New Patient Registration Form

Please complete all pages in full using block capitals

Contact Details	
Name	
Have you been known by any other name i.e. maiden name, deed poll name change etc. we require this to ensure your NHS record is accurately registered	
Address *	
Relationship Status	
Mobile Telephone *	I consent to be contacted by SMS on this number: Yes ☐ No ☐
Email Address *	I consent to be contacted by email at this address : Yes ☐ No ☐
Preferred method of contact*	Mobile ☐ Email ☐ Letter ☐

** It is your responsibility to keep us updated with any changes to your telephone number, email & postal address. We may contact you with appointment details, test results or health campaign.*

Next of Kin Details		
Name	Telephone Number	Relationship to you

Other Details				
Ethnicity	White UK ☐ White Irish ☐ White Other:	Black Caribbean ☐ Black African ☐ Black Other:	Bangladeshi ☐ Indian ☐ Pakistani ☐	Arabic ☐ Chinese ☐ Other:
Religion	C of E ☐ Catholic ☐ Other Christian: ☐	Buddhist ☐ Hindu ☐ Muslim ☐	Sikh ☐ Jewish ☐ Jehovah's Witness ☐	No religion ☐ Other:
Employment	Employed ☐ Self-employed ☐ Student ☐ Unemployed ☐ House husband ☐ House wife ☐ Carer ☐ Retired ☐			
Armed Forces	Military veteran ☐ Member of military family ☐ Left military service ☐			

Communication Needs	
Language	What is your main spoken language: Do you need an interpreter? Yes ☐ No ☐
Communication	Do you have any communication difficulties? If yes, please identify Hearing Aid ☐ Large Print ☐ British Sign Language ☐ Lip reading ☐ Braille ☐ Other……………………………………………………

Carer Details **Only add carer's details if they give their consent to have these details stored on your medical record*		
Are you a Carer?	Yes ☐	No ☐
Do you have a Carer?	Yes ☐	No ☐
Carers Name *	Telephone Number	Relationship to you

Your Lifestyle

Alcohol Screening:

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:
Please total your score; a total of 5+ indicates increased / higher risk drinking, we may contact you to discuss this further.

Total Score

Smoking	
Do you smoke	☐ Never smoked ☐ Ex-Smoker ☐ Yes
Do you use an e-Cigarette	☐ No ☐ Ex-User ☐ Yes
How many cigarettes did/do you smoke a day?	☐ 1-9 ☐ 10-19 ☐ 20-39 ☐ 40+
Would you like help to quit smoking? If so we can book an appointment with our Smoking Cessation Advisor	Yes ☐ No ☐ For further information, please see: www.nhs.uk/smokefree

Height &Weight	
Height	Current Weight

Women Only	
Do you use any contraception?	☐ Yes ☐ No If needed, please book appointment when registered
Are you currently pregnant or think you may be?	☐ Yes ☐ No Expected due date:

Repeat medications
We now use the Electronic Prescription Service (EPS) & your prescriptions will be sent electronically where possible to your nominated pharmacy. If you choose Parsonage Surgery, you will need to collect your prescription from the reception desk during working hours

Please provide a *PRINTED* medication list to ensure there is no delay in medication being provided & book an appointment if required for a medication review.

*** WE WILL NOT ACCEPT HAND WRITTEN MEDICATION LIST'S**

Please circle your preferred Pharmacy			
Williamsons (Snowley Parade)	Trinity (Town Centre)	Hobbs (Hospital)	Boots Chemist
Lloyds (Thorley)	Yogi (Takeley)	Parsonage Surgery	

Patient Participation Group (PPG):

You have been provided with a leaflet giving details of our PPG, would you like to attend meetings and/or receive updates via email. See our website for next meeting date.

Attend PPG meetings: Yes / No **Receive virtual PPG emails:** Yes / No

Online Access - SystmOnline

You can book or cancel appointments, order repeat prescriptions view medications, allergies via Online Services called 'SystmOnline'

If you have consented to our SMS service we will text your log in details to you. If not we will provide these by letter.

Contact details to be verified to allow use of Online Services:
Please tick preferred method of communication for online service verification

Mobile number: ☐ Letter: ☐

Sharing Your Health Record

Third Party Consent

If you wish a nominated person/s to be able to call us to discuss items related to your health, &/or if you prefer we call your nominated person/s instead of you, please complete & sign a 3rd party consent form. Without this document being completed we are unable to disclose **any** information regarding your health to a 3rd party i.e. family / carer etc.

Do you wish to nominate a 3rd party?

☐ Yes No ☐

Your Summary Care Record

Summary Care Records (SCR) are an electronic record of important patient information, created from GP medical records. They can be seen & used by authorised staff in other areas of the health & care system involved in a patient's direct care. For more information, please visit https://www.digital.nhs.uk/summary-care-records/patients / call NHS Digital on 0300 303 5678 or see leaflet provided to you / our website.

Do you consent to having an Enhanced Summary Care Record with Additional information?

☐ Yes *(recommended option)* No ☐

Patient Charter

Please sign & date below to confirm that you have read & agree to act within the Patient Charter displayed at the reception desk & provided to you within this registration pack.

Did not attend policy (DNA)

Please sign & date below to confirm that you have read & agreed to our DNA policy & provided to you within this registration pack.

Signature	
Date	

Parsonage Surgery

RECEPTION TEAM ONLY – Please tick & pass forms to Registration Administrator

Photographic ID seen: ☐
(Photocopy documentation if required)

If born outside the UK is patient eligible for NHS care & is date entered UK completed: ☐

Under 5 form completed: ☐

GMS1 form checked & fully completed: ☐

Contact details verified by Registration Administrator ☐

Proof of address seen: ☐

Alcohol screening form completed: ☐

Consent to PPG: ☐

Prescription list attached: ☐

Within catchment area: ☐

3rd party consent form completed – Yes / No

Completed by …………………………………………… (Staff member name) Date:

Notes: