Brailsford & Hulland Medical Practice

New Patient Registration Form – Adult (>16 years)

Please complete this confidential questionnaire (one for each member of the family to be registered with the Practice)

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

Full Name:			**Telephone Number:**
Mr / Mrs / Miss / Ms / Other……..			**Work Number**
Address and Postcode			**Mobile Number:** **Do you consent to text messages** ☐
			E-mail Address:
			Preferred method of contact: **Home** ☐ **Mobile** ☐ **Email** ☐
			Next of Kin & relationship to you:
Date of Birth:	**Previous / Mother's surname if different:**		**Next of Kin's Contact Number:**
Marital Status: *(please circle)* Married ☐ Single ☐ Divorced ☐ Widowed ☐ Other ☐		**Gender** *(please circle)* Male ☐ Female ☐	**Town & Country of Birth**

Your height:	**cm**	**Your weight:**	**kg**

Please indicate where you would like to see the doctor as this is where we will keep your medical records:

Brailsford ☐ **Hulland Ward** ☐

Please indicate whether you have a preferred doctor:

Dr D Kennedy ☐ **Dr R Chamberlain**

No preference ☐

As part of the registration process you will be allocated a named GP who will be responsible for your care and support, however this does not prevent you from seeing or speaking to any of the other GPs in our practice.

Ethnic Origin

White
- ☐ White British
- ☐ White Irish
- ☐ White Other

Asian
- ☐ Asian Indian
- ☐ Asian Pakistani
- ☐ Asian Bangladeshi
- ☐ Asian Other

Chinese
- ☐ Chinese

Other
- ☐ Other Ethnic Groups

Black
- ☐ Black Caribbean
- ☐ Black African
- ☐ Black Other

Mixed
- ☐ White & Black Caribbean
- ☐ White & Black African
- ☐ White & Asian
- ☐ Other Mixed

Decline
- ☐ Prefer not to say

Please state your first language if not English _____

Lifestyle Information

Smoking Status

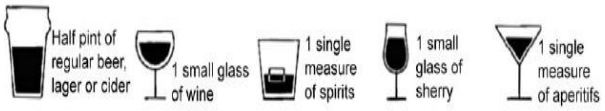
☐ Never Smoked

☐ Current Smoker
Please tick if you would like support and advice on giving up smoking ☐

☐ Ex-Smoker
Please state the year you gave up smoking _____

Alcohol

These represent 1 unit of alcohol



…and each of these represent more than one unit

Please calculate

APPROXIMATE NUMBER OF UNITS PER WEEK

_____

Questions	0	1	2	3	4	Score
1 How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2 How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3 How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4 How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5 How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6 How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7 How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8 How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9 Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10 Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

Exercise

Do you take any form of regular exercise? Yes ☐ No ☐

I enjoy light exercise ☐

I enjoy moderate exercise ☐

I enjoy heavy exercise ☐

Medical History

Do you have a past or present history of the following condition? If so please give details		
Condition	**Y/N**	**Details/Comments**
Diabetes		
High blood pressure		
Heart disease (heart attacks, angina, heart failure, atrial fibrillation)		
Stroke/TIA (mini stroke)		
Epilepsy or fits		
Thyroid problems		
Raised cholesterol		
Respiratory disease (asthma, COPD, emphysema)		
Skin disease		
Mental health disorders (including depression or dementia)		
Congenital conditions		
Physical disability		
Cancer		
Kidney or urinary tract problems		
Gastrointestinal problems (including coeliac disease, diverticulitis or IBS)		
Gynaecological problems		
Eye or sight problems		
Mobility problems		
Musculoskeletal problems		
Other serious illness, operations or accidents		
Other ongoing symptoms (shortness of breath, chest pain, weight loss etc.)		

Medication

Please list any medication you take regularly (including over the counter medication)

Female Patients

Do you have an inter-uterine device (coil) or contraceptive implant? Yes ☐ No ☐

Please give approximate date of insertion (if known) _____

Allergies & Reactions

Please indicate if you have had any allergic reactions to medication, vaccinations, medical dressings or foodstuffs.

Family History

Is there any history of the following in your family (father, mother, brother, sister) before the age of 65?

Heart Disease (heart attacks, angina)

Yes ☐ No ☐ which family member? _____

Asthma

Yes ☐ No ☐ which family member? _____

Diabetes

Yes ☐ No ☐ which family member? _____

Stroke

Yes ☐ No ☐ which family member? _____

Cancer

Yes ☐ No ☐ which family member? _____

What type of cancer did he/she suffer from? _____

We would like to invite new patients to book an appointment to see:

Patients with regular prescriptions with a doctor

Patients with a long term condition with a nurse

Patients without a health condition with an HCA

Application for online access to my medical record

Surname	Date of birth
First name	
Address Postcode	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my medical record	☐

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	☐
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	☐
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	☐

Summary Care Records

In the event of you requiring URGENT medical attention a **Summary Care Record** can be available to any Out of Hour Service, Walk in Clinic, Hospital or if seen by a Paramedic.

With your consent Medical Professionals will be able to access your important medical details. This information will **only** include the following:
Any medication you are taking
Any allergies you have
Any adverse reactions you have experienced.

Are you happy to have a Summary Care Record?	Yes ☐ No ☐ Please be aware if you choose not to have a **Summary Care Record** it may result in Medical Professionals being unable to give you the correct/necessary treatment.

Patient Signature:		**Signature on behalf of Patient:**	

Thank you for completing this form

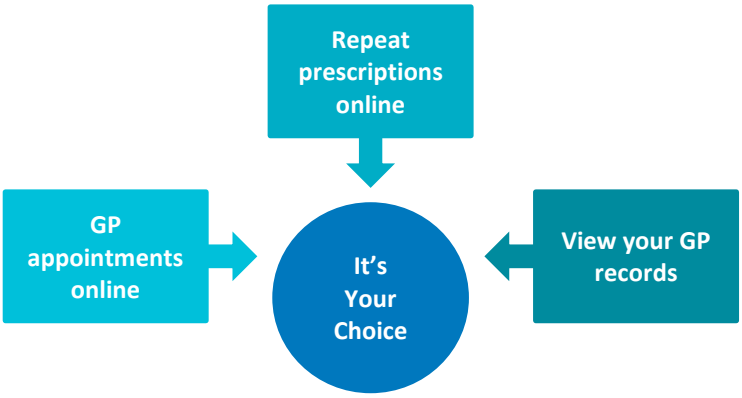
For more information about the services we offer, please refer to the practice leaflet or see our website: www.brailsfordandhulland.co.uk

Online Services Records Access
Patient information leaflet 'It's your choice'

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.



It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

The practice has the right to remove online access to services for anyone that doesn't use them responsibly.

Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Things to consider

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure
http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf