

Surrey Docks Health Centre Female New Patient Registration

Sex	
Surname / Family name	
Previous Surname	
Forenames	
Calling name	
Date of Birth (day : month : year)	
Title	
Marital status	

Flat Number / House Name	
House Number and or Street Name	
Town	
Post code	

NHS Number	
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Home Tel No	
Work Tel No	
Mobile Tel No	
Email address	

Carer's name	
Carer's address	
Carer's telephone contact	
Carer's relationship to patient	

Have you previously been registered with a GP in the UK?	
If you were not born here, when did you first enter the UK?	
Name of your previous GP in the UK (if you have had one)	
Your previous address in the UK (if applicable)	

Tracing past medical records:

This is my first registration with a UK GP: please circle>>>

Yes	No
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Name, address & phone of your previous UK GP (if you had one)

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NHS Organ Donor Registration

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death.

Please circle as appropriate:

Kidney	Heart	Liver	Cornea	Lung	Pancreas	Any part of my body
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Signature and date confirming consent to organ donation:

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NHS Blood Donor Registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to give blood.

Tick here if you have given blood in the last three years:

Signature and date confirming consent to inclusion on the NHS blood donor register

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Contacting you:

<p>Is it ok for us to text you on your mobile with appointment reminders and health promotion service information? We will not pass your number on to anyone else. Please circle >>>>></p>	<p>Yes</p>	<p>No</p>
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<p>Please give the name and phone number of the person you would want us to contact in an emergency, and their relationship to you >>>>></p>	
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<p>Country of Birth</p>	
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<p>What is your first language?</p>	
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<p>If English is not your first language, are you confident speaking it?</p>	
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If you are not confident speaking English, or have a sensory impairment, please let the receptionist know in advance of making an appointment.

Ethnic Origin:

Please tick one ethnic group which most closely applies to you.

- White British
- White Irish
- Other white ethnic group
- Black Caribbean and White
- Black African and White
- Other ethnic, Asian/White origin
- Other ethnic, mixed origin
- Indian
- Pakistani
- Bangladeshi
- Other Asian ethnic group
- Black Caribbean
- Black African
- Black, other, non-mixed origin
- Chinese

Other ethnic group, please specify >>>>

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Your personal health information:

Please measure yourself using the height and weight apparatus provided, (if you are unable to do this yourself, please ask a receptionist for assistance).

Height in cm

Weight in kg

Smoking information:

I have never smoked	
I am an ex smoker : Date when you quit:	
I currently smoke: please specify how much:	

Alcohol:

- I have never used alcohol
- I drink units of alcohol per week.

Please answer these questions then add up your score at the end. Your answers can help us to advise you about your intake.

1 - How often do you have six or more drinks on one occasion?
Never (0); Less Than Monthly (1); Monthly (2); Weekly (3); Daily/Almost Daily (4)

2 - How often during the last year have you been unable to remember what happened the night before because you had been drinking?
Never (0); Less Than Monthly (1); Monthly (2); Weekly (3); Daily/Almost Daily (4)

3 - How often during the last year have you failed to do what was normally expected of you because of your drinking?
Never (0); Less Than Monthly (1); Monthly (2); Weekly (3); Daily/Almost Daily (4)

4 - Has a relative or friend, a doctor or other health worker been concerned about your drinking or suggested you cut down?
No (0); Yes, but not in the last year (2); Yes in the last year (4)

TOTAL

If you have scored 3 or more we would recommend seeing the practice nurse to discuss this further as your intake may cause a hazard to your health.

Family + Social History:

Do you know your family medical history? YES NO

Now enter the age at which your relative developed any of these conditions. If you don't know the age, comments such as; 'Childhood' 'Teenage' 'Young Adult' '<60' or '>60' years will help.

	Father	Mother	Brother	Sister	Mother's mother	Mother's father	Father's mother	Father's father	Other Rels.
Heart Disease									
Stroke									
Diabetes									
High Blood Pressure									
Transient Ischemic Attack									
Other (please specify)									

Please add any other specific information about your family or a partner if you think it is important for us to know

Current Medical Problems:

	Describe	When Diagnosed
Medical Problems		
Mental Health Problems		

Allergies:

Please include any reactions to medicines you have taken as well as any non medicine allergies e.g. bee stings, or foods.

Past Medical Problems:

	Describe	When Diagnosed
Operations		
Mental Health Problems		
Medical Problems		

Current Medication:

If possible please attach a copy of your previous GP's repeat prescription request form if you have one.

Medication on prescription

Name of Drug	Dose	How Often

Medication you buy over the counter

Name of Drug	Dose	How Often

Mammogram (usually over 50 years):

What was the date and result of your last mammogram?

Pregnancy Information:

We would like to know about all your pregnancies including pregnancy losses.

*Please include your children's **names and type of delivery.***

	Date	Place	Any Complications?
1 st Pregnancy			
2 nd Pregnancy			
3 rd Pregnancy			
4 th Pregnancy			

The UK Cervical Cancer Prevention Programme

This practice takes part in the national cervical cancer prevention programme. As part of your new registration process we would like to ensure that you have been included.

Please read through the information provided and then complete the questions overleaf. We have information in other languages available at reception.

Cervical screening is not a test for cancer. It is a method of preventing cancer by detecting and treating early abnormalities which, if left untreated, could lead to cancer in a woman's cervix (the neck of the womb).

A sample of cells is taken from the cervix for analysis. A doctor or nurse inserts an instrument (a speculum) to open the woman's vagina and uses a spatula to sweep around the cervix. Most women consider the procedure to be only mildly uncomfortable.

Who is eligible?

Age group (years)	Frequency of screening
25 - 49	3 yearly
50 - 64	5 yearly
65+	Only screen those who have not been screened since age 50 or have had recent abnormal tests

If a woman has never been sexually active with a man, then the research evidence shows that her chance of developing cervical cancer is very low indeed. We do not say no risk, only very low risk.

You may have had this test before in another country or performed by a private doctor in the UK. This result will not be recorded on our national programme database and you will not benefit from receiving reminders. Other clinicians you may see in the future within the NHS will also not know your results when they see you.

Please circle or insert the most appropriate answers

Name:

Date of birth: DD/MM/YYYY

1. Have you ever had a cervical smear?

Yes: Please proceed to section 2

No: If you are 25 or over our healthcare assistant will call you over the next few weeks to discuss this further. Alternatively, if you would like to book an appointment now for a smear test please speak with our reception team. Now proceed to section 5.

2. Where did you have your last smear?

A: In the UK as part of the NHS screening programme. Proceed to section 3

B1: Outside the UK

B2: Private UK doctor

If you answered B1 or B2 our healthcare assistant will call you over the next few weeks to discuss this further. Alternatively, if you would like to book an appointment now for a smear test please speak with our reception team. Please provide a copy of your most recent result. Now proceed to section 5.

3. When did you have your last smear?

Date: DD/MM/YYYY

Result:

Don't worry if you can't remember the exact date as we will be checking the information you give against our national database. Now complete sections 4,5 and 6

4. We want to avoid calling those women who no longer need to be on the screening programme. Have you been told by a Doctor or Nurse that you do not need to have a smear anymore?

Yes: I have had a hysterectomy

No: I am still on the national screening recall programme

5. We may have further questions to ask to ensure your correct status on the national cervical screening register. Please insert your telephone details.

Daytime:

Evening:

6. Please add any further comments you think it is important for us to know:

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Important Information about your health records

We would like to inform you about the introduction of the **NHS Summary Care Record** and your choices. The NHS Summary Care Record will affect the way in which your health records are managed at this surgery.

The NHS Summary Care Record is being introduced to help deliver better, safer care. Your NHS Summary Care Record is an electronic record of important information about your health. It will be available to healthcare staff providing your NHS care, which means if you have an accident or become ill, the clinicians treating you in accident and emergency, walk-in centres or GP out of hours services will have immediate access to important information about you (once fully rolled out at a later date).

In the first instance, your NHS Summary Care Record will contain any allergy details you may have, current medication and bad reactions to medicines. It will also contain details about your end of life care if this applies to you. At a later date, we plan to add other important medical information such as serious illnesses and test results. The NHS Summary Care Record will be in addition to your existing health records which will continue to be used as they are now.

Your choices

You do not need to do anything if you are happy to have a NHS Summary Care Record as it will be created for you automatically. This is planned to happen over the next 12 to 18 months.

Children under 16 years old on 28th April 2010 will have a NHS Summary Care Record created automatically. If, for any reason, you do not wish for a record to be created for any child under your care please let us know

If you do not wish to have a summary care record created for you, we recommend that you read the information on the website below before making a final decision.

Please indicate your preference to us on the page overleaf

More information

- The NHS Care Records Service Information Line on 0845 603 8510 (seven days a week; 7am–10pm) — calls from BT land lines will be charged at local rates.
- Website information: www.nhscarerecords.nhs.uk or
- http://www.southwarkpct.nhs.uk/patient_information/summary_care_record/
www.southwarkpct.nhs.uk/patient_information

Please Tick ONE of the boxes below and sign

I am happy for a Summary Care Record to be created for me

I have read the information and I do not want to have a Summary Care Record created for me

Name: _____

Signed: _____

Date: _____

NEW PATIENT HEALTH DETAILS QUESTIONNAIRE DECLARATION

We will use the information given by you today to update your electronic patient record. It is important for us to know whether this health summary is complete. Please either sign and date the form below or make an appointment.

The information recorded in this questionnaire is, to the best of my knowledge, a full account of my past and current medical history.

Signed:..... Print Name:..... Date:

If you are unable to sign above, you must now make an appointment for a new patient medical. We will be unable to register you properly if you do not do this.

