



# New Patient Registration Application

## ADULT ONLY

**New patients** need to complete a pre-registration questionnaire and attend a new patient registration appointment. Please book an appointment for your new patient check when you hand the completed forms back to reception and bring the following:

1. Proof of address and photo ID
2. Your NHS number/medical card. This can be obtained from your previous GP
3. Your current medication
4. A urine sample, a bottle will be provided when you pick up the registration pack

If you have any questions or need any help please call the surgery on 0161 622 2760.

## YOUR DETAILS

Mr/Mrs/Miss/Ms .....

SURNAME.....FIRST NAMES.....

Calling name if different from above.....

Date of Birth.....Marital Status.....

Email Address.....

Can we contact you via email? YES / NO

Ethnicity ..... Main Language Spoken.....

Do you need an interpreter or any sign language assistance YES / NO

Do you have a Disability YES / NO Please give detail.....

Would you like online appointment booking? YES / NO

Would you like text message appointment reminders? YES / NO

How did you hear about the surgery? .....

**Emergency Contact Information** Please can you provide contact information of someone we can contact in an emergency.

Name.....Relationship.....

Tel.....2<sup>nd</sup> Tel.....

Address.....

**Official use: Emis No.....**

# MEDICAL HISTORY

Has anyone in **YOUR FAMILY** (ie) Parent, Grandparent, Brother, Sister (not husband or wife) had any of the following? Please circle yes or no.

- |                 |     |    |
|-----------------|-----|----|
| 1. Heart attack | Yes | No |
| 2. A stroke     | Yes | No |
| 3. Diabetes     | Yes | No |
| 4. Asthma       | Yes | No |
| 5. Cancer       | Yes | No |

Have **YOU** ever had any of the following? Please circle yes or no

- |                 |     |    |
|-----------------|-----|----|
| 1. Heart attack | Yes | No |
| 2. A Stroke     | Yes | No |
| 3. Diabetes     | Yes | No |
| 4. Asthma       | Yes | No |
| 5. Cancer       | Yes | No |

Do you have any allergies? Yes No

If yes please state what you are allergic to.....

Are you on any current medication Yes No

Please List current Medication.....

.....  
(Please bring any current medication to your New Patient Check appointment)

Do you have a social worker? Yes No

Do you have a carer? Yes No

If yes please provide more details.....

Are you a registered carer for anyone? Yes No

If yes please provide more details.....

Have you ever been admitted to hospital? Yes No

If yes please provide more details.....

Do you smoke? Yes No

If yes, how many do you smoke a day.....

## FEMALE PATIENTS ONLY

Have you had a cervical smear test (Yes / No) Date of last smear test? .....

Have you had a hysterectomy? (Yes / No)



### General Practice Physical Activity Questionnaire

Date.....

Name.....

1. Please tell us the type and amount of physical activity involved in your work.

		Please mark one box only
a	I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)	
b	I spend most of my time at work sitting (such as in an office)	
c	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	
d	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)	
e	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	

2. During the *last week*, how many hours did you spend on each of the following activities? *Please answer whether you are in employment or not*

Please mark one box only on each row

		None	Some but less than 1 hour	1 hour but less than 3 hours	3 hours or more
a	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.				
b	Cycling, including cycling to work and during leisure time				
c	Walking, including walking to work, shopping, for pleasure etc.				
d	Housework/Childcare				
e	Gardening/DIY				

3. How would you describe your usual walking pace? Please mark one box only.

Slow pace (i.e. less than 3 mph)	<input type="checkbox"/>	Steady average pace	<input type="checkbox"/>
Brisk pace	<input type="checkbox"/>	Fast pace (i.e. over 4mph)	<input type="checkbox"/>

Continued over...

Please complete the following questions regarding alcohol and drinking habits

Questions	Scoring system					Your score
	0	1	2	3	4	
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 - 9	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	

**Scoring:**

A total of 5+ indicates increasing or higher risk drinking.  
 An overall total score of 5 or above is AUDIT-C positive.





## **NHS Summary Care Record - Your emergency care summary**

The NHS is introducing a new electronic record called the Summary Care Record (SCR), which will be used to support your emergency care.

SCRs contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. It will also include your name, address, date of birth and your unique NHS Number. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed.

### **Your choices**

We are telling you about this before a SCR is made for you, so that you have time to think about your choices.

#### **You can choose to have a Summary Care Record:**

You do not need to do anything. This will happen automatically. Healthcare staff will ask your permission every time they look at your Summary Care Record.

#### **You can choose not to have a Summary Care Record:**

If you don't want a SCR, you need to let your GP practice know by filling in and returning an opt-out form.

You can change your mind at any time

### **Security and confidentiality**

Healthcare staff who can see your Summary Care Record need to be directly involved in caring for you; need to have an NHS Smartcard with a chip and passcode, will only see the information they need to do their job; and will have their details recorded. By law, everyone working for the NHS must respect your confidentiality and keep all information about you secure.

### **Children and the Summary Care Record**

Children will automatically have a SCR made for them. If you **do not** want your child to have one, you will need to fill in an opt-out form on behalf of your child and return it to your child's GP practice.

### **More information**

For more information about SCRs please visit [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk) or phone the SCR Information Line on 0300 123 3020. Alternatively contact the Oldham Patient Advice and Liaison Service (PALS) on 0800 389 8679



Your emergency care summary

CONFIDENTIAL

## OPT-OUT FORM

# Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice (completed forms must be returned to your GP practice. Forms sent anywhere other than your GP practice will not be actioned).

### A. Please complete in BLOCK CAPITALS

Title ..... Surname / Family name .....

Forename(s) .....

Address .....

Postcode ..... Phone No ..... Date of birth .....

NHS number (if known) ..... Signature .....

B. If you are filling out this form on behalf of another person or child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name ..... Your signature.....

Relationship to patient ..... Date .....

### What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

- phone the Summary Care Record Information Line on 0300 123 3020;
- contact your local Patient Advice Liaison Service (PALS); or
- contact your GP practice.

### FOR NHS USE ONLY

Actioned by practice yes/no

Date .....

Ref: 4705