

St Andrews House Medical Centre

New Patient Registration Form

Please complete this confidential questionnaire

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

Please complete a separate form for each family member to be registered.

If you are newly arrived in this country, please bring your passport to confirm your date of birth and entitlement to NHS treatment-valid visa.

All patients registering need to provide 2 forms of identification:

1. Proof of address (bank statement, utility bill, rental agreement, council tax bill etc)
2. Photo identification (passport, driving licence) or birth certificate

Full Name:				Telephone Number:			
Mr / Mrs / Miss / Ms / Other.....				Work Number			
Address and Postcode				Mobile Number:			
				E-mail Address:			
				Date of Birth			
				Next of Kin:			
Previous / Mother's surname if different:				Next of Kin Contact Number:			
Gender:		Male:		Female:		Patient NHS Number (If Known)	
Your height:	Feet / inches	cm	Your weight:		Stones / lbs.	kg	
Your Religion:	C of E	Catholic	Other Christian (state)		Buddhist	Hindu	Muslim
	Sikh	Jewish	Jehovah's Witness		No religion	Other religion (state)	
Your Ethnic Origin: (select one)		White (UK) 9i0		White (Irish) 9i1%		White (Other) 9i2%	
Caribbean 9i3		African 9i4		Asian 9i5		Other Mixed Background 9i6%	
Indian / Brit Indian 9i7		Pakistani / Brit Pakistani 9i8		Bangladeshi / Brit Bangladeshi 9i9		Other Asian Background 9iA%	
Other Black Background		Chinese 9iE		Other 9iF%		Ethnic Category not stated 9iG	
Your main or 1st language Spoken / Understood: (select one)		English	Hindi	Gujurati	Urdu	Bengali /Sytheti	Punjabi
Polish	Ukrainian	French	German	Spanish	Other: (Please Specify)		

Smoking, Alcohol Consumption and Exercise:					
Are you currently a smoker?	Yes	No	Have you ever been a smoker?	Yes	No
If yes, how many cigarettes / cigars / tobacco do you smoke in a <u>day</u> ?			How much alcohol do you drink in a week (Units)? <i>(One unit = 1 small glass of wine, a single measure of spirits, or 1/2 a pint of beer)</i>		
<i>If you are a smoker and want to stop, please ask for information about local smoking cessation services.</i>					
How often do you exercise?	No. times per week		Type(s) of exercise:		

Your Medical Background:			
What illnesses have you had & When?			
What operations have you had and When?			
Do you have any medical problems at present?			
Please list any tablets, medicines or other treatments you are currently taking: (incl. dose + frequency)	<small>Please use over leaf if needed alternatively attach a copy of your repeat prescription from your previous GP</small>		
Are you able to administer your own medicines?	<table border="1"> <tr> <td>Yes</td> <td>No – please detail specific issues (e.g. swallowing, opening containers)</td> </tr> </table>	Yes	No – please detail specific issues (e.g. swallowing, opening containers)
Yes	No – please detail specific issues (e.g. swallowing, opening containers)		

Are there any serious diseases that affect your Parents, Brothers or Sisters (tick all that apply)	Diabetes	Heart Attack	Heart attack under age of 60	Bowel Cancer	
	Breast Cancer		High Blood Pressure	Asthma	Stroke
	Thyroid Disorder		Any other important Family Illness?		

What immunisations have you had? (please tick all that apply)	Diphtheria	Measles	German Measles	Tetanus	Polio	MMR
	Whooping Cough		Pre-school booster	Triple vaccine (Diphtheria, Tetanus & Pertussis) – 3 doses		

Specific Needs:
Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:

Please state any Sensory Impairment you have (i.e. Speech, Hearing, Sight):				
Are you an 'Assistance Dog' User?				
Please state any Physical disabilities you have:				
Please state any Mental disabilities you have:				
Please state any requirements you have to be able to access the Practice premises				
Please state any Religious or Cultural needs:				
Do you require the help of a Translator / Interpreter?				
Please state any specific nutritional requirements you have:				
Please state any allergies and sensitivities you have:				
Please state any phobias you have:				
If you <u>are</u> a Carer, please state the name / address / phone number of the person you care for:		<u>Person Cared For Contact Details:</u>		
		<u>Are they a patient at this surgery?</u> <u>YES / NO</u>		
If you <u>have</u> a Carer, please state their name / address / phone number and sign here if you wish us to disclose information about your health to your Carer.		<u>Carer Contact Details:</u>		
		<u>Are they a patient at this surgery?</u> <u>YES / NO</u>		
Do you have a "Living Will" (a statement explaining what medical treatment you would not want in the future)?		Yes / No	<i>If "Yes", Please give a copy of this to the reception team (For more information on Living Will's please ask reception for a Leaflet)</i>	
Have you nominated someone to speak on your behalf (e.g. a person who has Power of Attorney)?		Yes / No	If "Yes", please state their name / address / phone number:	
Women only:				
When was your last smear done?	Date	Was this at your GP's Surgery?	Yes	NO
What was the result of the smear?				

Summary Care Records.

The NHS are changing the way your health information is stored and managed.

The NHS Summary Care record is an electronic record of important information about your health.

It will be available to health care staff providing your NHS Care.

You are automatically entered into the scheme, if you wish to opt out or require more time to consider, please tick below.

Are you happy to have a Summary Care Record?	Yes	No	More Time Required to decide: More information to be sent to patient.
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Patient Participation Group

The Practice is committed to improving the services we provide to our patients.

To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better.

By expressing your interest, you will be helping us to plan ways of involving patients that suit you.

It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.

If you are interested in getting involved, please tick the box below and we invite you to our next meeting, (ticking the box does not mean you have to attend, just that you are interested at this moment)

Yes, I am interested in becoming involved in the Practice Patient Participation Group (Please tick the "Yes" Box)	Yes
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Patient Signature:	DATE	Signature on behalf of Patient:	Date
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Your form will now be passed to the GP and Healthcare Assistant who will identify if you will need a new patient check, if it is decided you need to attend, a letter will be sent to you. If not once you have handed your forms and identification to reception and your form has been signed by the accepting GP you are now registered at St Andrews House.

Thank you for completing this form

For more information about the services we offer see our website:

www.standrewshousemedicalcentre.co.uk

EXTRA SERVICES:



FACEBOOK

The surgery has a Facebook page which you are welcome to add as a friend or to follow. This page is kept up-to-date with all surgery news and information, including the surgery half days and health promotions.

Facebook Page Name: St Andrews House

Please note that we do not recommend that you post any comments on this page as it may be affect your confidentiality.



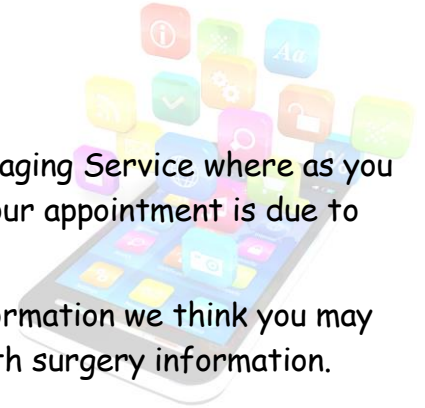
WEBSITE

Take a look at the surgery website for up-to-date surgery newsletters and information on surgery closures. You can even find out about minor illness care.

TEXT MESSAGING SERVICE

For every patient registered at the surgery we offer a Text Messaging Service where as you are reminded of any pre booked appointments the day before your appointment is due to take place.

We also use this service to contact you regarding any urgent information we think you may need to know about health care and to keep you up-to-date with surgery information.



IMPORTANT: You are automatically added to the text messaging service - if you do not wish to be part of this service, please sign below.

NAME: _____

DOB: _____

Signed: _____

Date: _____

ONLINE ACCESS

The surgery offers patients the opportunity to order repeat prescription, book routine GP appointments and view parts of their medical records online or via your smart phone with internet access.

To register for online access please read and complete the form attached and return to reception.

Access our online services



Online Access Registration Form:

Patient Name: _____ DOB: _____
Address: _____ NHS No: _____
Home: _____ Mobile: _____
EMAIL ADDRESS: _____

I named patient above wish to register for PATIENT ACCESS. I wish for my registration documentation to be:

EMailed SENT TO ADDRESS ABOVE TO COLLECT IN PERSON

Signed: _____ Date: _____
(Parent / Guardian)

RECEPTION / ADMIN

I have seen Photo ID for the person above and confirm they are of the same person.
YES NO SIGNED _____ DATE: _____

I have Seen Photo ID for the Parent / Guardian of the named child above and confirm that they live at the same address.
YES NO SIGNED _____ DATE: _____

Documentation sent via: _____

EMAIL ADDRESS _____ LEFT FOR COLLECTION
DATE: _____ SIGNED _____

To register for online access please complete the form on the reverse and hand into reception. You will need to bring some form of Photo ID with you to confirm you are the person stated.

Unfortunately you are unable to register on someone else's behalf, with the exception of children (you must bring your own photo ID with you and the child must be living at the same address)

You are asked on the form how you would like to receive your registration documentation; the safest way to receive the documentation is via email, please note that you only have a period of 2 weeks to use the registration information until it becomes invalid, so please bare this in mind when making your choice.

Misuse

If you are noted to be misusing the online access system, your access may be revoked. Misuse constitutes of the following but not complete; booking and not attending repeated appointments, booking multiple appointments consecutively in the day. Persistently and intentionally ordering medication which is not due, repeatedly requesting online access and not registering.

Services available Online

You are currently able to:

- Order and track a repeat prescription request

When ordering your repeat medication please remember that there is still a 2 working day policy on collecting prescription. If you order your prescription too early the request may be rejected. There is a facility to write a message if needing to order early for any reason.

- View your current medications and allergies
- Book an appointment with the Doctor.

You are able to book in with any doctor with an appointment available. You will be asked for a reason for the appointment. Please state—review, back pain, Headache etc.

URGENT APPOINTMENT ARE NOT AVAILABLE ONLINE.

To see a GP urgently on the day you need to contact the surgery directly. On 0161 338 3181

St Andrews House Medical Centre

Patient Access

Information and
Registration

01.04.15

PARTNERS

Dr Surabhi Sinha
M.B., B.S., D.G.O., D.P.S.H.R.H.,
M.R.C.G.P., F.R.C.O.G

Dr Ajith Prabhakaran
M.B., B.S., M.R.C.P., D.F.F.P,
M.R.C.G.P

Dr Narveshwar Sinha
M.B, B.S, M.S (ENT), D.L.O, M.R.C.G.P,
Phd (Cambridge)

St Andrews House,
Stalybridge Resource Centre
2 Waterloo Road,
Stalybridge,
Cheshire,
SK15 2AU



0161 338 3181

www.standrewshousemedicalcentre.co.uk

Registration process:

- Register with the surgery
- Receive your registration documentation as requested.
- Log onto Patient.co.uk and complete registration.
- Complete all fields including phone number and memorable information.
- Choose a password.
- You will be given a unique ID.

The surgery does not have access to your unique ID, passwords or memorable information; it is imperative that you keep these details safe.

SMART PHONE / TABLET APP

Once you have registered online you can then download the app on your smart phone / tablet accessing it your unique ID and password.

This service is powered by Pateint.co.uk and EMIS all information is secure.

St Andrews House

Dear Sir/Madam

Tameside and Glossop (CCG) wants to make sure that the information we hold about you is accurate and is a clear record of the care and treatment you have received. We also want to check to ensure that the quality of care you receive is of the right standard. Access to patient information is also required to check that proper payments have been made to your GP. To enable the CCG to do this, they need to be able to look at the information held in your records here at the surgery.

The people who will carry out any audits on patient records are working within the NHS and are, therefore, bound by its Code of Confidentiality (2003). Sometimes clinicians from outside the practice may also need to look at the records and they are bound by professional codes of responsibility.

If you require any further information on the use of your information please contact the CCG Clinical Governance Team on 0161 304 5411.

Please note that you can withdraw your consent at any time by request at this practice.

If you agree to the CCG looking at your records, please complete the section below:

I give my consent to allow access to my records for the purposes described in this letter:

Name: _____ (Please Print)

Date of Birth: _____ (Please Print)

Signature: _____

Date: _____

To be completed by the practice:

Date Read code entered on system: _____

(Read code 9Nd4 to be used)