

NEW PATIENT APPLICATION FORM

You must fully complete this form before we will be able to register you.



ABOUT YOU	
Full name:	Date of birth:
Home address and postcode:	Home telephone:
	Mobile telephone:
Email address:	Work telephone:
If under 16 name of parent/guardian:	Name of school or nursery (where applicable):
Name and number of next of kin / emergency contact:	
Marital status (choose one): <input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living together
Ethnicity (choose one): <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Other white background <input type="checkbox"/> Mixed White and Black Caribbean <input type="checkbox"/> Mixed White and Black African <input type="checkbox"/> Mixed White and Asian <input type="checkbox"/> Other mixed background	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian background <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Other Black background <input type="checkbox"/> Arab <input type="checkbox"/> Other ethnic group
Main language spoken:	
Do you receive Carer's Allowance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you do please state who this relates to:	
Do you have a carer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you do please state their name and contact details:	
Do you have any disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you do please state what they are:	
Have you ever smoked? <input type="checkbox"/> Yes, current smoker <input type="checkbox"/> Yes, ex-smoker <input type="checkbox"/> No, never smoked	<i>Smoking is harmful to your health and giving up is the most important thing you can do to improve it. If you would like some help stopping please make an appointment with a nurse or visit www.nhs.uk/smokefree</i>
How tall are you? feet inches or metres centimetres
How much do you weigh? stones pounds or kilograms

	Please answer the questions below about any use of alcohol by circling the answer that best applies on each line:				
	0	1	2	3	4
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
<p><i>The recommended safe levels for alcohol consumption are no more than 3-4 units per day (21 per week) for men and 2-3 units per day (14 per week) for women. One unit of alcohol is equal to half a pint of regular beer, lager or cider, one small (125ml) glass of wine, or a single pub measure of spirits. Drinking excessively will damage your health. If you would like help about your use of alcohol or have any questions, please come and speak to a nurse initially.</i></p>					

WOMEN'S HEALTH

<p>Are you using any of the following forms of contraception?</p> <p><input type="checkbox"/> Implant (Implanon or Nexplanon) – date of insertion:</p> <p><input type="checkbox"/> Coil / IUD (Mirena) – date of insertion:</p> <p><input type="checkbox"/> Injection (Depo-Provera) – date of last injection:</p> <p><input type="checkbox"/> Condoms or Diaphragm</p> <p><input type="checkbox"/> Contraceptive pill or patch – date of last pill check:</p> <p><input type="checkbox"/> Sterilised – how and when:</p> <p><input type="checkbox"/> Other – state what:</p>
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Are you currently pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you are when are you due to give birth?

Are you up to date with cervical smears?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Normally these are due every 3 years for women aged 25-50 and every 5 years for those aged 50-65. Some women may be recalled earlier if they have had an abnormal result. If you are due a cervical smear please book an appointment in the middle of your cycle with a nurse.

ABOUT YOUR HEALTH

Please list any significant health problems you have now or that you have had in the past. This should include anything you are being treated for or receive medication for. If you have no significant health issues please write "none":

We advise an annual review of health problems such as high blood pressure, heart disease, stroke, asthma, COPD, diabetes, and epilepsy. If you have not had a review in the last year then once you are registered please book an appointment for one.

Do you have any allergies? Yes No

If you do, please state what they are to and what happened:

Are there any illnesses or diseases that run in your family (blood relatives)? Yes No

If yes, please complete the details below:

Condition and type	Who was affected?	What age did it start?
<i>eg stomach cancer</i>	<i>father</i>	<i>57</i>

Please use the box below for any other information you feel is relevant to your registration:

THE PRACTICE

*We run a **Patient Participation Group** to discuss matters at the practice and are actively looking for interested patients to become members. If you would like to join this group please ask to speak to the Practice Manager at an appropriate time. The minutes of previous meetings of the group are on our website at www.bloomfieldmedicalcentre.co.uk*

*We have a **Patient Access** facility where you can access your repeat medication online and order items when needed. You can also update some contact information and review any upcoming appointments you have booked. You can sign up to use this facility through our website (above).*

Part of the approval process requires us to check that it is the patient concerned who is applying for access. To facilitate this please enter a memorable word or phrase below that we can check with you.

Memorable word or phrase:

YOUR MEDICATION

If you take any regular prescribed medication please list all details below or attach a copy of the slip from your previous practice. If you don't take any prescribed medication please write "none":			
Drug name	Form	Strength	Dose
<i>eg amlodipine</i>	<i>tablets</i>	<i>5mg</i>	<i>one daily</i>
<i>eg furosemide</i>	<i>liquid</i>	<i>40mg per 5ml</i>	<i>5ml daily</i>
<p><i>Any medication not listed here will NOT be issued until you have been reviewed by a clinician, which may mean you are asked to book a routine appointment. Items you have listed will be available once confirmed with your previous practice.</i></p> <p><i>IMPORTANT: Until your registration is accepted you remain registered with your old practice and they are responsible for continuing your care, including the issue of any medication required. Please ensure you have sufficient supplies to last you while your registration is being processed.</i></p>			

PATIENT DECLARATION

I confirm that the information provided on this form is complete and correct.	
Signature:	Date:

SUMMARY CARE RECORD AND DATA SHARING

Your health records are important and confidential. However in today's more complex world where we often receive treatment in many different locations and organisations the lack of complete information about your health can hamper effective treatment and in some cases increase the risk of harm.

Data can also be a very powerful tool for studying health and healthcare systems to enable us to treat the population better in the future or design better systems to deliver healthcare.

To address these goals the NHS is introducing a number of distinctly separate programmes. It is important that you read the information below to understand the differences between them and decide what you want to do.

Summary Care Record

The NHS in England is introducing the Summary Care Record. The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

It will not be shared or accessed in other ways.

We support Summary Care Records although as a patient you have a choice whether you want one. For more information you can talk to the local Patient Advice and Liaison Service (PALS) (01253 655589), GP practice staff, visit the website www.nhscarerecords.nhs.uk or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

If you do nothing we will assume that you are happy with this and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

So if you would like a Summary Care Record you do not need to do anything at all.

If you do not want a Summary Care Record you must complete the opt out below.

You can change your mind at any time by informing the practice.

Please tick this box if you do not want a Summary Care Record. By doing so you acknowledge that this means healthcare professionals treating you in an emergency will have less information about you and that this incurs a risk to yourself.

Sign to confirm opt-out:

Care.Data

Another, entirely separate programme is Care.Data which is a project run by the Health and Social Care Information Centre (HSCIC).

Your date of birth, full postcode, NHS Number and gender (rather than your name) can be used to link your records in a secure system, managed by the HSCIC. The type of information shared, and how it is shared, is controlled by law and strict confidentiality rules. Sharing information about the care you have received helps understand the health needs of everyone, the quality of the treatment and care provided and to reduce inequalities in the care provided.

It will also provide information that will enable the public to hold the NHS to account and ensure that any unacceptable standards of care are identified as quickly as possible. Information will help to find more effective ways of preventing, treating and managing illnesses, understand who is most at risk of particular diseases and conditions, so those who plan care can provide preventative services and guide decisions about how to manage resources so that they can best support the treatment and management of illness for all patients.

More information on Care.Data can be found at:

www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Pages/care-data.aspx

Again, you have a choice whether you want your data to be part of this or not. If you are happy you do not need to do anything.

If you do not wish your data to be used in this way then you can object in two ways described below.

Making either or both of these objections will not affect the care you receive. Again, you can change your mind at any point.

Please tick this box if you do not want any information containing data that identifies you to leave the practice. This will prevent the identifiable information held in your GP record from being sent to the HSCIC / Care.Data. It will also prevent those who have gained special legal approval from using your health information for research. The surgery will block the uploading of your identifiable and personal information to the HSCIC.

Sign to confirm opt-out:

NAMED GP AND NEW PATIENT CHECKS

All patients at Bloomfield have a named GP who oversees the delivery of care to the patients registered with them. If you would like to know who they are, please ask at the practice. Having a named GP does not mean that you have to see that doctor or that you cannot see someone else.

We recommend that newly registered patients are seen at some point within the first six months.

If you would like a new patient check, please make an appointment to see a nurse.

IDENTITY CHECK AND VALIDATION – PRACTICE USE ONLY

Please confirm identification provided:

- Driving License (Picture / Paper)
- Passport

- Birth Certificate
- Other (state)

Are you able to verify the patient's address? Yes No

Have all the mandatory fields been properly completed? Yes No

Has the GMS1 been properly completed? Yes No

If yes to all three above initial and date to the right, then place in the scanning box.

Initial:

Date:

Registration added to EMIS Web?

Yes

By:

Allergies added and template completed?

Yes

By:

Registration form scanned into Docman?

Yes

By: