

The Gold Street Surgery

Branch Surgery: Great Chesterford



Registration form

Welcome to our Practice – Thank you for registering with us. We very much hope that the services and facilities we are able to offer will help towards a healthy future for you. Providing medical services is a two way association, and as part of your registration we require you to complete the questions below and on the attached pages in order to provide a good basis for continuing medical care.

First Name: D.O.B:
 Surname: Place of Birth:
 Address:

Marital Status: Sex: Male/Female

Ethnic Origin:

Please tick

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Black African | <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> White other background | <input type="checkbox"/> Black-other mixed | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Other Asian Ethnic Group |
| <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Other Ethnic Group | <input type="checkbox"/> Ethnic Group Refused | |

First speaking language: Do you require an interpreter: Yes/No

Daytime tel. no:

Mobile tel. no:

Do you give permission for us to contact
 You via SMS messaging? Yes/No

Contact details for your Next of Kin

Name:

Do you give permission for us to contact
 You via email ? Yes/No

Tel:

Email:

Relationship:

We like to send you reminders for any annual reviews required by letter. Please indicate if you would prefer for communication to be sent by another method:

.....

Do you have a Carer? **Yes/No**

Please give us the name & address of the person you care for/who cares for you,

.....

.....

.....

What is the nature of your disability?

Height:

Weight:

Do you smoke? **Yes/No**

How many per day?

Have you ever smoked? Yes/No

How many?

Date stopped: _.....

Do you have any of the following?

Please tick:

- ☐ Heart Failure
☐ CHD
☐ Stroke or TIA
☐ Hypertension
☐ Diabetes
☐ Cancer
☐ In need of Palliative Care

- ☐ Mental Health Problems
- ☐ Asthma
- ☐ Chronic Kidney Disease
- ☐ Atrial Fibrillation
- ☐ Obesity
- ☐ Learning Difficulties

Are you currently taking any medications?

Please list and read the attached prescription sheet

Please list any Drug Allergies/Allergies:

★ This registration will not be accepted unless signed ★
Signature: _____ **Date:** _____

Alcohol Consumption Questionnaire

This is one unit of alcohol...



Half pint of
regular beer,
lager or cider



1 small glass
of wine



1 single
measure
of spirits



1 small
glass of
sherry



1 single
measure
of aperitifs

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



Pint of Regular
Beer/Lager/Cider



Pint of Premium
Beer/Lager/Cider



Alcopop or
can/bottle of
Regular Lager



Can of Premium
Lager
or Strong Beer



Can of Super
Strength
Lager



Glass of Wine
(175ml)



Bottle of
Wine

AUDIT C

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 unit 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	

SCORE

Score from AUDIT C (other side)

SCORE

Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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 needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after 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	
Have you or somebody 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 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

Patient Online: Records Access

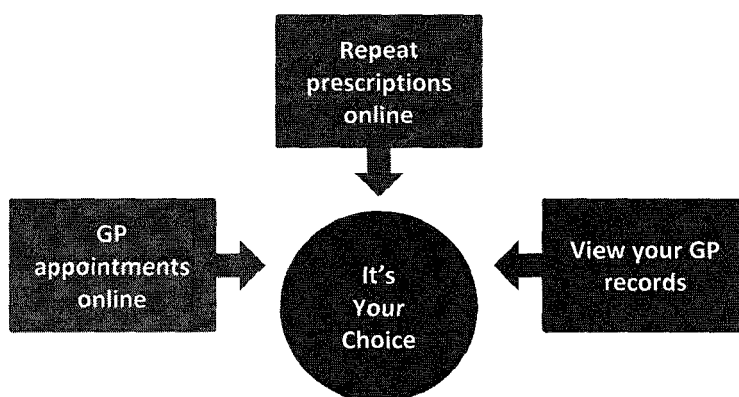
Patient information leaflet 'It's your choice'

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. In general this decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

The practice has the right to remove online access to services for anyone that doesn't use them responsibly.



It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

Before you apply for online access to your record, there are some

other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Things to consider

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

Application for online access to my medical record

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

Signature	Date
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For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	
Authorised by		Date	
Date account created			
Date passphrase sent			
Level of record access enabled		Notes / explanation	
Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/>			