Richmond Medical Centre
462 Richmond Road
Sheffield S13 8NA
Tel: 0114 239 4411

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www.richmondmedicalcentre.co.uk

NEW PATIENT REGISTRATION PACK

We have made an appointment for your to see an HCA on..... This is for your new patient registration check.

What you need to bring with you

- The attached forms fully completed
- Photo ID (Driving licence, passport, etc)
- Proof of Address
- If you are on regular medication you must bring a copy of your repeat medication slip. (green slip or a full summary from you GP) Without this any medication request you make may be delayed.

Please note that if you do not attend your appointment and have not cancelled it our policy is that you will no longer be able to register at this practice.

Thank you

RICHMOND MEDICAL CENTRE

Named GP:

New Patient Questionnaire

Please complete this confidential questionnaire so that we have accurate information relevant to your health care.

Please note that you will need to bring this form with you when you attend for your new patient check.

To be completed by practice staff ONLY

Proof of Address seen: .....

Identification Seen: .....

Date completed: .....

Blood Pressure: Height: Weight:

MSU Blood Protein Glucose

Tetanus/Polio up to date?

Do Not Attend Policy explained?

Surname: ..... Forenames: .....

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Master ☐ Other ☐

Married ☐ Single ☐ Divorced ☐ Widowed ☐ With partner ☐

'Phone Home: ..... Address: .....

Work: ....

Mobile: ....

Date of birth: ..... Email: .....

Are you happy for us to contact you by email? Yes ☐ No ☐

Are you happy for us to contact you by Text message Yes ☐ No ☐

Would you like to sign up for Online Repeats & Appointments? Yes ☐ No ☐

Do you have a nominated Pharmacy for Electronic Prescribing Yes ☐ No ☐

If so, which one? .....

Occupation: .....

Live with: .....

Main language: .....

Next of kin: .....

Relationship: .....

Contact Number: .....

Are you a Carer? Yes ☐ No ☐ Do you have a Carer? Yes ☐ No ☐

If either of the above are true, please state who / for whom:.....

SUMMARY CARE RECORD

Are you happy to have basic details from your medical record uploaded onto the National NHS database so that NHS healthcare professionals in other parts of the country can access them should the need arise?

(Please see back sheet for further info) Yes ☐ No ☐ * **if no please complete an opt out form**

Country of origin: ..... Date arrived in UK: .....

Refugee: Yes ☐ No ☐ Asylum Seeker: Yes ☐ No ☐

Do you require an interpreter when you see the doctor/nurse? Yes ☐ No ☐

If yes, please state in which language: .....

PAST MEDICAL HISTORY with dates of onset (including any operations with dates and significant medical problems e.g. asthma, back pain, depression, prolonged illnesses etc)

Date of onset	Illness/operation

FAMILY HISTORY: (grandparents, parents, brothers, sisters), strokes, heart disease, high blood pressure, diabetes, asthma, thyroid disorders, epilepsy, mental illness, cancer. Age of onset if known

Please complete the relevant sections below. Please note that this questionnaire in treated in the strictest of confidence.

MEDICATION TAKEN (Please include prescribed and non-prescribed medication including over-the-counter drugs, alternative remedies and recreational substances, with doses and frequency. Please attach repeat order form if you have one).

Name of Medication	Dose	How often

PLEASE NOTE that for all new patients the doctors need to assess ALL previously prescribed medication before we can prescribe. Also, when consultants, both NHS and private, prescribe new or altered medication we may also need to review these.

We try to deliver the best possible service to all our patients by following local and national guidelines in order to provide the most evidence based care to all our patients. In some cases where previous prescriptions do not follow current guidelines these may need to be changed or stopped.

LIFESTYLE

Diet: Healthy ☐ Mixed ☐ Junk ☐ Weight:

Exercise (what and how much) Height:

Inactive ☐ Gentle ☐ Moderate ☐ Vigorous ☐

COMMUNICATION / INFORMATION NEEDS Do you have any communication / information needs relating to a disability or sensory loss

No ☐ Yes ☐ Please state

ALLERGIES (drugs and non-drugs)

No ☐ Yes ☐ Please state which drug + reaction to it

SOCIAL ISSUES e.g. homeless, asylum seeker, benefit status & exemptions etc.

.....

.....

ALCOHOL HISTORY

Ever drunk alcohol: Yes ☐ No ☐

On average, how many units of alcohol do you drink each week? .....

1 pint of beer/lager/cider	Alcopop	175ml glass of wine	Single measure of spirits	Bottle of Wine
2 units	1 ½ units	2 units	1 unit	9 units

Depending upon your scores from the below questions, would you be happy to be contacted by an Alcohol Advisor to discuss your alcohol intake? ***Yes*** ☐ ***No*** ☐

ALCOHOL QUESTIONNAIRE

Please circle the appropriate answers below

Questions	Scoring System					Your Answer 0-4
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a 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 that 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	
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/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	
					TOTAL:	

ETHNICITY

In order to help provide the best possible care for patients with specific needs, our local Primary Care Trust has asked us to obtain details of your ethnicity. This information is entirely confidential. If you would prefer not to give it, please indicate below.

British White	
Irish White	
Other White	
Mixed Race: White & Black Caribbean	
White & Black African	
White & Asian	
Other Mixed Race	
Indian	
Pakistani	
Bangladeshi	

Other Asian	
Sri Lankan	
Korean	
Black Caribbean	
Black African	
Other Black	
Chinese	
Other Ethnic Category	
I would prefer not to state my ethnicity	

SMOKING HISTORY

Ever smoked: Yes ☐ No ☐ If yes when did you stop? .....

Smoking per day: .....

Should you wish to stop smoking please discuss this with the Health Care Assistant or reception.

Females only

- Date of your last cervical smear test: Result Normal ☐ Abnormal ☐
- Where was your last smear taken: .....
- Contraception used: .....
- Date of your last Breast Screening .....
- Are you pregnant?
- Pregnancies: Dates, type of delivery and child gender

Information for new patients: about your Summary Care Record

Dear patient,

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- **Express consent for medication, allergies and adverse reactions only**. You wish to share information about medication, allergies for adverse reactions only.

- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.

- **Express dissent for Summary Care Record (opt out).** Select this option, if you DO NOT want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) will be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

Summary Care Record patient consent form

Having read the above information regarding your choices, please choose one of the options below and return the completed form to your GP practice:

Yes – I would like a Summary Care Record

□ Express consent for medication, allergies and adverse reactions only.

or

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

No – I would not like a Summary Care Record

□ Express dissent for Summary Care Record (opt out).

Name of patient: .....

Date of birth: ..... Patient's postcode: .....

Surgery name: Richmond Medical Centre Surgery location (Town): Sheffield

NHS number (if known): .....

Signature: ..... Date: .....

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name: .....

Please circle one:

Parent Legal Guardian Lasting power of attorney for health and welfare

For more information, please visit https://www.digital.nhs.uk/summary-carerecords/patients, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

For GP practice use only

To update the patient's consent status, use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below.

Summary Care Record consent preference Read Code

The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only) XaXbY

The patient wants a Summary Care Record with core and additional information (express consent for medication, allergies, adverse reactions and additional information) XaXbZ

The patient does not want to have a Summary Care Record (express dissent for Summary Care Record – opt out) XaXj6

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

Please indicate if you have ever served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: ☐ Regular ☐ Reservist ☐ Family Member

Address before enlisting:

Postcode

Service or Personnel number: Enlistment date: DD/MM/YY

If you need your doctor to dispense medicines and appliances*

*Not all doctors are authorised to dispense medicines

☐ I live more than 1.6km 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

Signature confirming my consent to join the NHS Organ Donor Register **Date** _____/_____/_____

Please tell your family you want to be an organ donor. Visit www.organdonation.nhs.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 my consent to join the NHS Blood Donor Register **Date** _____/_____/_____

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

Postcode:

All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

NHS England use only Patient registered for ☐ GMS ☐ Dispensing

NHS Family doctor services registration

GMS1

To be completed by the doctor

Doctors Name

Practice Code

☐ I have accepted this patient for general medical services on behalf of the practice

☐ I will dispense medicines/appliances to this patient subject to NHS England approval.

I declare to the best of my belief this information is correct

Practice Stamp

Authorised Signature

Name

Date _____/_____/_____

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 YYYY
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.