



Dr Kylie Daniels with Dr Aled Donovan and Dr Claire Baker

Dear Patient

### New Patient Registration

We would like to welcome you to our practice and would appreciate you filling in the enclosed forms to help us with your past medical history.

#### **Named Accountable GP**

From 1<sup>st</sup> April 2015 we are required under our NHS contract to allocate a named accountable GP to all patients who will be responsible for your overall care. All registered patients at this practice have now been allocated a Named Accountable GP. New patients joining the surgery will be advised of their Accountable Named GP at the point of registration.

In order to facilitate this we have allocated the GP's to patients on a surname basis as follows:

Patients with a surname beginning with A-H	Dr Baker
Patients with a surname beginning with I-P	Dr Daniels
Patients with a surname beginning with Q-Z	Dr Donovan

Please be aware that you may still see any GP of your choice at the surgery and do not have to see your Named Accountable GP, nor does this mean that you will only be offered appointments with your named GP.

Where a patient expresses a preference as to which GP they have been assigned, the practice will make reasonable efforts to accommodate this request.

As you are a new patient, we are able to offer you a New Patient Check which involves an appointment with our Practice Nurse. This needs to be done as soon as possible, particularly if you require medication on a regular basis, and it would be advisable to make this appointment when you first register.

We operate a 28 day prescribing policy, as per department of health guidelines. If you need repeat medication and live within a mile of a chemist, you will be issued with a prescription. If, however, you live more than a mile from a chemist, we are able to dispense your medication to you.

The system for ordering your medication is the same in that you place your request slip in the letter box at the entrance to the surgery or you can post your repeat slip via Royal Mail, correctly addressed to the surgery. We do not take prescription requests over the telephone. You may also order your repeat medication and book an appointment via the internet. Please ask if you would like the form to complete for access to online registration.

Your prescription/drugs will normally be ready for collection from the surgery within 2 working days from your order being received - If ordered by 11am. Please take into account bank holidays and weekends, and if your medication has to be ordered in especially for you. Should you wish your prescription to be collected by a local chemist, you should tick the appropriate box on your repeat slip.

Organ Donation – If you wish to become an organ donor please contact 0300 123 23 23 or visit <http://www.organdonation.nhs.uk/>

Yours faithfully

Julie Johnson  
Practice Manager

**Patient Confidentiality.** As our patient you will be giving us information about yourself and your illness which could be of a sensitive nature and which you may not wish to be widely known.

We must keep records about you, your health and the care we have provided to you.

**The people who care for you use your records to:**

- Provide a good basis for all health decisions made by you and the professionals caring for you.
- Make sure your care is safe and effective.

Confidentiality is of paramount importance and is maintained between yourself and the Primary Health Care Team. The NHS is dedicated to protecting your information.

Everyone working for the NHS has a responsibility and a legal duty to protect your information, so that information is not disclosed to unauthorized bodies or people. Information is recorded either on paper or in computer files. However, it is all treated with the same strictly controlled confidential care. Any disclosure of your records to a third party will only be after signed consent to a specific instruction by yourself to do so.

We need to be able to move electronic information from system to system, extracting the data and modifying it for the next system. Tests will need to be made periodically on the data, to check that it has been transferred correctly. This is done under secure, carefully controlled conditions. The law strictly controls the sharing of some types of very sensitive personal information.

**We have a duty to:**

- Maintain full and accurate records of the care we provide to you.
- Keep records about you confidential, secure and accurate.
- Provide information in a format that is accessible to you (for example, in large type if you are partially sighted).

Anonymous, factual information is also used to plan future services and when taking part in national surveys. For example surveys about cancer rates within the population. If you do not wish to be included in these surveys you are able to 'opt out' by informing your doctor or nurse.

If information is used for teaching purposes steps are taken to prevent identification.

As with any rules there may be exceptions. We may have to pass on your details during a public health emergency or to the police when ordered to do so by a court.

Your records will also be used to help investigate any concerns or complaints you or your family have about your health care.

All NHS employees sign a confidentiality clause within their contract but information may be passed from one to another, as previously explained, only with your permission.

**CONFIDENTIALITY IS YOUR RIGHT** Information about you as an individual belongs to you and you are able to have access to your records if you request to see them.

**You have the right:**

- To confidentiality under the Data Protection Act 1998, the Human Rights Act 1998 and the common law duty of confidence.

Copies of this document are available from reception.

**NEW PATIENT HEALTH CHECK FORM**

<b>NAME</b>		<b>D.O.B</b>	
<b>ADDRESS</b>		<b>MARITAL STATUS</b>	
<b>HOME PHONE NO:</b>		<b>SEEN PHOTO ID YES/NO</b> <b>TYPE OF ID .....</b>  <b>SEEN PROOF OF ADDRESS YES/NO</b>  <b>TYPE OF DOCUMENT. ....</b>  <b>Verified by.....</b>	
<b>WORK PHONE NO:</b>			
<b>MOBILE NO:</b>			
<b>EMAIL ADDRESS</b>			

**Do you have any special communication needs? (ie interpreter).....**

**Ethnic Origin:** Please complete

What is your first Language?

English YES/NO  
If No what is your first language?

	Tick one box	State Country of Birth
WHITE		
BLACK		
INDIAN		
PAKISTANI		
BANGLADESHI		
CHINESE		
OTHER ETHNIC GROUP		
MIXED ORIGIN		

**SMOKING**

**HAVE YOU EVER SMOKED YES / NO**

	ARE YOU AN EX SMOKER OF	ARE YOU A CURRENT SMOKER OF	WHAT NUMBER PER DAY DO/ DID YOU SMOKE?
CIGARETTES			
CIGARS			
PIPE			

**ALCOHOL**

Do you drink alcohol?	YES	NO	UNITS PER WEEK
1 pint beer/lager = 2 units			
1 Pub measure spirits = 1 unit			
1 Pub measure wine = 1 unit			
1 Bottle of wine = 9 units			

Are you a CARER?  (If the answer to either of these is YES  
 Do you have a CARER?  Please ask reception for consent form)

Do you suffer from any Medical Condition? If so please state:

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 Do you take any regular medication? (Including contraceptive pill). Please attach your repeat slip

Are you allergic to anything?

**FAMILY HISTORY** (Grandparents, parents, brothers & sisters)  
 Is there any family history of any of the following. Please tick as appropriate.

	YES	NO	WHICH RELATIVE ON MOTHER'S SIDE?	WHICH RELATIVE ON FATHER'S SIDE?
Heart Problems				
Stroke				
Diabetes				
Asthma				
Cancer – Specify type				

**VACCINATIONS**

If known – when were your last boosters of:-

TETANUS \_\_\_\_\_ POLIO \_\_\_\_\_

Please allow 5 working days for us to process your registration, before making an appointment with the practice nurse for a new patient check. You will need to bring a urine sample with you to this appointment.

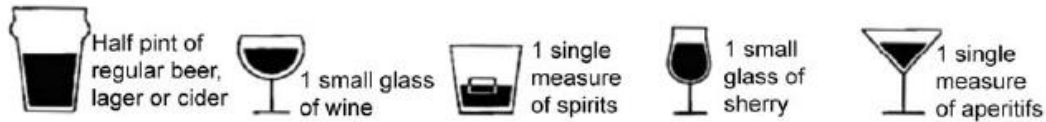
If you would like to join the PPG (Patient participation group) Please ask at reception for a form.

Please return this form with 2 forms of identification. 1 picture id - (ie passport or driving licence, and 1 document with proof of address. (utility bill, bank statement, payslip.)

**Summary care records** – Your care records are available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means if you have an accident or become ill, or need access to emergency treatment in England, healthcare staff will have immediate access to your medical records. **IF YOU DO NOT WISH YOUR CARE RECORD TO BE SHARED, PLEASE ASK FOR AN OPT OUT FORM THEN WE WILL CODE YOUR RECORDS ACCORDINGLY.**

If you do not do anything we will assume that you are happy for your records to be shared. Children under 16 automatically have a summary care record created unless the parent or guardian chooses to opt out for them.

## This is one unit of alcohol...



## ...and each of these is more than one unit



## AUDIT – C

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.

