests.

• If your incapacity is because of a mental disorder such as a learning disability or

 dementia, someone else may be able to give consent for you.

**If you are an adult**

Someone can give consent for you if:

* If you have given them welfare power of attorney with the power to consent to treatment, or

• a court has given them a welfare guardianship order with the power

Doctors can also treat you if there is no-one who can give consent on your behalf, and the treatment will benefit you.

**If you are under 16**

Someone with parental responsibility can give consent for you if you can’t give it yourself.

**What information should I be given?**

To help you make a decision, clinicians and staff involved in your care must give you information about the examination or treatment you are being offered in a way that you understand.

**Can I refuse examination and treatment?**

Normally you can refuse an examination or treatment at any time, even if this means your health, or the health of an unborn baby, may be seriously harmed. It is important that you understand what may happen to you if you decide not to have the examination or treatment. If another treatment can be used instead, you should be given information about it. But you can’t insist on a particular treatment if the staff involved in your care don’t think it will help you. Remember that you can ask for a second opinion.

**How will I be asked to give consent?**

* A doctor or nurse may ask you to do something to show consent i.e. to take of a shoe to allow them to examine your foot.
* You may be asked if you agree to an a particular examination or treatment
* You may be asked to sign a document such as a travel or a child immunization form.

**What information should I be given?**

* Why the examination or treatment is being offered
* What it will involve
* If there are any risks or side effects
* What the benefits are
* Whether there are any alternatives
* What may happen if you refuse

**What additional support may I have?**

* You may ask for a chaperone
* You may ask the doctor to use the interpretation service
* You may ask for a friend or family member to accompany you

**Teaching and Research**

You may be asked if you are happy to have another doctor or a medical student present whilst you are examined or treated.

You may be asked if a trainee GP can video their consultation with you.

You may be asked if you would like to take party in a research project. You should ensure that you are given all the information that you need before making a decision and you should be asked to sign that you have given consent if you agree to take part.

|  |  |  |
| --- | --- | --- |
| SCR-logo.png |  | logo.jpg |
|  |
|  |
|  |
|  |
|  |

**Your emergency care summary**

**New patient information**

**Summary Care Record – your emergency care summary**

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that

if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

• **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.

• **No I do not want a Summary Care Record** – enclosed is an opt out form. **Please complete the form and hand it to a member of the GP practice staff**.

If you need more time to make your choice you should let your GP Practice know.

For more information talk to our Patient Advice and Liaison Service (PALS) **(**0800 0851 067**),** GP practice staff, visit the website at **www.somerset.nhs.uk** or **www.nhscarerecords.nhs.uk** or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

Additional copies of the opt out form can be collected from the GP practice, printed from the website **www.nhscarerecords.nhs.uk** or requested from the dedicated NHS Summary Care Record Information Line on 0300 123 2030.

**You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.**

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.



Your emergency care summary

OPT-OUT FORM

CONFIDENTIAL

Request for my clinical information to be withheld from the

Summary Care Record

 If you DO NOT want a Summary Care Record please fill out the form and send it to your GP

 practice

 A. Please complete in BLOCK CAPITALS

Title ................................................................. Surname / Family name ........................................................................................................... Forename(s)................................................................................................................................................................................................................... Address ........................................................................................................................................................................................................................... Postcode ...................................................... Phone No ...................................................... Date of birth ................................................ NHS Number (if known) ............................................................................................................................................................................................

 B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this

 request. Please ensure you fill out their details in section A and your details in section B

 Your name..................................................................................................................................... Your signature.............................................

 Relationship to patient ............................................................................................................ Date ................................................................

 What does it mean if I DO NOT

 have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

FOR NHS USE ONLY

 Actioned by practice: yes/no

 Date .............................................................

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

• phone the Summary Care Record

Information Line on

0300 123 3020;

• contact your local Patient Advice

Liaison Service (PALS); or

• contact your GP practice.

**CRANLEIGH GARDENS MEDICAL CENTRE**

**PPG Email Contact Form**

Cranleigh Gardens Patient Participation Group would like to obtain the views

of as many patients as possible regarding the services that are offered at the practice and any changes or new services that are being considered.

If you would be happy for us to contact you periodically by email please give

your details below and hand this form back to reception, or post through the letter box by the front door.

*Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

The additional information below will help to make sure we always try to speak to a representative sample of the patients that are registered at this practice.

Are you? Male **□**  Female □

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Age Group  | Under 16 | □ | 17-24 | □ |
|  | 25-34 | □ | 35-44 | □ |
|  | 45-54 | □ | 55-64 | □ |
|  | 65-74 | □ | 75-84 | □ |
|  | Over 84 | □ |  |  |

How would you describe how often you come to the practice?

Regularly □

Occasionally □

Very rarely □

To help us ensure our contact list is representative of our local community please indicate which of the following ethnic background you would most closely identify with?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **White** |  |  |  |  |  |
| British | □ | Irish | □ | Non British | □ |
| **Mixed** |  |  |  |  |  |
| White & Black Caribbean | □ | White & Black African | □ | White & Asian | □ |
| **Asian or Asian British** |  |  |  |  |  |
| Indian | □ | Pakistani | □ | Bangladeshi | □ |
| **Black or Black British** |  |  |  |  |  |
| Caribbean | □ | African | □ |  |  |
| **Chinese or other ethnic Group** |  |  |  |  |  |
| Chinese | □ | Any Other | □ |  |  |

*Thank you.*

*The information you supply us will be used lawfully, in accordance with the Data Protection Act 1998.*

*The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly*

***Common Questions and Answers***

***Q Why are you asking people for their contact details?***

A We would like to be able to contact people occasionally to ask them questions about the surgery and how well we are doing to identify areas for improvement.

***Q Will my doctor see this information?***

A This information is purely to contact patients to ask them questions about the surgery, how well we are doing and ensure changes that are being made are patient focused. If your doctor is responsible for making some of the changes in the surgery they might see general feedback from patients but will not be able to identify individual patient responses.

***Q Will the questions you ask me be medical or personal?***

A We will only ask general questions about the practice, such as short questionnaires.

***Q Who else will be able to access my contact details?***

A Your contact details will be kept safely and securely and accessible only by practice staff. They will only be used for this purpose and will not be shared with anyone else.

***Q How often will you contact me?***

A Not very often, possibly 2 or 3 times per year at most.

***Q What is a patient group/patient participation group?***

A This is a group of volunteer patients who are involved in making sure the surgery provides the services its patients need.

***Q Do I have to leave my contact details?***

A No, but if you change your mind, please let us know.

***Q What if I no longer wish to be on the contact list or I leave the surgery?***

A We will ask you to let us know by email if you do not wish to receive further messages.