

Dear Patient

Welcome to Parkside Group Practice. As part of our new patient registration procedure we would be grateful if you would spend a few minutes completing this form. A Practice Information leaflet is available to download on our website www.parksidegrouppractice.co.uk containing details about the services the practice offers, as well as useful advice on local health services, and how to manage common minor illnesses. As a patient your opinion is important, please feel free to let us know your views via the suggestion box in the waiting room.

The Practice subscribes to the General Data Protection Regulations.

NAME	DATE OF BIRTH / /	SEX M / F
------	----------------------	--------------

ADDRESS	TELEPHONE NOS. Home Work Mobile Email
POSTCODE	

MARITAL STATUS MARRIED / SINGLE / DIVORCED / WIDOWED / COHABITING	
NUMBER, AGES AND SEX OF CHILDREN/STEPCHILDREN	ARE YOU A CARER? Y / N

ETHNICITY GROUP (please circle) WHITE BRITISH (9S10) BLACK BRITISH (9iD2) WHITE IRISH (9i1) OTHER WHITE EUROPEAN (9i2R) OTHER MIXED ORIGIN (9SB4)	BLACK CARIBBEAN (9S2) BLACK AFRICAN (9S3) WHITE AND BLACK CARIBBEAN (9SB5) WHITE AND BLACK AFRICAN (9SB6) CHINESE (9S9) INDIAN (9S6)	PAKISTANI (9S7) BANGLADESHI (9S8) SRI LANKAN (9iA4) MIXED ASIAN (9iA9) OTHER ASIAN GROUP (9SH) ETHNIC GROUP REFUSED (9SD) ETHNIC GROUP NOT STATED (9iG)
FIRST LANGUAGE		
INTERPRETER REQUIRED	YES / NO	

**PROOF OF ID, NAME AND ADDRESS: Passport / Driving Licence
Bank Statement / Utility Bill/ Rental Contract –MUST BE DATED WITHIN THE LAST 3 MONTHS**

Please note we take copies of both forms of ID and once you are fully registered these documents will be destroyed. We will NOT keep a copy for our records.

NEXT OF KIN

Relationship to patient: _____

Emergency Contact: YES/ NO

Name _____

Contact No. _____

IF YOU ARE FROM OVERSEAS YOU MUST COMPLETE THIS BOX
PLACE AND COUNTRY OF BIRTH _____
Date of entry into UK _____ **How long is your stay?** _____

ARE YOU ALLERGIC TO ANY DRUGS OR SUBSTANCES? IF SO WHICH ONES?

 PLEASE LIST ANY OPERATION(S) YOU HAVE HAD, AND THE DATE(S) YOU HAD THEM

 PLEASE LIST ANY MAJOR ILLNESSES YOU HAVE, AND THE DATES THEY WERE DIAGNOSED (for example: High Blood Pressure, Diabetes, Epilepsy, Heart Disease, Cancer)

 PLEASE LIST ALL THE MEDICATION/DRUGS YOU ARE TAKING (OR ATTACH YOUR REPEAT PRESCRIPTION DETAILS, IF YOU HAVE ONE, FROM YOUR PREVIOUS SURGERY)

Please circle the appropriate answers

DO YOU SMOKE? YES / NO

Never smoked tobacco (1371)	Y / N	Ex-smoker amount unknown (137F)	Y / N
Trivial smoker (<1 cig/day) (1372)	Y / N	Pipe smoker (137H)	Y / N
Light smoker (1-9 cigs/day) (1373)	Y / N	Cigar smoker (137J)	Y / N
Moderate smoker (10-19 cigs/day) (1374)	Y / N	Current non-smoker (137L)	Y / N
Heavy smoker (20-39 cigs/day) (1375)	Y / N	Rolls own cigs (137M)	Y / N
Very heavy smoker (40+ cigs/day) (1376)	Y / N	Date ceased smoking (137T)	/ /
Health Education – Smoking (6791)			

DO YOU EXERCISE REGULARLY? YES / NO

EXERCISE NOT POSSIBLE (1381)	Y / N	EXERCISE 1 PER WEEK
AVOID EXERCISE (1382)	Y / N	
ENJOY LIGHT EXERCISE (1383)	Y / N	EXERCISE 3 TIMES PER WEEK
ENJOY MODERATE EVERCISE (1384)	Y / N	
ENJOY HEAVY EXERCISE (1385)	Y / N	EXERCISE 3+ TIMES PER WEEK
COMPETITIVE ATHLETE (1386)	Y / N	
EXERCISE GRADING UNKNOWN (1387)	Y / N	

DO YOU DRINK? YES/NO

Questions	0 - Points	1 - Point	2 - Points	3 - Points	4 - Points	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 in the last year have you found you were not able to stop drinking once you 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	
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	

FOR FEMALES OVER 21

HAVE YOU EVER HAD A CERVICAL SMEAR?	Y / N
DATE / /	
WAS THE RESULT NORMAL?	Y / N

IF YOU ARE ON REPEAT MEDICATION YOU SHOULD MAKE AN APPOINTMENT TO SEE THE DOCTOR. If you are not on repeat medication but would like a New Patient Check please make an appointment with the Healthcare Assistant. Please bring a specimen of urine with you in a clean, screw-top bottle.

Data Sharing

We take the confidentiality of your personal and medical information very seriously.

When appropriate Parkside Group Practice will share pertinent details of your clinical record between the various care professionals who are or will be involved in your clinical care (your GP, local hospitals, district nurses, out of hours services, health visitors ect). This data is only used for your direct medical care.

Summary Care Records (SCR)

NHS England has introduced the SCR, which will be used in emergency care. The record will only contain information about any medicines you are taking, allergies from which you suffer and any adverse reactions to medicines you have had, to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare professionals providing your care anywhere in England, but they will, where possible, ask your permission before they look at it. This means that if you have an accident or become ill, those treating you can have immediate access to important information about your health.

I have read the information above, and wish to OPT IN to this service

I can change my mind at any time and will notify the practice, in writing, giving adequate notice.

Signature : _____ **Date:** _____

SMS (Text) Messaging Service – DIRECT CARE

We may use SMS messaging to communicate with patients who have provided us with a mobile number, for the purposes of test results, appointment reminders, health campaigns and feedback. Patient feedback is not presented or published in a way that allows individual's to be identified.

Information sent via an SMS message will include first names and information stating the reason for the message will be kept to a minimum.

Where an important matter is to be conveyed to the patient a letter or other reliable method will be used.

We **do not** currently offer a reply facility unless requested by us in the message.

I have read the information above, and wish to OPT IN to this service.

I can change my mind at any time and will notify the practice, in writing, giving adequate notice.

Signature : _____ Date: _____

PLEASE BE AWARE THAT IF YOU DO NOT SIGN YOU WILL NOT BE SENT APPOINTMENT REMINDERS

Email Services – DIRECT CARE

We may use email messaging to communicate with patients who have provided us with an email address, for purposes of test results, appointment reminders, health campaigns and feedback. Patient feedback is not presented or published in a way that allows individual's to be identified.

If you are expecting correspondence via this method, which you have not received, please check your spam folder.

I have read the information above, and wish to OPT IN to this service.

I can change my mind at any time and will notify the practice, in writing, giving adequate notice.

Signature : _____ Date: _____

Thank you for taking the time for completing this form, and welcome to Parkside Group Practice.

Yours faithfully

Drs Clementson, Khan, Muhundan, Sreetharan and Shah, Burgess, Johnson, Garnham, Epperlein & Lamptey

PATIENT ACCESS –ONLINE SERVICES

We offer online access for you to book/cancel appointments, view some of your medical information and order repeat medication.

You need to be registered for this service in order to use it.

You can *only* apply for yourself and must be aged 16 or over.

Photo ID is required to register for this service.

Please ask at reception for further information.

PRIVACY NOTICE

HOW WE USE YOUR MEDICAL RECORDS

Important Information for Patients

- This practice handles medical records in-line with laws on data protection and confidentiality.
- We share medical records with those who are involved in providing you with care and treatment.
- In some circumstances we will also share medical records for medical research, for example to find out more about why people get ill.
- We share information when the law requires us to do so, for example, to prevent infectious diseases from spreading or to check the care being provided to you is safe.
- You have the right to be given a copy of your medical record.
- You have the right to object to your medical records being shared with those who provide you with care.
- You have the right to object to your information being used for medical research and to plan health services.
- You have the right to have any mistakes corrected and to complain to the Information Commissioner's Office.
- Please see the practice privacy notices on the website or speak to a member of staff who can provide you with a copy.

For more information ask at Reception for a leaflet OR visit our website www.parksidegrouppractice.co.uk

PUBLISHED: 24.5.2018

27 Wyche Grove, South Croydon, Surrey CR2 6EX.

Telephone 020 8680 2588 Email: SWLCCG.h83015Communications@nhs.net

www.parksidegrouppractice.co.uk

Drs Clementson, Khan, Muhundan, Sreetharan & Shah. Assistants: Drs Burgess, Johnson, Garnham, Epperlein & Lamptey

Practice Manager: Rebecca Cook