Bramblehaies Surgery

College Road

Cullompton

Devon

EX15 1TZ

01884 33536

**You will need to bring this form into reception with ID to enable you to register with the practice.** Thank you for applying to register with Bramblehaies Surgery. We would like to gather some information about you and ask that you fill in the following questionnaire. You don’t have to supply answers to all of the questions but what you do fill in will help us give you the best possible care. **Please supply two forms of identification with your completed form, a photographic form of ID (such as a passport or driving licence) and proof of your home address (such as a recent bank statement or document relating to your new home).**

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes. Fields marked with an asterix (\*) are mandatory.

|  |  |
| --- | --- |
| \*Title \*Surname | \*First names |
| \*Date of Birth | Marital Status?  Single  Married  Divorced  Widowed |
| Home telephone No. | Mobile No. (This must be **YOUR** mobile, not a shared one) |
| Work telephone No. | E-Mail address. |
| Gender:Male  Female  Other If other, please state …………………………………………………………………. | Height: | Weight: |
| If applicable, have you had a cervical smear? Yes  No (please state where, when and the result if possible) | Occupation:Previous Occupation: |

|  |
| --- |
| **Main language spoken? (eg. English)** **Do you require an interpreter when accessing our services? Yes**  **No**  |
| **Are you a military veteran? Yes**  **No** . **Discharge date:** |
| **Next of Kin Name/Emergency Contact and telephone number:** | **Relationship to you** |
| **What is your religion or belief?****Buddhist** **Christian****Hindu** **Jewish****Muslim** **Sikh****None**  **Prefer not to say****Other** |

**Data Sharing**

|  |
| --- |
| **Summary Care Record (SCR)**The SCR is an electronic record summary held on the central NHS database. It provides authorised care professionals with faster, secure access to essential information about you when you need care i.e medications you are currently receiving. **More information can be found by visiting:** [**http://systems.digital.nhs.uk/scr**](http://systems.digital.nhs.uk/scr) **Tick this box if you wish to opt-out of the SCR ** |

|  |
| --- |
| **Medical Interoperability Gateway (MIG) / Risk Stratification**The MIG enables secure sharing of relevant medical information from your GP record with other healthcare professionals who are providing you with direct care, even if they are not using the same electronic records system. At point of care you will be asked if you consent to the care service seeing essential elements of your record. **More information can be found by visiting: http://www.healthcaregateway.co.uk** **Tick this box if you wish to opt-out of the data sharing ** |

|  |
| --- |
| **National Data Opt out (offered to the public as “Your Data Matters to the NHS”)**The national data opt-out allows you to choose if you do NOT want your confidential patient information to be used for purposes beyond your individual care and treatment, such as for planning and research. (Planning for future services, and research to develop cures for serious illnesses)**For more information and manage your choice:**  <https://www.nhs.uk/your-nhs-data-matters/>. ***Please note you will need to opt-out on the website we are unable to do this for you at the surgery. Further information is on the leaflet attached. We can provide you with your NHS number.***  |

**Patient rights and responsibilities**
We aim to treat our patients courteously at all times and expect our patients to treat our staff in a similarly respectful way. The practice fully upholds the NHS zero tolerance policy and will not accept abusive, threatening or violent behaviour from our patients, their relatives, carers or representatives towards members of our staff. It is your responsibility to keep your appointments, inform us of your past illnesses, medication, hospital admissions and any other relevant details

|  |
| --- |
| **\*Do you consent to receive the following types of communication (if offered)**Email **Yes**  **No** Mobile phone text messages **Yes**  **No**  please note this is only available to patients 16 years and overAnswering machine messages **Yes**  **No**  |

**Carers Information**

**A carer is a friend or family member who gives their time to support a person in their home, to an extent that the person could not remain at home if this care was not being provided. A carer can receive Carers Allowance, but not a wage and the care they are giving will significantly affect their own life.**

|  |
| --- |
| Are you looked after by someone whose support you could not manage without? **Yes**  **No** If Yes, what is their name and contact number? Do you consent for your carer to be informed about your medical care: **Yes**  **No**  |

|  |
| --- |
| **Do you look after or support someone who couldn’t manage without you? Yes**  **No** **If yes, do you look after someone who is a patient of Bramblehaies?**  **Yes**  **No** **If yes, what is their name?** **Are they a:**  Relative  Friend  Neighbour  |

**Medical Details**

|  |
| --- |
| **In order to continue to receive your repeat medications you will need to bring in your last repeat prescription. Please provide us with your repeat medication list found on the right hand side of a printed prescription (please note, certain medications will require an appointment with the GP before they can be prescribed). Please allow plenty of time to organise repeats.****Nominated pharmacy for electronic prescription service:****Tesco** **Boots Station Road** **Boots Willand Road** **Willand** **Other**  |

|  |
| --- |
| **\*Are you allergic to any medications? Yes**  **No**  **(if yes, please specify)** |

|  |
| --- |
| **\*Please list other allergies/intolerances (ie. nuts, gluten, pollen, animal hair or certain foods. Please mark ‘none’ if you have no other allergies that you know of)** |

|  |
| --- |
| **Do you have any disabilities, illnesses or accessibility needs? Ie. needing information in large print or easy read. For further information please visit** [**http://www.england.nhs.uk/ourwork/accessibleinfo/easyread**](http://www.england.nhs.uk/ourwork/accessibleinfo/easyread) |

**Please tell us about your habits**

***Smoking***

|  |
| --- |
| **Do you smoke? Yes**  **No**  **If yes, what do you primarily smoke:****Cigarettes/e-cigarettes/Cigar/Pipe (please circle)****How many do you smoke a day? Advice on quitting is attached.****Are you an ex-smoker Yes**  **No**  **When did you quit?****How many did you used to smoke a day?** |

***Alcohol Consumption***

**Please tick ONE of these options and complete the details that apply to you:**

**I have never drunk alcohol (life long teetotal)**

**I am currently a non-drinker of alcohol**

**I drink alcohol, and my average weekly consumption is ……units\***

**\*(1 unit = small glass wine/pub measure spirit/ ½ pint normal strength beer)**

***Exercise***

|  |
| --- |
| **Do you exercise:****A little** **Regularly** **A lot**  |
|  |
| **Please record any additional information about you that you think is important for us to know** |

|  |
| --- |
| **May we ask how you heard about us:-** |

|  |
| --- |
| **\*Signed \*Date / /**  |

|  |
| --- |
| **Signed on behalf of patient (if applicable)****(e.g for minors under 16 years old, adults lacking capacity)** |

**Once you are registered …**

**If there are any problems with your registration we will contact you to clarify any issues, but once your details have been entered into our computerised records you will be registered with ourselves.**

**On-Line Services (available to patients 16 years and over)**

**... You will be able to register with our on-line service and access appointments, view blood test results and request prescriptions and view some sections of your own medical record via the internet. All of the details that you need for this are available at reception.**

**New Patient Health-Check**

**… You will be eligible for a new patient health-check with a Health Care Assistant. Contact reception if you should like to take this up.**

|  |  |
| --- | --- |
| **FOR OFFICE USE ONLY****PHOTO ID**  **TYPE:­­­­­­­­­­­­­­­ ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_****(over 18 only)****ADDRESS ID**  **TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature of member of staff checking details** **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****­­****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |