

## New Patient Registration

Hugglescote Surgery  
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Thank you for expressing an interest in registering with our practice. Before we can consider your registration, you will need to demonstrate that you are eligible to join our practice by fulfilling the following criteria;

- **That you are ordinarily a resident in the UK.** This means that you are lawfully living in the UK and have a settled purpose here. An NHS card, recent council tax bill or similar documents can demonstrate that you are resident in the UK. We will only need to see supporting documents for adults, children of adults wishing to register will automatically be registered providing the parents/ guardians fulfill the criteria.
- **If you have left the UK for more than 6 months and are not returning for a settled purpose, you are not entitled to NHS care.** A letter from your employer or university to show you are here for a settled purpose, or passport with a valid Visa will determine your eligibility to receive NHS Care. If you are staying in the UK for less than six months, you are not eligible for NHS Care.
- **You live within the practice area.** Copies of recent utility bills/council tax bills or solicitor's letters demonstrating a recent house purchase will be required to support your registration.

Please bring the relevant copies of your documents along with your completed registration forms and new patient questionnaire for us to process your registration. We will not require the original documents, photocopies will be sufficient.

### **What Happens Next?**

Once we have viewed your documents and are satisfied that you are able to register with the practice, you will receive an acceptance letter. If you have any questions about this process, please feel free to contact the surgery and ask.

**If we are not completely satisfied with the supporting documents you have provided, we reserve the right to refuse your registration with the practice. All documents will be returned to you via post if your registration has been unsuccessful.**

## Patient Details:

Today's date .....  
NHS Number: .....  
This can be obtained from your Medical card or your previous GP surgery.

Title:.....First name & middle name.....Surname.....

Previous Surname.....

Date of birth..... Male / Female

Town and Country of birth: .....

Home Address.....

Postcode.....

Telephone number..... Mobile telephone.....

The surgery operates an SMS service if you do not want to be contacted via SMS please tick this box

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

Your previous address in the UK

.....  
.....

Name & Address of your previous Doctor while at previous address:

.....  
.....

***If you are from abroad:***

Your first UK address where registered with GP:

.....

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

If you was previously a resident in the UK, date of leaving:.....

**If you are returning from the armed forces:**

Address before enlisting:.....  
 Service or personnel number:.....  
 Enlistment date:.....  
 Discharge date:.....

**If you are registering a child under 5:**

I wish the child above to be registered with the doctor for child health surveillance  
 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 tissues 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 call 08456060400 or visit the website [www.uktransplant.org.uk](http://www.uktransplant.org.uk)

**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 of the NHs blood donor*

.....Date...../...../.....

**Patient Questionnaire:**

**Marital Status:**                      Single / Married / Divorced/ Co-Habiting/ Widowed  
**Are you a CARER?**                      Yes / No  
**If YES who do you care for?**.....

**Weight** \_\_\_st\_\_\_lb    or    \_\_\_\_\_kg  
**Height** \_\_\_ft\_\_\_in    or    \_\_\_\_\_cm

**Do you exercise?** (Please circle) :

Never/ Light exercise / Moderate exercise / Heavy exercise

**Do you have any Allergies or Sensitivities? Please list below:**

**Do you currently smoke, or have you ever smoked? (Please circle below)**  
 Never smoked    Used to smoke    Currently smoke

If you are a smoker how much or how many cigarettes do you smoke a day?.....

**If you are a smoker and would like to stop you can contact quit ready on 0345 646 66 66. Alternatively you can go to <http://www.quitready.co.uk> further information on how to help you stop.**

**Employment status (please circle)** Employed/ Unemployed/ Retired  
**Occupation:**.....

<b>To which of these ethnic origins do you belong?</b>				
<input type="checkbox"/> British	<input type="checkbox"/> Chinese	<input type="checkbox"/> African	<input type="checkbox"/> Other Black	<input type="checkbox"/> Other Mixed
<input type="checkbox"/> Mixed British	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> White & Black African	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Gypsy/Romany	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Indian/British	<input type="checkbox"/> White & Black Caribbean	
<input type="checkbox"/> Irish	<input type="checkbox"/> Pakistani			
<input type="checkbox"/> White & Asian	<input type="checkbox"/> Other White	<input type="checkbox"/> I do not wish to disclose my ethnicity		
<b>What is your first spoken language?</b>				

### Electronic Prescription Service

**Did you sign up for the Electronic Prescription Service at your old GP surgery? If you have and you now need to use a different chemist please write below which chemist you would like to use.** Please note any pharmacies will be removed unless stated below.

.....

*If you would like to sign up for the Electronic prescription service please ask at reception.*

### Important information on your summary and your health record

**A Summary Care Record (SCR)** An SCR is used in a number of healthcare settings and will provide healthcare professionals with any information they wouldn't otherwise have. For example, when you're visiting an urgent care center or being admitted to a hospital, staff could view your SCR and discover you are on a particular medication or have allergies. Only authorised healthcare professionals directly involved in your care can access your SCR. Your SCR will not be used for any other purposes. You can choose how much data is shown on your summary care record.

Please choose which option you would prefer: (please tick)

- Express consent for medication, allergies and adverse reactions only.
- Express consent for medication allergies and adverse reactions and additional information.

If you **do not** wish for authorised emergency healthcare staff to have access to a summary of your record it is important that you tell us.

Please tick the box below if you **do not** want a Summary Care Record.

I do not want a summary care record

### Electronic Data Sharing Module (EDSM)

Today, electronic records are kept in all the places where you receive healthcare. These places can usually only share information from your records by letter, email, fax or phone. At times, this can slow down your treatment and mean information is hard to access.

Hugglescote Surgery uses a computer system called SystmOne that allows the sharing of full electronic records across different healthcare care services.

SystmOne has two settings to allow you to control how your medical information is shared. Please tick below:

#### **1. Sharing OUT**

This controls whether the information entered on your GP record can be shared with other NHS services (i.e. made shareable).

- Yes – Share data with other healthcare professionals
- No – Do not share any data recorded here

#### **2. Sharing IN**

This controls whether information that has been made shareable at other NHS care services can be viewed by your GP surgery or not (i.e. Shared in).

- Yes – Consent given
- No – Consent refused

### Named Accountable GP

The practice is required by the Government under the terms of the latest GP contract to allocate all patients a named accountable GP (identified as your usual GP on your medical records). Having a **Named Accountable GP** does not prevent you from seeing any other doctor in the practice. Your named GP will not be available at all times and if your needs are urgent, you may need to discuss them with an alternative doctor. All your records are available to every doctor in the surgery.

Your Named Accountable GP will be confirmed to you once you are registered with the practice.

### Online Services

If you are interested in registering for online services where you can book appointments and order repeat prescriptions, please ask at reception for an application pack once you have been registered.

*(Please note this service is only available for patients over 16 years of age)*

Alcohol Questionnaire – Please complete the table below:

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 standard units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion on the last year?	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 during the last year have you failed to do what was normally expected of you because of your 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 during the last year have you been unable to remember what happened the night before because you had been drinking?	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 or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	