<u>Kingsthorpe Medical Centre</u> 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

DOB:

Full name

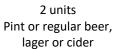
Mr/Mrs/Miss/Ms/Other

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 be	elow any medical co	onditions you may have i	.e. diabetes					
Name of cor			ar of diagnosis					
		you may have had i.e. appendectomy						
Type of sur	rgery	Date or year of surgery						
pro	vide us with a repe	ped by a GP that you take at medication request fo	rm					
Name of M	ledication	Dose	Frequency					
2								
3								
4								
5								
6								
8								
9								
10								
Continue over	the page if neede	d, in any further inforn	nation section					

					 			
Please list below any serio (Grandparents, parents, si								
Condition		nily member		old were t				
		•						
Do you wish to give someone					t results			
or to discuss your me					_			
Name	Relat	ionship to you	l elep	hone nun	nber			
Smol	ing Alashal	concumption and Ex	voroico					
	Yes No	consumption and Ex		Yes	No			
smoker?	i es ive	smoke		163	INO			
If so, how many cigarettes /		If you are a smoke						
cigars / ounces of tobacco		like help in qu		Υ/	'N			
do you smoke a day?		1 1	3					
Any further information which r	nay be of us	e:						

Alcohol – How much do you drink – Audit C







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			Your			
	0	1	oring syste	3	4	score
How often do you have a drink	Never	Monthly	2-4	2-3	4+	
that contains alcohol?		or less	times a	times a	times a	
			month	week	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	Name	Date							
a coil or the Nexplanon when is it due to be									
changed?									

Veterans								
Are you a veteran?	Y/N	If yes - which branch of the services were you with?						

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

Carers								
Do you have a carer?	Y/N	Nar	me					
If yes please give details		Rela	ationship to you					
		Add	dress					
		Pos	st Code					
		Tele	ephone number					
Are you a carer?	Y/N	Nar	me					
If yes please give details		Rela	Relationship to you					
		Add	dress					
If yes have you registered for	Y/N							
an annual flu vaccination?	1718	Pos	st Code					
			elephone number					
Are you happy for us to include	de vou on ou		Y/N					
carers register?	, , , , , , , , , , , , , , , , , , , ,							
Would you like to be ref	erred to		Y/N					
Northamptonshire Carers for	r additional							
support?								

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suit you. If you are interested in getting involved, please tick the box below					
Yes, I am interested in becoming involved with the Patient	Y/N				
Participation Group					

Information Sharing Consent

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.

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/

You can use this form to:

 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								
Please tick the appropriate statement								

Administrative Staff Only

									•					
ID Seen	Y/N	Т	Гуре	of ID										
			1											
Proof of Add	dress	seen		Y/N	Т	ype of Pro	oof							
Date receive	ed													
Date applied	d													
Tick to select	ct	Opt –	Ou	t - Dis	ser	nt code:								
the codes applied 9Nu0 (827241000000103 Dissent from secondary use of general practitioner patient identifiable data (finding))														
		Opt –	· In -	- Diss	ent	withdraw	al cod	de:						
9Nu1 (827261000000102 Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding))]														
						Clinical	Staff	only						
Height					١	Weight		Blood Pressure						
			1											
Urine Dip						U	rine sent	t < 2	25 yrs					
Clinical Staf	f Only	у												
						Re	calls							
0 : 1														

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