**Kingsthorpe Medical Centre**

**New Patient Registration Form**

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

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

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| Please list below any medical conditions you may have i.e. diabetes | |
| **Name of condition** | **Date or year of diagnosis** |
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| Please list below any surgeries you may have had i.e. appendectomy | |
| **Type of surgery** | **Date or year of surgery** |
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| 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** |  |  |  |
| ***Continue over the page if needed, in any further information section*** | | | |

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| 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** |
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| 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** |
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| 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 | |

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| Any further information which may be of use: |
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| Alcohol – How much do you drink – Audit C   |  |  |  |  |  | | --- | --- | --- | --- | --- | | C:\Users\KRoy\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\X5Q7IRY2\beer_PNG2376[1].png | C:\Users\KRoy\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\GVVNB9O7\1200px-Glass_of_Bell's[1].jpg | C:\Users\KRoy\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\V527RTRG\glass-of-wine-1973136_960_720[1].png | C:\Users\KRoy\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\LDHKVZ6O\5927645121_3096ba8205_z[1].jpg | C:\Users\KRoy\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\YRRJUE6M\alcohol-1031713_640[1].png | | 2 units | 1 unit | 2 units | 1.5 units | 9 units | | Pint or regular beer, lager or cider | Single measure of spirits | Glass of wine (175ml) | Can of regular lager or alcopop | Bottle of wine |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Questions | Scoring system  0 1 2 3 4 | | | | | Your score | | 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? |  | | | |

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

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| 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 |

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| 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  If yes have you registered for an annual flu vaccination? | Y/N  Y/N | Name  Relationship to you  Address  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 | |
| 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**

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| --- | --- | --- | --- |
| 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**

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| --- | --- | --- | --- | --- | --- |
| Height |  | Weight |  | Blood Pressure |  |

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| Urine Dip |  | Urine sent < 25 yrs |  |

**Clinical Staff Only**

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| **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**