Adult UK Registration

Brookside GROUP PRACTICE
Partners in Healthcare

Welcome to Brookside Group Practice

In order for your registration to be completed as efficiently as possible, please ensure that you answer all boxes on the registration form. To complete your part of the registration you will also need to provide the surgery with two forms of identification – photo ID e.g. passport and proof of address e.g. utilities bill or council tax statement.

Please Print Clearly - PART 1

<table>
<tr><td>Forename(s)</td><td>Surname</td><td>Date of birth</td></tr>
<tr><td>Gender M / F</td><td>Title</td><td>NHS number</td></tr>
<tr><td>Marital status</td><td>Previous surname</td><td>Home phone no.</td></tr>
<tr><td colspan="2" rowspan="3">Address

Postcode</td><td>Mobile phone no.</td></tr>
<tr><td>Work phone no.</td></tr>
<tr><td>If you <u>do not</u> wish to receive text reminders please tick here [ ]</td></tr>
<tr><td colspan="3">Please provide details of anyone already living at this address who is already registered with the surgery.
Name: Date of birth:</td></tr>
<tr><td colspan="3">Name and address of previous surgery in UK
Name of GP: Address:</td></tr>
<tr><td>Town and country of birth</td><td rowspan="3">Previous address in UK

Postcode</td></tr>
<tr><td>Have you previously registered at this surgery? Y / N</td></tr>
<tr><td>Ethnicity
I do not wish to answer this [ ]</td></tr>
<tr><td>Main spoken language

Do you need interpretation? Y / N</td><td colspan="2">Do you need additional help with communication due to medical conditions e.g. large print or sign language interpreter? Please state your need.</td></tr>
<tr><td>Are you a carer? Y / N

If you are please ask at reception for a ‘carer’s card’ to complete.</td><td colspan="2">Does someone care for you? Y / N
Contact name
Phone number
Relationship to you</td></tr>
<tr><td>Are you currently serving in the armed forces? Y / N
Are you ex-armed forces? Y / N
A reservist? Y / N
Leaving the armed forces? Y / N</td><td colspan="2">Are you returning from abroad (previously resident in UK)?
Date left UK: Date returned:</td></tr>
</table>

Do you take repeat medication? Y / N **Please provide a copy of your repeat order form so that we can ensure we are aware of your repeat medications before you need to request them.**	Please state which pharmacy you wish to have your prescriptions sent to:

Your Current Health – PART 2

Do you smoke? [ ] Yes – How many a day? ___ [ ] Ex smoker [ ] Never have	If a current smoker, would you like help to stop smoking from our Smoking Cessation Advisor? Y / N	Do you drink alcohol? [ ] Yes [ ] Ex drinker [ ] Never have Please continue to **PART 3** if you do not drink alcohol.

1 Unit of Alcohol:


Half pint of regular beer, larger or cider


A small glass of wine


A single measure of spirits


A small glass of sherry


A single measure of aperitifs

More than 1 Unit of Alcohol:

Pint of regular beer, larger or cider

Pint of premium beer, larger or cider

Alcopop or can/bottle or regular larger

Can of premium larger or strong beer

Can of super strength larger or beer

Glass of wine (175ml)

Bottle of wine

How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Your Current Health - PART 3

Do you have one of the following long term conditions? [ ] Asthma [ ] Chronic Kidney Disease (CHD) [ ] COPD [ ] Coronary Heart Disease / Angina [ ] Diabetes [ ] Epilepsy [ ] Hypertension (high blood pressure) [ ] Stroke [ ] Thyroid problems [ ] Mental Health problems (incl. Dementia) [ ] Other, please state:	If yes, you MUST to book a new patient appointment with one of our Health Care Assistants or Asthma nurse (excl. Mental health & Epilepsy). If Mental Health, Dementia or Epilepsy patient please book new patient appointment with a GP. If no, would you like a routine new patient appointment with one of our Health Care Assistants? Y / N

Your Information - PART 4

Each patient will automatically have a Summary Care Record (SCR)* made for medication, allergies and adverse reactions unless we are notified in person that individual patients wish to opt out.

What does it mean if I do not have an SCR?
NHS healthcare staff caring for you may not be aware of your current medications, allergies and any bad reactions to medicines you have had, in order to treat you safely in an emergency. Your records will stay as they are now with information being shared by letter, email, fax or phone.

[ ] **Yes I would like a Summary Care Record.** If you want a record you do not have to do anything further, one will be created for you when processing this registration form. If you have opted out in the past please let us know so one can be created for you.

[ ] No I do not want a Summary Care Record.

***Summary Care Records (SCR).** The SCR is held across England and at the moment only holds demographics and basic patient data such as medications and allergies. This information is available to other facilities such as hospitals and Out of Hours. The depth of information available on the SCR will grow as the system is developed. It is important for Health Care Professionals to have access to this data.

Personal and medical information about patients registered with us are stored electronically and in paper form. Some information will be sent to hospital consultants and other health professionals to whom you are referred by your GP in order to provide continued healthcare and obtain treatment for you.

We sometimes use accredited providers for our communication with you, for example when we send recall letters for medication reviews or invitations to our flu clinics. All providers we use are checked carefully to ensure they comply with strict confidentiality protocols. If you'd like a copy of our privacy policy please ask.

To ensure the security of all patient information all staff who have access to your details and medical records are covered by confidentiality clauses in their employment contracts and the Data Protection Act and Freedom of Information Act. Our guiding principal is that we hold your records in strictest confidence.

I certify that the information provided is correct and consent to my personal and medical information being used as stated above.

Print full name……Sign……

Date ……../……../……

PTO >

Organ Donor Registration
To register and record your wishes around organ donation please visit www.organdonation.nhs.uk

NHS Blood Donor Registration
If you would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood, please visit the website for full information.
www.blood.co.uk
Or phone: 0300 123 23 23