Biscot Group Practice

ALL REGISTRATIONS HAVE TO BE HANDED INTO THE SURGERY BEFORE 5PM. AFTER 5PM THEY WILL NOT BE ACCEPTED. MANY THANKS

REGISTRATION CHECKLIST

NHS NUMBER
You can obtain this from your previous surgery or medical card

VALID PASSPORT
Home office paper will not be accepted

MARRIAGE CERTIFICATE
If you are here on your Husband's/Wife's visa we need to see your marriage certificate

STUDENT VISA
We need to see a letter from your College/University

PROOF OF ADDRESS
We **MUST** have proof of address from **EACH** adult living at the address provided.

Failure to provide any of the above means you will not be accepted into this surgery

NEW PATIENT INFORMATION

Please complete this form to enable us to register you.

PERSONAL DETAILS

SURNAME..... *FIRST NAME/S*.....

FULL ADDRESS.....
.....
.....
.....

TEL NO. HOME..... *TEL NO. WORK*.....

MARITAL STATUS..... *DATE OF BIRTH*.....

COUNTRY OF ORIGIN..... *SPOKEN LANGUAGE*:.....

RELIGION..... *OCCUPATION*.....

EMAIL ADDRESS.....

YOUR HEALTH

Please indicate whether you suffer from any of the following by ticking in the relevant boxes.

- ☐ Diabetes
- ☐ Cancer
- ☐ Asthma
- ☐ High Blood Pressure
- ☐ Heart Disease
- ☐ Stroke
- ☐ Kidney Disease
- ☐ Tuberculosis

Any other serious illnesses? If yes please list
.....
.....

Allergies:.....

Have you had any operations? If yes please list
.....

Please list any medication you are taking
.....

YOUR HEALTH

What is your height? (if known)……

What is your weight? (if known)……

Do you smoke? If yes complete details below

Cigarettes? If yes how many a day?……

Roll your own? If yes how many oz per week?……

FAMILY HISTORY

Have any of your blood relations suffered for the following? If so, which relations?

- ☐ Heart attack ……
- ☐ Stroke ……
- ☐ High blood pressure ……
- ☐ Asthma ……
- ☐ Tuberculosis ……
- ☐ Diabetes ……
- ☐ Cancer ……
- ☐ Other serious illness ……

VACCINATIONS

Which of the following vaccinations have you had? And the date (if known)

- ☐ Diptheria ……
- ☐ Polio ……
- ☐ German measles ……
- ☐ Tetanus ……
- ☐ Typhoid ……
- ☐ Measles ……
- ☐ Cholera ……
- ☐ BCG ……
- ☐ Yellow fever ……
- ☐ MMR ……
- ☐ Whooping cough ……
- ☐ Other …… ……

FEMALE PATIENTS ONLY TO COMPLETE

Have you had any children? **Y / N** Give ages……

Have you had a miscarriage? **Y / N** Date? (if known)……

Have you had a termination? **Y / N** Date? (if known)……

Have you had a hysterectomy? **Y / N** Date? (if known)……

Are you using any type of contraception? **Y / N** What type?……

PATIENT PROFILING FORM

Patient identification number:_____

Tick only one box in answer to each question

What do you consider to be your ethnic origin?

White UK (English/Welsh/Scottish)	☐	Chinese	☐
Irish	☐	Indian	☐
Pakistani	☐	Bangladeshi	☐
Black Carribean	☐	Vietnamese	☐
Black African	☐	Black (other)	☐
		White (other)	☐
Not Collected	☐	*Patient Refused*	☐

In which language would you like to receive written information?

English	☐	Bengali	☐
Punjabi	☐	Hindi	☐
Gujarati	☐	Cantonese	☐
Urdu	☐	Other	☐
Braille	☐		
Not Collected	☐	*Patient refused*	☐

In which spoken language would you prefer us to provide a service to you?

English	☐	Bengali	☐
Punjabi	☐	Hindi	☐
Urdu	☐	Cantonese	☐
Gujarati	☐	Other	☐
British sign language	☐		
Not Collected	☐	*Patient Refused*	☐

What is your faith or religion, if any?

Islam	☐	Buddhism	☐
Sikhism	☐	Christianity (Anglican)	☐
Judaism	☐	Christianity (Roman Catholic)	☐
Hinduism	☐	Christianity (other)	☐
Jehovah's Witness	☐	Other	☐
Not collected	☐	*Patient Refused*	☐

CARER DETAILS

Do you have a carer? **Y / N**

If yes please complete the carer details form below.

CARER DETAILS FORM

This form only needs to be completed if you have a carer or if you are a carer

What is a carer?
A carer is defined as someone who, without payment provides help and support to a partner, relative, friend or neighbour who could not manage to stay at home without their help due to age, sickness or disability

1. What is the full name of your carer?

   _____

   _____

2. Address and telephone number of your carer

   _____

   _____

   _____

   _____

3. What is your relationship to your carer?

   _____

   _____

4. Are there any special instructions we should be aware of? (e.g. door entry codes)

   _____

5. Are <u>you</u> a carer? **Y / N**

   If the answer is yes please record the name and address of the person you are caring for and your relationship to them

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DOCTOR/PATIENT AGREEMENT

- Appointments are made for one person at a time. Please do not bring anyone else to see the doctor unless they have their own appoinment.
- Should you present with multiple problems your doctor may ask you to make another appointment to discuss them.
- Patients arriving more than 30 minutes late for an appointment may be asked to rearrange it.
- If you no longer need a previously booked appointment, please try and cancel at least 24 hours before the due date.
- Patients who do not attend 3 or more appointments with a doctor or nurse without prior cancellation may be removed from the list.
- Patients who make inappropriate use of emergency services when the surgery is closed, or any service will be removed from the list.
- Please read the Practice Booklet.
- Any complaints or suggestions should be addressed to the Patient Services Manager
- Rudeness and aggressive behaviour towards staff will not be tolerated, resulting in being removed from the patient list.

PLEASE SIGN AND DATE THIS AGREEMENT:

Name:……

Signature:…… Date:……

BLENHEIM MEDICAL CENTRE
ALCOHOL AUDIT

To be completed by all new patients aged 16 and over

Please tick the answer that applies to you

1. How often do you have a drink that contains alcohol?

   Never ☐ Monthly or less ☐ 2-4 times per week ☐

   2-4 times per month ☐ 4+ times per week ☐

2. How many standard drinks do you have on a typical day?

   1-2 ☐ 3-4 ☐ 5-6 ☐ 7-9 ☐ 10+ ☐

3. How often do you have 6 or more standard drinks on one occasion?

   Never ☐ Monthly or less ☐ 2-4 times per week ☐

   2-4 times per month ☐ 4+ times per week ☐

PLEASE ENSURE THAT THE GMS1 REGISTRATION FORM IS COMPLETED AND HANDED IN ALONG WITH THIS FORM.

THANK YOU FOR COMPLETING THIS FORM.
WE CAN NOW UPDATE YOUR RECORDS