

Kingsthorpe Medical Centre New Patient Registration Form

Please complete in **BLOCK CAPITALS** and tick the boxes as appropriate
Please complete a separate form for each family member to be registered

Mr/Mrs/Miss/Ms/Other	Full name	DOB:
Home phone number	Work phone number	Mobile number
Address and Post Code		Next of Kin – Name Relationship to you Address
Email address		Post code Telephone number
Your first spoken language:		
Ethnicity:		

Please list below any medical conditions you may have i.e. diabetes	
Name of condition	Date or year of diagnosis

Please list below any surgeries you may have had i.e. appendectomy	
Type of surgery	Date or year of surgery

Please list below any medication prescribed by a GP that you take on a regular basis or provide us with a repeat medication request form			
	Name of Medication	Dose	Frequency
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
<i>Continue over the page if needed, in any further information section</i>			

Please list below any serious diseases that affect any member of your immediate family (Grandparents, parents, siblings) i.e. diabetes, breast or bowel cancer or heart attacks

Condition	Family member	How old were they

Do you wish to give someone permission to speak on your behalf – i.e. to receive test results or to discuss your medical care? If you do please fill in their details below.

Name	Relationship to you	Telephone number

Smoking, Alcohol consumption and Exercise

Are you currently a smoker?	Yes	No	Have you ever been a smoker?	Yes	No
If so, how many cigarettes / cigars / ounces of tobacco do you smoke a day?			If you are a smoker would you like help in quitting?	Y/N	

Any further information which may be of use:

Alcohol – How much do you drink – Audit C



2 units

Pint or regular beer,
lager or cider



1 unit

Single measure of
spirits



2 units

Glass of wine (175ml)



1.5 units

Can of regular lager
or alcopop



9 units

Bottle of wine

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 a month	2-3 times a week	4+ times a week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	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 – A total of 5+ indicates harmful drinking

If you require advice regarding your alcohol consumption please speak with the nurse.

Exercise

How often do you exercise?	Never	1-3x/month	1-3x/week	Daily
What type of exercise do you do?				

Please list any allergies below i.e. medication or foods

Ladies only

Please give the date of your last cervical smear		
What contraception are you using – if you have a coil or the Nexplanon when is it due to be changed?	Name	Date

Veterans

Are you a veteran?	Y/N	If yes - which branch of the services were you with?
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Patient Participation Group	
The practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views and ideas for making the service better. By expressing your interest, you will be helping us to plan ways of involving patients that suit you. If you are interested in getting involved, please tick the box below	
Yes, I am interested in becoming involved with the Patient Participation Group	Y/N

Carers		
Do you have a carer? If yes please give details	Y/N	Name Relationship to you Address Post Code Telephone number
Are you a carer? If yes please give details	Y/N	Name Relationship to you Address
If yes have you registered for an annual flu vaccination?	Y/N	Post Code Telephone number
Are you happy for us to include you on our carers register?		Y/N
Would you like to be referred to Northamptonshire Carers for additional support?		Y/N

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Information Sharing Consent
<p>The data held in your GP medical records is shared with other healthcare professionals for the purposes of your individual care. It is also shared with other organisations to support health and care planning and research.</p> <p>If you do not want your personally identifiable patient data to be shared outside of your GP practice for purposes except your own care, you can register an opt-out with your GP practice. This is known as a Type 1 Opt-out. Type 1 Opt-outs may be discontinued in the future. If this happens then they may be turned into a National Data Opt-out. Your GP practice will tell you if this is going to happen and if you need to do anything. More information about the National Data Opt-out is here: https://www.nhs.uk/your-nhs-data-matters/</p> <p>You can use this form to:</p> <ul style="list-style-type: none"> register a Type 1 Opt-out, for yourself or for a dependent (if you are the parent or legal guardian of the patient) (to Opt-out)

- withdraw an existing Type 1 Opt-out, for yourself or a dependent (if you are the parent or legal guardian of the patient) if you have changed your preference (**Opt-in**)

This decision will not affect individual care and you can change your choice at any time, using this form.

I agree to my information being shared and gathered between services	
I do not agree to my information being shared and gathered between services	
<i>Please tick the appropriate statement</i>	

Administrative Staff Only

ID Seen	Y/N	Type of ID	
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Proof of Address seen	Y/N	Type of Proof	
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Date received			
Date applied			
Tick to select the codes applied	Opt – Out - Dissent code: 9Nu0 (827241000000103 Dissent from secondary use of general practitioner patient identifiable data (finding))		
	Opt – In - Dissent withdrawal code: 9Nu1 (827261000000102 Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding))]		

Clinical Staff only

Height		Weight		Blood Pressure	
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Urine Dip		Urine sent < 25 yrs	
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Clinical Staff Only

Recalls	
Coil change	
Hypertension	
Influenza vaccine – surgery or home	
Nexplanon Change	
Pill check	
Repeat blood test – add reason	
Thyroid blood test	

Updated: 01/08/2022