Forrest Medical Centre

New Patient Form – ADULT (16 years +)

Please ensure this form is completed before you are seen. During your physical examination we will measure your height, weight and blood pressure. Please make an appointment with the nurse for this examination.

Surname:				
Forename(s):				
Date of Birth:				
Telephone number:	Work:		Mobile:	
Email:				
Occupation:				
Please complete the information below regarding your text and email preferences:				
( ) I am happy to receive SMS text messages from the surgery				(#9NdP)
( ) I DO NOT want to receive SMS text messages from the surgery				(#9NdQ)
( ) I am happy to receive email messages from the surgery				(#9NdS)
( ) I DO NOT want to receive email messages from the surgery				(#9Ndy)

Next of Kin:

Name:		Relationship:	
Contact Details:			

Carers:

Are you a Carer (for someone who is ill, frail or disabled)?	Yes		No	
If yes, who do you care for?				
Is this person a patient at Forrest Medical Centre?	Yes		No	
Do you have a Carer?	Yes		No	
If yes, please give name and contact details:				
Is this person a patient at Forrest Medical Centre?	Yes		No	

Ethnic Origin: Please tick one of the following:

	White British
	White Irish
	Any other White background
	Mixed White & Black Caribbean
	Mixed White & Black African
	Mixed White & Asian

	Bangladeshi (Asian or Asian British)
	Any other Asian background
	Caribbean (Black or Black British)
	African (Black or Black British)
	Any other Black background
	Chinese

	Any other mixed background
	Indian (Asian or Asian British)
	Pakistani (Asian or Asian British)
	Any other ethnic category
	Not stated
	Other:

Languages:

Do you need an interpreter?	Yes		No	
If yes, which language?				

Current Medications:

Please list any medicines or other treatments you are currently taking (including medication bought over the counter):
Do you have a nominated pharmacy for electronic prescriptions? Yes ( ) No ( )

Previous Medical History

What serious illnesses have you had? Please list all past and current medical problems and operations:

Support Services:

Have you, or any member of your family, ever had contact with a Social Worker? What about?

HIV:

Have you had an HIV test?				Yes		No	
If yes, date of last test (approx):		Result of last test:	Positive		Negative		

Smoking:

Do you smoke?	Yes		No
If yes, how many a day?			
If no, have you ever smoked?	Yes		No
If you have ever smoked, when did you give up (approx.):			

Accessible Information:

Do you need information in?	Braille:		Large Print:		Easy Read:		
Do you need someone to come to appointments with you?			BSL Interpreter:		An Advocate:		
Can we support you:							
To lip read:		To use a hearing aid:		To use a communication tool:			
Please explain what support would be helpful to you:							

Armed Forces:

Have you ever served in the British Armed Forces?	Yes		No	

Alcohol:

	0	1	2	3	4	Your score
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	
Only answer the following questions if the answer above is Never (0), Less than monthly (1) or Monthly (2). Stop here if the answer is Weekly (3) or Daily (4)						
How often during the last year have you failed to do what was normally expected from you because of your 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	
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	
						**Total of above columns** 

TB Service:

We are offering a simple screening blood test for tuberculosis (TB) to individuals who have moved here from countries where there is a high rate of TB. To do this we need to share some of your personal details with our local Community TB service so they can discuss this with you and arrange the screening. If you agree to us sharing your details, please sign here:

……..

THE NEXT SECTION IS FOR WOMEN ONLY

Have you ever had a cervical smear test?	Yes		No		
Date of last test:					
Result of test:					
Have you ever had a mammogram?	Yes		No		
Date of mammogram:					

FOR US TO RECORD YOUR SCR PREFERENCE PLEASE READ AND COMPLETE THIS FORM

(Please ensure you tick a box below and sign the form at the bottom. If you do not tick any box we will assume you want the standard Summary Care Record)

Patient Name .....

Date of Birth .....

NHS Number *(if known*) .....

Forrest Medical Centre offers its patients the choice of having a Summary Care Record.

The new NHS Summary Care Record is being introduced to help deliver better and safer care and give you more choice about who you share your healthcare information with.

What is the NHS Summary Care Record?

The Summary Care Record will contain basic information about any **allergies you may have, unexpected reactions to medications and any prescriptions you have recently received**. The intention is to help clinicians in Accident and Emergency Departments and 'Out of Hours' health services to give you safe, timely and effective treatment.

Clinicians will only be allowed to access your record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Children under the age of 16

Patients under 16 years will not receive this letter, but will have a Summary Care Record created for them unless their GP surgery is advised otherwise. **If you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf.**

You do not have to have a Summary Care Record, although you are strongly recommended to consider this choice. If you decide to proceed, but at any time in the future you, or a child you are responsible for, change your mind and choose not to have a Summary Care Record, all you need do is write to your Surgery informing them of your decision to "Opt-out". If you have already told your Surgery that you wish to "Opt-out" and you wish this to remain in place you need take no further action.

Additional information included in the SCR

The 'additional information' set has been defined and signed off by clinical groups and suppliers. SCRs with additional information incorporate individual coded items and associated free text and will include:

- Reason for medication
- Significant medical history (past and present)
- Anticipatory care information (such as information about the management of long term conditions)
- Communication preferences
- End of life care information
- Immunisations

Please tick box so we can record your Summary Care Record preference:

No, I would not like to have a Summary Care Record ☐
Yes, I would like to have a Summary Care Record ☐
Yes, I would like a Summary Care Record with Additional Information ☐

If you **want** a basic Summary Care Record **you do not have to do anything**, it will automatically be created for you.

Signed by Patient……..

Forrest Medical Centre

Compassionate • Community • Care

(Patient Copy – Keep for Your Records)

Please help us provide an excellent standard of care for all our patients, by reading and agreeing to the following points. If you have any concerns about signing this agreement, please ask to speak to one of our Reception Supervisors or the Practice Manager.

I, the patient, agree to disclose my medical information regarding my health to my doctor and clinical staff. We, the Practice, will not disclose any information regarding you without your consent.

I **agree to attend all the appointments** I book at the Practice. I agree to **cancel at least one hour** in advance any appointments I **cannot attend**. If I arrive **late for my appointment**, I accept I may be asked to **rebook**. We, the Practice, will endeavour to keep to appointment times, although there are occasions when appointments may overrun, for reasons out of our control. We appreciate your understanding on this matter.

I agree to request my **repeat prescription**, allowing at least **a working day's notice** for these to be issued by the Practice.

I agree to let the Practice know **if I change my home address**, telephone number or email address.

I shall only request a **Home Visit** from a Doctor **if I am too unwell to physically attend** the Practice or am completely housebound.

I understand there **will be a charge for non NHS services**, such as writing letters or insurance reports.

I agree to **switch off my mobile phone** whilst in my consultation.

I agree to not behave in an abusive, threatening or aggressive manner with any member of the Practice team. I acknowledge that the Practice has the right to remove me from the Practice if I behave in this manner, as advised in their **Zero Tolerance Policy**.

Patient Name..... Signature..... Date...../...../.....

Forrest Medical Centre

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(Practice Copy – Please hand in with registration paperwork)

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Patient Name..... Signature..... Date...../...../.....