SUMMERTOWN HEALTH CENTRE
160 Banbury Road, Oxford, OX2 7BS www.summertownhealthcentre.co.uk
Tel: 01865 515552 Fax 01865 311237

Rec'd by _____

Proof of ID/Address----------

EMIS No----------

Reg By----------

Inform GP----------
For Office Use Only

NEW PATIENT REGISTRATION QUESTIONNAIRE – PART 1
to be completed by all patients 17 years and over

This information will help us to provide you with the best care until your full medical records are received. Please hand it to the receptionist when completed.

Title and Last Name	ALL Forenames
Male ☐ Female ☐	Date of Birth
Address	

We may wish to communicate with you on matters relating to your health or to text you reminders about your appointments. If you are happy for us to contact you by mobile and/or email please complete details below.

UK Mobile number_____

Email address_____

Home telephone number: _____

Preferred method of contact if not one of the above: _____

Work Tel No:	Occupation:
Do you have significant (unpaid) caring responsibility for someone?	**Yes** ☐ **No** ☐

Next of kin

Name:_____ Tel number: _____

Relationship: _____

MEDICAL HISTORY
Have you ever suffered from? (tick as appropriate and please put date of diagnosis)

	Date diagnosed		Date diagnosed
Epilepsy	☐ Date	Thyroid Disorder*	☐ Date
High Blood Pressure	☐ Date	Chronic kidney disease	☐ Date
Heart Attack	☐ Date	Diabetes*	☐ Date
Stroke	☐ Date	Depression	☐ Date
Cancer*	☐ Date	Mental Health Problems*	☐ Date
Eczema	☐ Date	Asthma	☐ Date
Hayfever	☐ Date	COPD	☐ Date
Blindness/partially sighted*	☐ Date	Other (please give details):	
Glaucoma	☐ Date		

***If you have ticked any of the above, please give more details:**

Are you currently under medical care of any sort**?** **Yes ☐ No ☐**
If yes, please describe

Do you suffer from any allergies? **Yes ☐ No ☐**
If yes, please describe

Are you taking any regular medication? **Yes ☐ No ☐**
If yes, please describe

Do heart attacks and strokes tend to occur in young members of your family (less than 60 years old)? **Yes ☐ No ☐**
Give details of any illness which tends to occur in your family.

What is your present weight? _____ | How tall are you? _____

If you are aged 45 or above, please take your blood pressure on the machine in the waiting room and record here:

Have you had a cervical smear test? **Yes ☐ No ☐**
Details of smear testing:

Do you smoke? **Yes ☐ How many** _____**per day, Never Smoked ☐ Ex-smoker ☐ Date stopped** _____

If yes, would you like help to stop? **Yes ☐ No ☐**

Do you drink alcohol? **Yes ☐ No ☐**

Alcohol Users Disorders Identification Test (AUDIT) C

Questions	Scoring System 0	1	2	3	4	Your Score
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total of 5+ indicates hazardous or harmful drinking

If your score is more than 5 please complete the AUDIT questionnaire (last page)

Please complete this section if you are aged 17 – 25 inclusive

Vaccine	Date given
Measles, Mumps and Rubella (MMR) **1st**	
Measles. Mumps and Rubella (MMR) **2nd**	
Meningitis ACW&Y **(NOT Men C)**	

ETHNIC GROUP DATA COLLECTION - STRICTLY CONFIDENTIAL

The Health Service needs to know the ethnic group of patients for the purpose of planning. This is to make sure that all sectors of the community have equal access to the services provided. Ethnic group describes how you see yourself, and is a mixture of culture, religion, skin colour, language, the origins of yourself or your family**. It is not the same as nationality.** The information given will be treated in the strictest confidence.

The information is used only by National Health Service Staff and will not be passed on to other agencies, or used for any other purposes.

☐ White – British	☐ White – Irish	☐ Any other White	☐ Mixed – White and Black Caribbean	☐ Mixed – White and Black African
☐ Mixed – White and Asian	☐ Any other mixed background	☐ Indian	☐ Pakistani	☐ Bangladeshi
☐ Any other Asian background	☐ Black – Caribbean	☐ Black – African	☐ Any other Black background	☐ Chinese
☐ Any other Ethnic Group		☐ Do not want to give Ethnic Group		

Is your first language English? ☐ Yes ☐ No If no, please specify _____

AUDIT - Only to be completed if you scored more than 5 on the AUDIT C

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 – 4 times per month	2 – 3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0-7 = sensible drinking, 8-15 = hazardous drinking, 16-19 = harmful drinking and 20+ = possible dependence.

NHS Family doctor services registration GMS1

Patient's details

Please complete in BLOCK CAPITALS and tick ☑ as appropriate

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

Date of birth

First names

NHS No.

Previous surname/s

☐ Male ☐ Female

Town and country of birth

Home address

Postcode

Telephone number

Please help us trace your previous medical records by providing the following information

Your previous address in UK

Name of previous doctor while at that address

Address of previous doctor

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving

Date you first came to live in UK

If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number

Enlistment date

If you are registering a child under 5

☐ I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

**Not all doctors are authorised to dispense medicines*

☐ I live more than 1 mile in a straight line from the nearest chemist

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

☐ **Signature of Patient** ☐ **Signature on behalf of patient** Date_____/_____/_____

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

☐ Any of my organs and tissue or

☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas ☐ Any part of my body

Signature confirming my agreement to organ/tissue donation **Date** _____/_____/_____

For more information, please ask at reception for an information leaflet or visit the website www.uktransplant.org.uk, or call 0300 123 23 23.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years ☐

Signature confirming consent to inclusion on the NHS Blood Donor Register **Date** _____/_____/_____

For more information, please ask for the leaflet on joining the NHS Blood Donor Register

My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode:

HA use only Patient registered for ☐ GMS ☐ CHS ☐ Dispensing ☐ Rural Practice

042017_003 Product Code: **GMS1**

NHS Family doctor services registration

GMS1

To be completed by the doctor

Doctors Name HA Code

☐ I have accepted this patient for general medical services ☐ For the provision of contraceptive services

☐ I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, *if different from above* HA Code

☐ I am on the HA CHS list and will provide Child Health Surveillance to this patient **or**

☐ I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, *if different from above* HA Code

☐ I will dispense medicines/appliances to this patient subject to Health Authority's Approval

☐ I am claiming rural practice payment for this patient.
Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Authorised Signature

Name Date _____/_____/_____

Practice Stamp

SUPPLEMENTARY QUESTIONS

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

a) ☐ I understand that I may need to pay for NHS treatment outside of the GP practice

b) ☐ I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested

c) ☐ I do not know my chargeable status

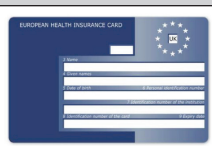
I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:		**Date:**	DD MM YY
Print name:		**Relationship to patient:**	
On behalf of:			

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC?	**YES:** ☐ **NO:** ☐	If yes, please enter details from your EHIC or PRC below:
	Country Code:	
	3: Name	
	4: Given Names	
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	DD MM YYYY
PRC validity period (a) From:	DD MM YYYY	(b) To: DD MM YYYY

If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.

Please tick ☐ if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff**.

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

Summary Care Record and Oxfordshire Care Summary – your choice

Please note that these records are ***NOT CONNECTED*** with the Health and Social Care Information Centre (HSCIC) single database care.data project, and will be used ***only*** for the purpose of enabling informed care to be supplied directly to you as an individual.

Your patient record is held securely and confidentially on the electronic system at your GP practice.
If you require treatment in another NHS healthcare setting such as an Emergency Department or Minor Injury Unit, those treating you would be better able to give you appropriate care if some of the information from the GP practice were available to them.
This information can now be shared electronically via:

1. **The Summary Care Record:** used nationally across England
2. **The Oxfordshire Care Summary:** used locally across Oxfordshire

In both cases, the information will be used ***only by authorised health care professionals directly involved in your care***. Your permission will be asked before the information is accessed, unless the clinician is unable to ask you and there is a clinical reason for access.

A parent or guardian can request to opt out children under 16 but ultimately it is the GP's decision whether to create the records or not, because of their duty of care to the child. If you are the parent or guardian of a child under 16 and feel that they are able to understand, then you should make this information available to them.

Are you happy for us to share this electronic information with clinicians in other NHS organisations who are involved in your care? If you would rather we didn't, we will put an entry on your record which will prevent your information from being shared.

Please select ONE option in BOTH tables below and complete patient details overleaf.

Your choice for SCR	***Please tick one box only***
I would like my information shared through the Summary Care Record	
I would like a Summary Care Record with additional information added **	
I do ***not*** want my information shared through the Summary Care Record	

Your choice for OCS	***Please tick one box only***
I would like my information shared through the Oxfordshire Care Summary	
I do ***not*** want my information shared through the Oxfordshire Care Summary	

It is important to complete and return this form, as your new practice cannot make a decision for you. Without your direction, we cannot guarantee that your wishes will be met, even if you have previously made a similar choice in another practice.

Patient details (please write in CAPITAL LETTERS)					
Title:		**Forenames**:			
Surname/Family name:					
Address:					
Phone number(s):					
Date of birth:			**NHS number (if known):**		
***If the person signing below is not the patient, please also enter the signatory's name and relationship to the patient, e.g.* PARENT, GUARDIAN, ATTORNEY**					
Full name:			**Status:**		
Signature:			**Date:-**		

Differences between the Oxfordshire Care Summary and the Summary Care Record		
	Oxfordshire Care Summary	**Summary Care Record**
Shared	• Across Oxfordshire • Across health care settings, including urgent care, community care and outpatient departments • With GPs, and with clinicians employed by Oxford Health NHS Foundation Trust and Oxford University Hospitals Trust	• Across England • Across health care settings, including urgent care, community care and outpatient departments • With GPs, and with clinicians employed by any NHS Trust or organisation involved in your care across England
Information source	• GP record • Other medical records held by different NHS organisations in Oxfordshire	• GP record
Content	• Your current medications • Any allergies you have • Any bad reactions you have had to medicines • Your medical history and diagnoses • Test results and X-ray reports • Your vaccination history • General health readings such as blood pressure • Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls • Care / management plans • Correspondence such as referral letters and discharge summaries.	• Your current medications • Any allergies you have • Any bad reactions you have had to medicines **Additional information includes: - Significant problems (past and present) - Significant procedures (past and present) - Anticipatory care information - End of life care information – as per EOLC dataset ISB 1580 - Immunisations Further information can be added **(upon request to your GP)**
For more information, visit:	• http://www.oxfordshireccg.nhs.uk/your-health/oxfordshire-care-summary/	• www.nhscarerecords.nhs.uk • http://systems.hscic.gov.uk/scr/gppractices/additional/index_html • http://www.oxfordshireccg.nhs.uk/your-health/summary-care-record/