Swan and Forest Surgeries

Registration Application

Please complete in BLOCK CAPITALS

Full Name: _____ Date of birth: _____

Gender: _____

Home Address:

_____

_____

_____

_____

Postcode: _____

Please ensure your address is within our practice catchment area by using the postcode checker on our website www.swansurgery.org.uk

Landline Phone Number:

Mobile Phone Number:

Email Address:

Please tick the statements that apply:

- I live in my own home ☐
- I live in a rented home ☐
- I live in sheltered housing ☐
- I live in a residential home ☐
- I live in a care home ☐
- I live in a nursing home ☐
- I am housebound ☐
- I am homeless ☐
- I am a refugee ☐
- I am an asylum seeker ☐

Country Of Birth: _____

Ethnicity: _____

Main Language Spoken: _____ Translator Required? YES ☐ NO ☐

Vaccination History:

I have had all childhood and routine vaccinations in the United Kingdom ☐

I was born outside of the United Kingdom and have attached my previous vaccination records ☐

Next Of Kin details

<u>Contact One</u>

Full Name: _____

Contact Number: _____

Relationship to Patient: _____

<u>Contact Two</u>

Full Name: _____

Contact Number: _____

Relationship to Patient: _____

Please note that the people listed as Next of Kin will not have consent to discuss confidential information regarding your medical records or appointments. If you would like to grant consent to a chosen person please ask reception for a Consent Form

Carers

Do you have a carer? YES ☐ NO ☐

If yes, please provide the name of and relationship to your carer: _____

Are they registered at this surgery? YES ☐ NO ☐

Are you a carer? YES ☐ NO ☐

If yes, please provide the name of and relationship to the person you care for: _____

Are they registered at this surgery? YES ☐ NO ☐

Are you employed as a carer? YES ☐ NO ☐

Military Veterans

Please note this information will be added to your medical records which will entitle you to priority treatments within the NHS for any conditions relating to Military Service.

☐ Army ☐ Royal Air Force ☐ Royal Marines ☐ Other: _____

Medical History

Have you ever been diagnosed with any of the following:

☐ Asthma
☐ Diabetes (DM)
☐ Epilepsy
☐ Heart Disease (CVD)
☐ Hypertension (HTN)
☐ COPD
☐ Deep Vein Thrombosis (DVT)
☐ Cancer
☐ Other: _____

Family History

☐ Asthma
☐ Diabetes (DM)
☐ Stroke
☐ Heart Disease (<60) (CVD)
☐ Hypertension (HTN)
☐ COPD
☐ Deep Vein Thrombosis (DVT)
☐ Breast Cancer
☐ Bowel Cancer
☐ Other: _____
☐ No Relevant Family History
☐ Family History Unknown

* Please add relationship to any ticked conditions (i.e. Mother, Father, Grandmother etc.) *

Medications

Do you take any repeat medications? YES ☐ NO ☐

If yes, please speak to a member of the dispensary/prescriptions team to discuss your medication requirements and bring a copy of your repeat medication

What is your Nominated Pharmacy? _____

Please list any drug or other allergies: _____

Please list any religious or lifestyle preferences: _____

Do you need any of the following?:

☐ A hearing aid/Loop recorder ☐ Braille

☐ Lip reading ☐ British Sign Language

☐ Large print ☐ Makaton Sign Language

☐ Other: _____

Are you currently pregnant? _____

Do you have a Learning Disability? _____

Lifestyle

Weight (Kg): _____ Height (cm): _____

Tobacco Use

☐ Current Smoker

Cigarettes ____/day Roll Ups_____oz/week Cigars _____/day Pipe _____oz/week

☐ Ex-Smoker Stopped:

☐ Never Smoked

Do you use an electronic cigarette? ☐ YES ☐ NO

☐ Nicotine ☐ No Nicotine ☐ N/A

Alcohol Use

What is your average alcohol intake per week? _____units

1 unit = 1/2 pint of beer, 1 measure of spirit or a small glass of wine

PART 1:	0	1	2	3	4	Your score
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often have you had 6 or more units, if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

SCORE:

Scoring: A total of 5 or more indicates increasing or higher risk drinking.

An overall total score of 5 or above is AUDIT-C positive.

PART 2:	0	1	2	3	4	Your score
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	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often over the past year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, in the last year	
Has a relative or friend, doctor or other health professional been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, in the last year	

Scoring:

SCORE:

0-7 Lower risk 8-15 Increasing risk 20+ Possible dependence

Consent To Hold Your Records

The Practice needs to hold your medical records on the premises in order to give you the best medical care possible. We keep your records on the computer as well as holding your paper notes. All of our patient's medical records are covered by the Data Protection Act 1998. This means that a third party cannot access your records without your written consent. We may use your mobile phone to contact you for appointments reminders and cancellations, health promotions, surgery updates and surveys.

Preferred Method of Contact

Please inform us of your preferred method of contact by circling your choice below:

LETTER EMAIL SMS NO COMMUNICATION

Summary Care Record

Your summary care record is an electronic record of important information about your health and is available to healthcare staff providing your NHS care in England, for example in A&E- This means if you ever become ill and need urgent or out of hours treatment outside of the surgery the clinicians that treat you will have immediate access to important healthcare information about you- The information included in your summary care record is your current medication, allergies you suffer from and any bad reactions to medications you have experienced.

If you do not want this to happen then please ask reception for an Opt Out Form

Please ensure you have answered all parts of this questionnaire as accurately as possible and return your completed forms to Reception, where it will usually be processed within 5 working days. If parts of your application are missing, your application may be delayed.

Please note, you will need to provide photo ID when returning your forms to Reception. If you are registering a child between 5 and 16 years old you will be required to provide their Birth Certificate, Adoption Certificate or similar.

SIGNATURE _____

DATE _____

Swan and Forest Surgeries
Application for online access to your medical records

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

Name of Parent/Guardian to have access if patient is aged under 15: _____

Patients Signature: _____

I wish to have access to: (please tick all that apply):

1. Request my repeat prescriptions	☐
2. View my medical records and appointments	☐

1. I will be responsible for the security of the information that I see or download	☐
2. If I choose to share my information with anyone else, this is at my own risk	☐
3. I understand access for children will be automatically revoked when they turn 16	☐
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
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	☐

Signature: _____ Date:_____

NHS Summary Care Record with additional information

If you are registered with a GP practice in England you will have a Summary Care Record (SCR), unless you have previously chosen not to have one. It includes important information about your health:

- Medicines you are taking
- Allergies you suffer from
- Any bad reactions to medicines

You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs. Having an SCR means that when you need healthcare you can be helped to recall vital information.

SCRs can help the staff involved in your care make better and safer decisions about how best to treat you.

You can choose to have additional information included in your SCR, which can enhance the care you receive. This information includes:

- Your illnesses and health problems
- Operations and vaccinations you have had in the past
- How you would like to be treated - such as where you would prefer to receive care
- What support you might need
- Who should be contacted for more information about you

What to do next

If you would like this information adding to your SCR, then please complete this form, for return to the relevant GP surgery.

Name of Patient: ……

Date of Birth: …… Patient's Postcode: ……

Surgery Name: …… Surgery Location (Town): ……

NHS Number (if known): ……

Signature: …… Date: ……

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; **you** sign the form above and provide your details below:

Name: ……

Capacity: circle as appropriate Parent Legal Guardian Lasting Power of Attorney

If you require any more information, please visit **https://digital.nhs.uk** or phone NHS Digital on **0300 303 5678** or speak to your GP Practice