

## Registration at Streatfield Health Centre

### Adults and young people over 16

Welcome to Streatfield Health Centre. Please note that your registration cannot be accepted until the forms are completed in full and ID and current address can be confirmed. **You can only register with us if you live within our surgery's boundaries.** Check with Reception.

PERSONAL DETAILS					
Title					
Surname					
Forename					
Middle name					
Previous surname (if applicable)					
Date of birth					
NHS Number (if known)					
Male/Female?					
Town and Country of birth					
Ethnicity (please tick correct box)	<b>White</b>  <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other white	<b>Asian or British Asian</b>  <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian (please state)	<b>Mixed Race</b>  <input type="checkbox"/> White & Caribbean <input type="checkbox"/> White & African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed	<b>Black or Black British</b>  <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black	<b>Chinese or Other ethnicity</b>  <input type="checkbox"/> Chinese <input type="checkbox"/> Other (please state)
I do not wish to answer this question Please tick if applicable					
Main language					
Interpreter required Yes/No?					
Are you housebound Yes/No?					
Are you a carer Yes/No?					
Do you have a carer Yes/No?					
Home address					
House Name/flat Number					
Number of Street					
Locality					
Town					
County					
Postcode					
Contact Details					
Home telephone					
Mobile Telephone					
Work Telephone					
Email address					
Next of Kin and relationship					
Next of Kin – telephone number					

<b>Women</b> Have you had a cervical smear? If yes: where, when and results		
<b>PLEASE LET US TRACE YOUR PREVIOUS MEDICAL RECORDS BY PROVIDING THE FOLLOWING</b>		
Previous address in the UK		
Name and address of previous GP		
<b>IF YOU ARE FROM ABROAD</b>		
Your first address where you were registered with GP		
If previously resident in UK, date of leaving		
Date you first came to live in UK		
<b>IF YOU ARE RETURNING FROM ARMED FORCES</b>		
Address before enlisting		
Enlistment Date		
Date of leaving		
<b>FAMILY HISTORY (Y/N)</b>	<b>Relative (please indicate)</b>	
Heart disease		
Stroke		
Hypertension		
Diabetes		
Asthma		
Cancer		
Other		
<b>YOUR HEALTH INFORMATION</b>		
Height (m/cm)	Weight (kg)	
Allergies? (antibiotics, food, bee sting) Please state		
<b>Medical history - Please list your current illnesses</b>		
<input type="checkbox"/> Heart Disease/Angina	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dementia
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Stroke/TIA	<input type="checkbox"/> Cancer
<input type="checkbox"/> Asthma	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Other (please state)
<input type="checkbox"/> COPD	<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Hypothyroidism	
<b>CURRENT MEDICATION – please list your medication or attach a repeat medication slip from your previous GP</b>		

<b>SMOKING STATUS</b>							
I am a smoker	Yes/No?						
I have never smoked	Yes?						
I am an ex-smoker	Date you stopped						
<b>ALCOHOL INTAKE in number of units per week</b>							
1 pint of beer = 2 units, Alcopop/can of lager = 1.5 units, glass of wine=2units, bottle of wine=9units Single measure of spirit=1unit							
	scoring	0	1	2	3	4	total
How often do you have 8(men) or 6(women) Or more drinks on one occasion?		never	Less than monthly	monthly	weekly	Daily or Almost daily	
<b>ONLY ANSWER THE FOLLOWING QUESTIONS IF YOUR SCORE ABOVE IS 2, 3 or 4</b>							
<b>How often in the last year have you found that:</b>		never	Less than monthly	monthly	weekly	Daily or Almost daily	
You were not able to stop drinking once you had started?							
You failed to do what was normally expected of you because of drinking?							
Needed an alcoholic drink in the morning to get going after a heavy drinking session?							
Had a feeling of guilt or remorse because of drinking?							
Have been unable to remember what happened the night before because you had been drinking?							
Has a relative/friend/clinician been concerned About your drinking/advised you to cut down? In the last year?							
<b>TOTAL</b>							
Or <b>SCREENING DECLINED</b> <input type="checkbox"/>							
<b>Latent Tuberculosis (TB) Infection testing and treatment programme. You are eligible or this blood test if You:</b>							
<input type="checkbox"/> are you aged 16-35 <input type="checkbox"/> have not been previously tested or treated for TB <input type="checkbox"/> been in England less than 5 years and <input type="checkbox"/> born or spent six months or more in a country where TB is common (ask Reception for a full list)							
<b>ELECTRONIC PRESCRIPTION SERVICE</b>							
(please see information leaflet)							
<p>This Practice can now send your prescription to the Pharmacy of your choice. This is a more convenient way of ordering your prescriptions. It saves yours and our time. If you previously nominated a pharmacy in another area, please choose a local pharmacy now and let us know.</p>							
<b>Please fill in sign attached form</b>							

### **PATIENT ON-LINE ACCESSs**

Please see attached leaflet and application form. Please fill in the form if you wish to have access to our on-line services

### **SCR (Summary Care Records)**

The NHS in England is now using an electronic record called the Summary Care Record (SCR), which is being used to support patient care.

Your Summary Care Record contains important information about any medicines you are taking, any allergies you suffer from and any bad reactions to medicines that you have previously experienced. It provides authorised healthcare staff with faster, secure access to essential information about you - when you need unplanned care or when your GP practice is closed.

If you choose to have a Summary Care Record and are registered with a GP practice, you do not need to do anything as a Summary Care Record is created for you.

If you choose to opt out of having a Summary Care Record please indicate below, and we will record it in your Records

I do not want a Summary Care Record

### **DATA PROTECTION ACT AND TEXT MESSAGING, EMAILING, LEAVING MESSAGES**

In accordance with Data Protection Act, the Practice needs consent from a patient for us to leave a message, send a text or email regarding their medical treatment.

**By providing the information on this form and signing it, you are consenting to being contacted by the above means**

### **ZERO TOLERANCE POLICY**

**By completing and signing this form you are agreeing to abide by the details of Streatfield Health Centre Patient Contract Zero Tolerance Policy (copies of which can be obtained from Reception)**

Signed:

Date:

**For Surgery use:**

**Proof of ID and Address provided:**

- Birth Certificate       Driving licence       Passport       Tenancy Agreement
- Utility Bill       Allowance Book       Solicitor letter       Other

**Form checked:**

- Contact details
- Pharmacy nomination
- SCR
- Patient on-line access
- TB questionnaire – if eligible, book triple appointment for New Patient Check and inform patient

**Appointment for new patient check: Date of appointment: .....**

- Specimen bottle given. Explained to patient

Staff initials:.....