**PERSONAL INFORMATION:**

|  |  |
| --- | --- |
| Title: |  |
| First Name(s): |  |
| Surname: |  |
| Previous Surnames: |  |
| Date of Birth: |  |
| Town and Country of Birth: |  |
| Gender: |  |
| Address and Postcode: |  |
| Your previous address and postcode in the UK: |  |
| Mobile Phone Number: |  |
| Home Phone Number: |  |
| Sexuality: |  |
| Name and Address of Previous GP surgery in the UK: |  |
| **If you are from abroad:**Date you first came to live in the UK: |  |
| Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: |  |
| Height |  |
| Weight |  |

|  |  |
| --- | --- |
|  |  |
| E-mail address:  |
| ***(By giving us this information you are happy for us to email information to you relating to your care)*** |
| Do you consent to us sending you text messages relating to your care e.g. appointment reminders and when we need you to contact the surgery? | **Yes / No** |
|  |  |
|  |  |
|  |
| **Next Of Kin details:** | Name: |
| Contact Number : | Relationship: |
| **PRESCRIPTIONS: – to be ordered online**

|  |
| --- |
| Prescriptions are sent electronically to your nominated pharmacy |
| Please tell us which pharmacy you would like to use: |

**CARER STATUS:** |
| Please let us know if you are the main person responsible for looking after and caring for someone who is dependent upon you: |
| **Are you a Carer?**  | **Y / N** |
| **Do you have a Carer?** If **Yes** please could you provide us with their details: | **Y / N** |
| Name:Carer contact details: |

**ETHNIC ORIGIN: (please tick one box)**

|  |
| --- |
| In accordance with new Public Health requirements we require the following information.  |
| **Please state your first language:** |
| Please indicate your ethnic origin by ticking one option from the list below |
| British/Mixed British |  | Irish |  | Other White Background  |  |
| White & Black Caribbean |  | White & Black African  |  | White & Asian  |  |
| Other Mixed Background  |  | Indian or British Indian  |  | Pakistani or British Pakistani |  |
| Bangladeshi or British Bangladeshi  |  | Other Asian Background  |  | Caribbean |  |
| African |  | Other Black Background  |  | Chinese |  |
| Ethnic category not stated, please specify: |

**COMMUNICATION NEEDS:**

|  |
| --- |
| Do you have any specific information or communication needs? If so, please specify how we can meet these for you (e.g. large print, Braille, easy read communications): |

**YOUR HEALTH**

|  |
| --- |
| **SMOKING INFORMATION:**  |
| Do you smoke? | **Yes / No** | If **Yes** how many per day? |
| Have you ever smoked?  | **Yes / No** |  |

**ALCOHOL INTAKE INFORMATION:**

**Please help us by answering the three questions below.**

**If you score 5 or more speak to the GP.**

|  |  |  |
| --- | --- | --- |
| **Questions** | **Scoring system** | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often do you have a drink containing alcohol? | Never | Monthlyor less | 2 - 4 times per month | 2 - 3 times per week | 4+ times per week |  |
| How many units of alcohol do you drink on a typical day when you are drinking? | 1 -2 | 3 - 4 | 5 - 6 | 7 - 9 | 10+ |  |
| 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 |  |

**Scoring:**

**ONLINE SERVICES**

|  |
| --- |
| For anyone aged 16 and over we offer online services for appointment booking and repeat prescription ordering. **This is the quickest & easiest way to order your medication.** Once registered, you will also be able to view your summary record, detailing current medication, allergies and vaccinations. You will receive an email from the practice with your log in details.  |

|  |
| --- |
| **These are confidential: It is your responsibility to ensure they can be received securely by email.**  |

**YOUR MEDICAL INFORMATION – SHARING YOUR DATA:**

**Under the General Data Protection Regulations (GDPR), we have a responsibility to keep your medical records confidential. We need your consent to share this with other authorised health professionals involved in your care or in planning your care. More information is available on the website or the number below.**

**Please see the Privacy Notice on our website for more information on how your data is held and used by the practice.**

|  |  |  |
| --- | --- | --- |
| **Summary Care Record: (**[**www.nhscarerecords.nhs.uk**](http://www.nhscarerecords.nhs.uk)**)** This record will contain summary information about any medicines you are taking, allergies you suffer from and any bad 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** **staff** providing you with care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill away from home, healthcare staff treating you will have immediate access to important information about your health.**Do you consent to having a Summary Care Record?**  | **Yes** | **No**  |
| **Your Data Matters: (www.**[**nhs.uk/your-nhs-data-matters**](https://nhs.uk/your-nhs-data-matters) **Tel: 0300 303 5678)** **The NHS wants to make sure you and your family has the best care now and in the future. Your health and adult social care information supports your individual care. It also helps us to research, plan and improve health and care services in England.****There are very strict rules on how this data can and cannot be used, and you have clear data rights. We are committed to keeping patient information safe and will always be clear on how it is used.****You can choose whether or not your confidential patient information is used for research and planning.** **If you do not wish your information to be used in this way please opt-out by visiting the** **website www.**[**nhs.uk/your-nhs-data-matters**](https://nhs.uk/your-nhs-data-matters) **or calling 0300 303 5678. The practice is** **unable to record this for you.** |

**YOUR SIGNATURE: DATE:**