

NEW PATIENT REGISTRATION FORM

DATE: _____

SURNAME:

FORENAME(S):

TITLE:

DATE OF BIRTH:

MARITAL STATUS:

TELEPHONE NUMBER:

MOBILE NUMBER:

EMAIL ADDRESS:

MAIN LANGUAGE SPOKEN:

DO YOU REQUIRE AN
INTERPRETER?

DO YOU
LIVE IN A NURSING HOME?

YES | NO

YES | NO

NAME OF NEXT OF KIN _____

RELATIONSHIP _____

ADDRESS _____

CONTACT NUMBER _____

WHAT IS YOUR ETHNICITY?

- A White**
 - (9i0) British
 - (9i1) Irish
 - (9i2) Any other white background

- B Mixed**
 - (9i3) White and Black Caribbean
 - (9i4) White and Black African
 - (9i5) White and Asian
 - (9i6) Any other mixed background

- C Asian or Asian British**
 - (9i7) Indian
 - (9i8) Pakistani
 - (9i9) Bangladeshi
 - (9iA) Any other Asian background

- D Black or Black British**
 - (9iB) Caribbean
 - (9iC) African
 - (9iD) Any other black background

- E Other ethnic groups**
 - (9iE) Chinese
 - (9iF) Other ethnic category
 - (9iG) Not stated

DO YOU WORK? YES | NO

IF SO, WHAT IS YOUR OCCUPATION? _____

HAVE YOU SERVED IN THE ARMED FORCES? YES | NO

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

DO YOU HAVE A CARER? YES | NO

IF YES, WHO? _____

ARE YOU A CARER FOR SOMEONE WHO IS DISABLED OR ELDERLY? YES | NO

IF YES, WHO? _____

ARE YOU ALLERGIC TO ANY DRUGS?

YES _____ | NO

ARE YOU ALLERGIC TO ANYTHING ELSE?

YES _____ | NO

DO YOU TAKE ANY REGULAR MEDICATION?

HAVE YOU EVER SUFFERED FROM:

HEART ATTACK	YES (Date: _____)		NO
STROKE	YES (Date: _____)		NO
HIGH BLOOD PRESSURE	YES (Date: _____)		NO
DIABETES	YES (Date: _____)		NO
ASTHMA	YES (Date: _____)		NO
EPILEPSY	YES (Date: _____)		NO

DO YOU HAVE ANY SIGNIFICANT FAMILY HISTORY OF ANY SPECIFIC ILLNESSES?

FEMALES ONLY – ALL FEMALES TO COMPLETE

WHEN WAS YOUR LAST CERVICAL SCREENING? (MM/YYYY)

WHAT WAS THE RESULT?

IF YOU HAVE NEVER HAD A CERVICAL SCREENING, PLEASE TICK HERE

ACCESSIBLE INFORMATION STANDARD

We want to get better at communicating with our patients. We want to make sure you can read and understand the information we send you. If you find it hard to read our letters or if you need someone to support you at appointments, please let us know.

WE WANT TO KNOW IF YOU NEED INFORMATION IN BRAILLE, LARGE PRINT OR EASY READ.

BRAILLE

LARGE PRINT

EASY READ

WHAT IS YOUR PREFERRED METHOD OF CONTACT?

TELEPHONE (LANDLINE)

MOBILE

EMAIL

POST

WE WANT TO KNOW IF YOU NEED AN INTERPRETER.

YES

NO

IF YES, LANGUAGE REQUIRED: _____

WE WANT TO KNOW IF WE CAN SUPPORT YOU TO LIP-READ OR IF YOU USE A HEARING AID.

DO YOU LIP-READ?

YES

NO

DO YOU USE A HEARING AID?

YES

NO

PRINT NAME:

SIGNED:

DATED:

ELECTRONIC PRESCRIBING SERVICE (EPS)

The Electronic Prescription Service (EPS) is an NHS service. It gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from.

What does this mean for you?

If you collect your repeat prescriptions from your GP you will not have to visit your GP practice to pick up your paper prescription. Instead, your GP will send it electronically to the place you choose, saving you time. Your medicines can be collected from a pharmacy near to where you live, work or shop. You may not have to wait as long at the pharmacy as there will be time for your repeat prescriptions to be ready before you arrive.

How can you use EPS?

You need to choose a place for your GP practice to electronically send your prescription to. This is called a *nomination*.

Can I change my nomination or cancel it and get a paper prescription?

Yes you can. If you don't want your prescription to be sent electronically, let us know.

Is EPS reliable, secure and confidential?

Yes. Your electronic prescription will be seen by the same people in GP practices, pharmacies and NHS prescription payment and fraud agencies that see your paper prescription now.

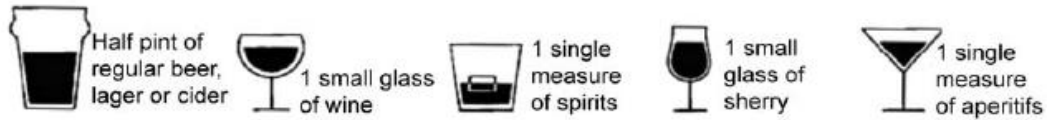
The following local pharmacies offer EPS. Tick to nominate your preferred pharmacy or, alternatively, provide the name and address of an alternative dispenser here:

Barrons Chemist	158A Tooting High Street, Tooting SW17 0RT	<input type="checkbox"/>
Lords Pharmacy	98 Tooting High Street, Tooting SW17 0RR	<input type="checkbox"/>
Boots	59-61 Mitcham Road, Tooting SW17 9PB	<input type="checkbox"/>
Auckland Rogers	892 Garratt Lane, Tooting SW17 0NB	<input type="checkbox"/>
Pearl Chemist	134-136 Mitcham Road, Tooting SW17 9NH	<input type="checkbox"/>
Barkers Chemist	223 Upper Tooting Road, Tooting SW17 7TG	<input type="checkbox"/>
Cospharm	281-283 Mitcham Road, Tooting SW17 9JQ	<input type="checkbox"/>
AP Chemist	129 High Street, Colliers Wood SW19 2HR	<input type="checkbox"/>
Tooting Pharmacy Practice	175 Upper Tooting Road, Tooting SW17 7TJ	<input type="checkbox"/>
Haydons Pharmacy	130 Haydons Road, Wimbledon SW19 1AE	<input type="checkbox"/>
Day Lewis	145 Franciscan Road, Tooting SW17 8DS	<input type="checkbox"/>
Sainsbury's Superstore	1 Merton High Street, Colliers Wood SW19 1DD	<input type="checkbox"/>
Boots	Unit 9, The Tandem Centre, Colliers Wood SW19 2TY	<input type="checkbox"/>
Nettles Pharmacy	18 Upper Tooting Road, London SW17 7PG	<input type="checkbox"/>
Abbey Pharmacy	12A Abbey Parade, Colliers Wood SW19 1DG	<input type="checkbox"/>
Trinity Pharmacy	278-280 Balham High Road, Balham SW17 7AL	<input type="checkbox"/>
C Bradbury	86 Moyser Road, Tooting SW16 6SQ	<input type="checkbox"/>
Chemco Pharmacy	268 The Broadway, Wimbledon SW19 1SB	<input type="checkbox"/>
Fairoak Pharmacy	270 Mitcham Lane, Streatham SW16 6NU	<input type="checkbox"/>
Lloyds Pharmacy	595 Garratt Lane, Wandsworth SW18 4SU	<input type="checkbox"/>
Dumlers Pharmacy	436-438 Garratt Lane, Wandsworth SW18 4HN	<input type="checkbox"/>
Day Lewis	256 Balham High Road, London SW17 7AW	<input type="checkbox"/>
Markrise Pharmacy	121-125 Mitcham Lane, Streatham SW16 6LY	<input type="checkbox"/>

THE ALCOHOL USE DISORDERS IDENTIFICATION TEST

Because alcohol can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an x in one box that best describes your answer to each question.

This is one unit of alcohol...



...and each of these is more than one unit



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 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:

A total of 5+ indicates increased or higher-risk drinking.
An overall total score of 5 or above is AUDIT-C positive.

DO YOU SMOKE?

YES | NO

IF 'YES',
HOW MANY A DAY?



APPLICATION FOR ONLINE ACCESS

DATE: _____

SURNAME:

FORENAME(S):

DATE OF BIRTH:

FULL ADDRESS:

EMAIL ADDRESS:

TELEPHONE NUMBER:

MOBILE NUMBER:

THIS IS A REQUEST FOR ACCESS TO (TICK ALL THAT APPLY):

BOOK APPOINTMENTS

REQUEST REPEAT PRESCRIPTIONS

ACCESS MY MEDICAL RECORD

I wish to access my medical record online and understand and agree with each statement:

I will be responsible for the security of the information that I see or download

If I choose to share my information with anyone else, this is at my own risk

I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement

SIGNED: _____

IT IS ESSENTIAL THAT YOU PROVIDE PHOTO ID AND PROOF OF RESIDENCE TO ACCESS THIS FACILITY

FOR PRACTICE USE ONLY:

Identity verified by (initials)

Vouching

Vouching with information in record

Photo ID and proof of residence

Authorised by (GP's initials)

Date