

CLEVELEYS GROUP PRACTICE

NEW PATIENT REGISTRATION

Please fill out using **BLOCK CAPITALS**

Name:	Date of Birth:	NHS No:
Address:		
Telephone Number:	Email Address:* <i>You will be sent your Online Credentials via this email address.</i>	
Mobile Number:		
MAIN LANGUAGE SPOKEN: English: Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Please specify):		
PLEASE TICK THIS BOX IF YOU DO NOT WISH TO RECEIVE HEALTH/APPOINTMENT REMINDERS/CAMPAIGN INFORMATION FROM THE PRACTICE VIA YOUR Email: <input type="checkbox"/> Mobile: <input type="checkbox"/>		

Are you currently pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, expected delivery date:
Have you ever served in the British Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Name, Address, Tel No of previous GP:	
Next of Kin Name: Can this person be contacted in an emergency? Yes <input type="checkbox"/> No <input type="checkbox"/> Can we discuss your medical record with this person? Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship: Contact Number:

PLEASE COMPLETE FOR ALL PATIENTS UNDER 16 YEARS:	
Names of Parental Responsibility:	Name of school:
	School planned to attend (If Under 5 Years):

FAMILY HISTORY - THIS RELATES TO YOUR PARENTS, BROTHERS, SISTERS AND GRANDPARENTS: DO ANY OF YOUR FAMILY SUFFER FROM THE FOLLOWING? Please tick those that apply			
Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Atrial Fibrillation	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Heart Failure	<input type="checkbox"/>
Chronic Heart Disease	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>
COPD	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
Dementia	<input type="checkbox"/>	Non-Diabetic Hyperglycaemia	<input type="checkbox"/>
		Osteoporosis	<input type="checkbox"/>
		Peripheral Arterial Disease	<input type="checkbox"/>
		Rheumatoid Arthritis	<input type="checkbox"/>
		Stroke / TIA	<input type="checkbox"/>
		No Family History	<input type="checkbox"/>

Patient Screening

Height:	Weight:
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Smoking Screening			
<p>We strongly advise against smoking. If you require help/support with stopping smoking please contact Stop Smoking Services on 0300 1231044</p>			
Are you a smoker?	How many do you smoke daily? [_____]	Never Smoked <input type="checkbox"/>	Ex-Smoker <input type="checkbox"/> If ex, when did you stop?

Alcohol Screening						
For the following questions, please tick the answer which best applies.						
1 drink = 1/2 pint of beer or 1 glass of wine or 1 single spirit						
	0	1	2	3	4	Score
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	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How many standard drinks containing alcohol do you have when you are drinking?	1 or 2	3 or 4	5 or 6	7 or 8	10 or more	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PATIENT ETHNIC ORIGIN QUESTIONNAIRE			
<p><i>This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act. Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.</i></p>			
(A): White	British <input type="checkbox"/>	Irish <input type="checkbox"/>	
	Any other white background (Please specify): <input type="checkbox"/>		
(B): Mixed	White & Black Caribbean <input type="checkbox"/>	White & Black African <input type="checkbox"/>	White & Asian <input type="checkbox"/>
	Any other mixed background (Please specify): <input type="checkbox"/>		
(C): Asian or Asian British	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>
	Any other Asian background (Please specify): <input type="checkbox"/>		
(D): Black or Black British	Caribbean <input type="checkbox"/>	African <input type="checkbox"/>	White and Asian <input type="checkbox"/>
	Any other black background (Please specify): <input type="checkbox"/>		
(E): Chinese or other ethnic group	Chinese <input type="checkbox"/>	Any other (Please specify): <input type="checkbox"/>	

Carer questionnaire	
Do you look after someone? Yes <input type="checkbox"/> No <input type="checkbox"/>	Does someone look after you? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, is the person registered at this practice? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please state the name and date of birth of the patient cared for:	

Medicines

**PLEASE LIST MEDICATIONS YOU ARE CURRENTLY TAKING
(if possible please attach a list from previous GP).**

<u>Medication Name</u>	<u>Strength</u>	<u>Dosage</u>

Do you have any allergies to any medications? Yes No If yes, which medicines are they?

ARE YOU CURRENTLY ATTENDING A HOSPITAL OUTPATIENT CLINIC? IF SO PLEASE GIVE DETAILS

Before registering it is important that we make you aware that the Doctors do not routinely or regularly prescribe the following types of medications.

➤ Buprenorphine	➤ Morphine	➤ Sleeping tablets or tranquilisers
➤ Diazepam	➤ Nitrazepam	➤ Temazepam
➤ Dihydrocodeine	➤ Oxycodone	➤ Tramadol
➤ Gabapentin	➤ Pregabalin	➤ Zopiclone
➤ Other Benzodiazepines		

You may be asked to sign for your prescription when you collect it from the practice or the community pharmacy.

Driving: as long as you are following the advice of a healthcare professional and your driving isn't impaired you can continue to drive as usual and aren't at risk of arrest. There are 8 prescription drugs that are included within the new law. These are: clonazepam, diazepam, flunitrazepam, lorazepam, oxazepam, temazepam, methadone and morphine.

However, the limits that have been set for these drugs exceed normal prescribed doses, meaning that the vast majority of people can drive as they normally would, so long as:

- you are taking your medicine in accordance with the advice of a healthcare professional
- your driving is not impaired

If you are currently prescribed any of the above medications, by registering at Cleveleys Group Practice you are accepting that you will be placed on this programme and accept that you wish to abstain from these medications.

<u>Patient Name:</u>	<u>Date of Birth:</u>
<u>Patient Signature</u>	<u>Date:</u>

Practice Information

Patient / Doctor Contract

We expect from you as a patient to:

- Keep your appointments once booked
- Contact the surgery to cancel or rearrange appointments if unable to attend
- Ensure it's a medical emergency when requesting home visits
- Accept that if suspected of supplying your prescribed medication to others, your prescription will be stopped and further action may be taken
- Notify the surgery if your prescription is lost or stolen as soon as possible – you will be asked to complete a form and for some medicines we will not replace the prescription

Please note that if you arrive 10 minutes late for an appointment, you may not be able to be seen and you will be asked to rebook.

Please understand that it is unacceptable to intimidate or threaten practice staff. You will be removed from the practice list, as we do not tolerate this behaviour.

Contact Details:

Opening Hours: Monday – Friday 08:00-18:30 | Saturday 08:00 – 14:00

Telephone: 01253 853992

Website: <https://www.cleveleysgrouppractice.co.uk>

If you require urgent medical assistance while we are closed which cannot wait until the surgery re-opens, please call 1-1-1. Calls to the NHS 111 service are free from both landlines and mobiles. If you have a life threatening medical emergency please dial 999.

Access:

If you require assistance with access to the surgery, please telephone reception on 01253 853992 on arrival.

Your Named/Allocated General Practitioner:

The health authority will issue you with a new NHS Card stating your NHS number and your Named/Allocated General Practitioner who is overly in charge of your general care. This is for information only. You are entitled to see any GP within the practice.

Online Patient Access:

You can now book/cancel appointments with a clinician and order your monthly prescriptions 24 hours a day via the Patient Access app or myGP available on the App Store for both ANDROID and iOS.

Your credentials will be sent via your registered email address, however if you are unable to view please ask Reception and a printed copy will be issued. This process can only take place once your registration has been processed. This usually will be within 2 working days.

Speak to Reception for more details.

Electronic Prescribing:

Cleveleys Group Practice uses Electronic Prescribing meaning your prescriptions can be sent electronically to your designated pharmacy. Please sign up at your local pharmacy to save yourself unnecessary journeys to pick your medications up.