

Sedbergh Medical Practice

www.sedberghmp.nhs.uk

NHS Family Doctor Services Registration – 16 years and above

This information is put on your health record and is helpful in assessing your health needs.
Please complete as fully as possible, if you do not wish to answer a question then leave it blank.

Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Surname

First Name

Middle names

Previous surname

Date of birth

NHS Number (Compulsory)

Male ☐ Female ☐

Marital status

Your allocated GP is ☐

(However, you can see any GP of your choice subject to appointment availability)

Town and Country of birth

How would you describe your ethnic background (compulsory)?

(Asian or Asian British) Bangladeshi
(Asian or Asian British) Other Background
(Black or Black British) African
(Black or Black British) Other Background
(Mixed) White and Asian
(Mixed) White and Black Caribbean
(Other) Chinese
(White) Irish

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(Asian or Asian British) Indian
(Asian or Asian British) Pakistani
(Black or Black British) Caribbean
(Mixed) Other Background
(Mixed) White and Black African
(Other) Any
(White) British
(White) Other Background

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First Language – please specify (compulsory) _____

Home Address

***This surgery sends information by text SMS message to your mobile phone regarding appointments, healthcare and some test results. Do you wish to opt in? ☐ YES or ☐ NO**

Post code

Mobile telephone *

Home telephone

Work telephone

Email address:

Signature.....

We need your permission to email simple requests/questions potentially with small amounts of medical information –as personal emails are not 100% secure

Previous Home address: This helps us trace your medical records

Name of previous GP or Surgery

Whilst at that address

If you are from abroad:

Your first UK address where registered with a GP:

If previously resident in the UK: date of leaving

Date you first came to the UK.....

Have you recently been the subject of a custodial sentence? Yes ☐ No ☐

If Yes, Do you give consent to allow access to your prison health records? Yes ☐ No ☐

If you are returning from the armed forces:

Address before enlisting:

Service or personnel number:

Enlistment date:

If you need your doctor to dispense medicines and appliances:

☐ I live more than one mile in a straight line from the nearest chemist

☐ I would have serious difficulty in getting them from the chemist

Record Sharing:

✓ Please tick as appropriate

Summary Care Record

☐ Express consent to medication, allergies and adverse reactions only

☐ Express dissent (opted out). Patient does not want a Summary care Record

Local Shared Record

☐ Patient consents to sharing the detailed record

☐ Patient does not wish to share the detailed record

Your data Matters to the NHS (You can chose whether your confidential patient information is used for research and planning: nhs.uk/your-nhs-data-matters)

(See explanation for all three of the above on next page)

SIGNATURE OF

PATIENT.....DATE.....

NHS Organ Donor Registration

What has changed?

From 20 May 2020, all adults in England will be considered to have agreed to be an organ and tissue donor when they die unless they recorded a decision not to donate or are in one of the excluded groups.

This is commonly referred to as the opt-out system.

This means that if you have not confirmed whether you want to be an organ donor either by recording a decision on the [NHS Organ Donor Register](https://nhs.uk/organ-donor-register) or by speaking to friends or family it will be considered that you **agree to donate** your organs when you die.

Organ donation remains an act of great generosity. You still have the right to choose whether or not to be an organ donor. Your family will still be consulted about donating your organs when you die.

To register your decision visit www.organdonation.nhs.uk

RECORD SHARING

Summary care Record (SCR)

There is a Central NHS Computer System called the Summary Care Record (SCR). The Summary Care Record is meant to help emergency doctors and nurses help you when you contact them when the surgery is closed. Initially, it will contain just your medications and allergies.

Local Shared Record: (LSR)

Health Services in South Lakeland can share some information from your medical records with other health services that provide you with care. This information is limited, is called a local shared record and is not linked to the national system, (Summary Care Record). It does not copy details and file them in a national database, rather making a view available if needed with your consent at some point in the future.

Only healthcare professionals directly involved with your care can see your shared record and only at the time they are treating you. This may include Cumbria health on-call (CHOC), Accident and Emergency departments, community nurses and physiotherapists.

YOUR DATA MATTERS to the NHS. Information about your health and care helps the NHS improve individual care, speed up diagnosis, plan your local services and research new treatments. You can choose whether your confidential patient information is used for research and planning. To find out more visit www.nhs.uk/your-nhs-data-matters

TYPE 1 DATA OPT-OUT. The data held in your GP medical record is shared with other healthcare professionals. It is also shared with other organizations support health care and planning. If you do not want your personal data shared you can register an opt-out with your GP practice.

Identification

When registering with this practice we will require you to produce two forms of identity

One from Group 1 - Photo ID

- Current Passport
- Current driving license – photocard

One from Group 2 – Address ID

- Bank or building society statement (issued in last 3 months)
- Utility Bill or Council Tax statement (issued in last 3 months)

Speak to a member of staff if you are unable to produce either of the above

On-line access to your medical record: (from 1st November 2022)

To access your medical record on-line download one of the on-line apps NHS, Patient Access etc, once you have verified yourself in the app, you will have automatic access to your medical record from that date, known as prospective access and be able to order your repeat medication. If you had access at a previous practice, you will have to re-validate from the registration date with us.

Having access to your medical record on-line may help you to manage medical conditions. It also means you can access this from anywhere in the world should you require treatment on holiday. There is no obligation to use on-line facilities, it is your choice.

It is your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed can see it, then you should change your passwords immediately.

We would encourage you to apply for full retrospective on-line access. Ask Reception for the application form, which we can arrange in most circumstances once your medical records have been received. ID will be required, photographic preferably.

Patient Health Questionnaire (aged 16 and over).

NAME..... Date of birth.....

Do you have any communication / information needs relating to a disability, impairment or sensory loss? Yes ☐ (if yes please give details below) No ☐

Smoking information

Never smoked	<input type="checkbox"/>		
Ex smoker	<input type="checkbox"/>	Estimate number of cigarettes a day	<input type="checkbox"/>
Current smoker	<input type="checkbox"/>	Estimate number of cigarettes a day	<input type="checkbox"/>
Other smoker	<input type="checkbox"/>	(e.g. pipe, cigar)	

Alcohol Information

How many units of alcohol do you drink a week? (One unit = half a pint of beer, a short or a glass of wine)

Please complete the compulsory questions below

Alcohol Users Disorders Identification Test (AUDIT) C

Questions	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 - 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	

What would you assess to be your usual level of exercise

Non due to medical/physical reasons	<input type="checkbox"/>	Medium exercise	<input type="checkbox"/>
Do not take any exercise	<input type="checkbox"/>	Heavy exercise	<input type="checkbox"/>
Light exercise	<input type="checkbox"/>		

Would you like advice about any of the following (please tick)?

Smoking ☐ Alcohol ☐ Exercise ☐ Diet ☐

Breast Awareness ☐ Testicular self-exam ☐

Are you currently receiving treatment for any of the following:

Asthma, Yes/ No

Respiratory disease, Yes/ No

Diabetes, Yes/ No

Hypertension, Yes/ No

Heart Disease, Yes/ No

Thyroid Disease, Yes/ No

Cancer or other significant condition? Yes/ No

Reception will make you an appointment with the nurse so we can obtain necessary information to offer ensure continuity of your care.

Are you currently seeing a specialist for which you now need re-referral locally?

Yes ☐ **No** ☐

Reception will make you an appointment with the Doctor as appropriate.

Have you had your spleen removed? month _____ year _____

Have you ever had a Pneumococcal vaccination? month _____ year _____

If you are female and 20 to 65 years of age, have you had a cervical smear in the last three years? Yes ☐ No ☐ Date _____ Result Normal/Abnormal

Have you recently come to the UK? ☐ (Including returning to the UK after overseas visits of more than 2 months)

Which country have you come to the UK from? _____

Please list any drugs you are currently taking or attach a copy from your last GP

Please specify any allergies you have

If you are on repeat medication, please make an appointment with the Doctor/Nurse in good time for further supplies.

Would you like your height and weight checked and recorded? Yes ☐ No ☐

Would you like your blood pressure taken and recorded? Yes ☐ No ☐

(Recommended guidelines are to check this every 3 years)

Would you like your urine tested?

Yes ☐ No ☐

Are you a carer for someone?

Yes ☐ No ☐ Relationship _____

Do you have a carer?

Yes ☐ No ☐ Name of Carer _____

Family history	Health Problems	If yes please state relative
Details of health problems in Parents Brother/sisters	Heart disease in father/brother under 55yrs	
	Heart disease in mother/sister under 65yrs	
	Diabetes	
	Stroke	
	High Blood Pressure	
	Raised cholesterol	
	Breast disease (women only)	
	Glaucoma	