



NEW REGISTRATION QUESTIONNAIRE

Welcome and thank you for choosing to register with Somerset Bridge Medical Centre.

QUESTIONNAIRES and INFORMATION	NEW REGISTRATION PROCESS AND SERVICES AVAILABLE	FOR OFFICE USE ONLY
New Patient Health Questionnaire	All newly registered patients must complete a general health questionnaire form	
Carers Form	If you are a carer or have a carer, please fill out the relevant form. This can be obtained from the receptionist at registration	
Repeat Medication Form	Please complete the attached form only if you are currently on any repeat medication	
Smoking Advice	All patients are offered information on quitting smoking if required	
Alcohol Status	All new patients are asked to complete an alcohol status questionnaire	
Summary Care Record	Your Summary Care Record will be securely uploaded to the National Spine on signing this registration form so that wherever in the country you need care, healthcare professionals can have access to the most up-to-date information. PLEASE READ CAREFULLY THROUGH THE ATTACHED SUMMARY RECORD FORM, THEN COMPLETE AND SIGN	
On-line Patient Access	You can now register to book appointments on-line and order your repeat medication – PLEASE ASK AT RECEPTION FOR FURTHER INFORMATION or APPLY ON-LINE AT www.patient.emisaccess.co.uk ONCE YOUR REGISTRATION HAS BEEN PROCESSED	
SMS Text Messaging Service	You can now register to receive a text reminder for any scheduled appointments you may have.	
Proof of ID	All newly registered patients are requested to provide proof of ID (photo) and proof of current address	
Named GP	Your named GP is Dr Donal Hynes	
Date Completed		

We have four Doctors, an advanced Nurse Practitioner and a highly skilled team of practice nurses working to provide patients with the best care possible. We work closely with our district nurses, health visitors, and midwives. To support all these services we have a hard working team of health care assistants, administrative and reception staff.

Appointments can be booked by telephone during our opening times or via our practice website but you will need to register for online services. You can also sign up for SMS text messaging to remind you of any scheduled appointments.

Pre-bookable (routine) appointments are available to book up to 6 weeks in advance. We also provide a Same Day Access service for urgent problems requiring treatment on the day.

Dr Hynes will be your registered GP but you are most welcome to book an appointment with the doctor of your choice.

To register with the practice, please complete this questionnaire as fully as possible to help your new GP get to know you and your medical history. It may take some time for your previous medical records to reach us so the information you give will help us to provide you with good medical care. The following table is for information only. **Please complete all fields from the next page onwards (PERSONAL INFORMATION).**

PERSONAL INFORMATION - PLEASE COMPLETE ALL THE FOLLOWING FIELDS

Title		Male/Female
Surname		
Forename(s)		
Date of Birth		Place of Birth
Occupation		
Home Telephone		Email address
Mobile		
CURRENT Address		Postcode

OTHER RELEVANT QUESTIONS

PREVIOUS Address		Postcode
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Have you previously been registered with the surgery? YES NO

If YES, please provide us with your address details at that time

If you are from abroad	Date of when you first came into the country
Are you a military veteran:	If yes, Force served (Army, Royal Navy, RAF)

ETHNIC GROUP (Please TICK)

White:	British <input type="checkbox"/>	Irish <input type="checkbox"/>	Polish <input type="checkbox"/>	Other <input type="checkbox"/>	
Black:	Black British <input type="checkbox"/>	African <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Other Black <input type="checkbox"/>	
Asian:	Asian British <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Indian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Other Asian <input type="checkbox"/>
Mixed:	Asian & White <input type="checkbox"/>	Asian & Black <input type="checkbox"/>	Asian & Caribbean <input type="checkbox"/>	White African <input type="checkbox"/>	White Caribbean <input type="checkbox"/>
Other:	Chinese <input type="checkbox"/>	Japanese <input type="checkbox"/>	Middle Eastern <input type="checkbox"/>	Turkish <input type="checkbox"/>	
Any Other:					

What is your First Language:

What is your second Language:

PATIENT CARE

Next of Kin (Name, Relationship & Contact Details)	
Do you have a carer?	Yes/No IF 'YES' PLEASE COMPLETE A CARERS IDENTIFICATION AND REFERRAL FORM
Are you a carer?	Yes/No IF 'YES' PLEASE COMPLETE A CARERS IDENTIFICATION AND REFERRAL FORM

PREFERRED PHARMACY – you can collect prescriptions from a Pharmacy of your choice				
Where would you like your scripts to go? Please TICK:			North Petherton <input type="checkbox"/>	Victoria Park <input type="checkbox"/>
Superdrug <input type="checkbox"/>	Sainsbury's <input type="checkbox"/>	Somerset Bridge <input type="checkbox"/>	Cranleigh Gardens <input type="checkbox"/>	Boots <input type="checkbox"/>
Rowlands <input type="checkbox"/>	Stockmoor <input type="checkbox"/>	LLOYDS: Redgate <input type="checkbox"/>	Taunton Road <input type="checkbox"/>	Asda <input type="checkbox"/>

YOUR MEDICAL HISTORY (If you have any one of the diagnosis listed below, you will receive an annual review with a practice nurse during your Birthday Month)	
CONDITION	DATE / YEAR OF DIAGNOSIS (If known)
Asthma	
COPD	
Diabetes	
Hypertension	
Heart attack/disease	
Stroke	
Mental health problems	
Learning Disability/Difficulty	
FAMILY HISTORY Please state any serious illness, in particular heart disease, strokes, high blood pressure, diabetes or any inherited disease:	

HOSPITAL CARE		
Are you currently under hospital care?	Yes/No (If YES, then complete details BELOW)	
Hospital Name	Name of Consultant	Nature of problem

VACCINATIONS	
Have you recently had a 'flu vaccination? Please enter year	
Have you had a pneumococcal vaccination? Please enter year	

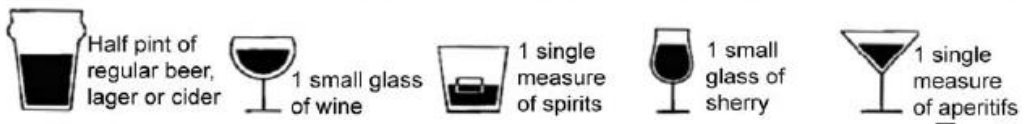
REPEAT MEDICATION	
Any known allergies that you have	Please specify
Are you on any repeated medication	YES <input type="checkbox"/> NO <input type="checkbox"/>
IF YES, PLEASE PROVIDE US WITH MOST RECENT REPEAT PRESCRIPTION SLIP or PROOF OF YOUR CURRENT MEDICATION FROM YOUR PREVIOUS GP. (If you do not have a repeat prescription form, please ask the receptionist for a MEDICATION FORM that you can complete so that we may obtain this information from your previous GP)	
I have attached my repeat prescription: Please TICK if you have <input type="checkbox"/>	

Your Weight	Your Height
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SMOKING STATUS			
CURRENT SMOKER <input type="checkbox"/>	EX-SMOKER <input type="checkbox"/>	NEVER SMOKED <input type="checkbox"/>	
AMOUNT PER DAY <input type="text"/>	QUIT DATE/YEAR <input type="text"/>		
Would you like to receive information on how you can get support to stop smoking YES <input type="checkbox"/> NO <input type="checkbox"/>			

ALCOHOL CONSUMPTION Name..... D.O.B.....

This is one unit of alcohol...



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



AUDIT - C	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 increasing or higher risk drinking. An overall total score of 5 or above is AUDIT-C positive.



TOTAL OF FIRST 3 QUESTIONS

Remaining AUDIT 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	

Scoring: 0 - 7 Lower risk, 8 - 15 Increasing risk, 16 - 19 Higher risk, 20+ Possible dependence

A score of 16 or above indicates that you may be at higher risk from drinking alcohol
Total Score equals = Totals for first 3 questions and remaining 7 questions



Is your level of alcohol consumption something that you would like help with? Yes No

Somerset Bridge Medical Centre offers its patients the choice of having a Summary Care Record.

The new NHS Summary Care Record has been introduced to help deliver better and safer care and give you more choice about who you share your healthcare information with.

What is the NHS Summary Care Record?

The Summary Care Record contains basic information about:

- Any allergies you may have
- Unexpected reactions to medications
- And any prescriptions you have recently received

The intention is to help clinicians in Accident and Emergency Departments and 'Out of Hours' health services to give you safe, timely and effective treatment.

Clinicians will only be allowed to access your record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Children under the age of 16

Patients under 16 years will not receive this form, but will have a Summary Care Record created for them unless their GP surgery is advised otherwise. **If you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf. Ask the surgery for additional forms if you want to opt them out.**

You do not have to have a Summary Care Record, although you are strongly recommended to consider this choice. If you are happy for a Summary Care Record to be set up for you then you need take no further action. If you want to opt-out now please tick the box below and return it to Reception within the next three days.

Please tick the box and sign below:

No I do not want a Summary Care Record **Yes** I want a Summary Care Record

Signed _____ Date _____

HealthSpace information

In addition, patients over 16 can register on a secure website called HealthSpace for a 'Basic' account which gives you access to a Personal Health Organiser. Register at www.healthspace.nhs.uk to do this. If you go a stage further you can register for an 'Advanced' account which will entitle you to see a copy of your Summary Care Record once it has been created. Complete the Advanced Registration application and print off the form and contact your Patients' Advice and Liaison Service (PALS) office to find out where you should go to register for an Advanced HealthSpace Account. You can do this by emailing healthspace@somerset.nhs.uk or by telephoning the PALS on **0800 0851 067**. Advisers are available Monday to Friday from 9.00am to 5.00pm.

YOUR FULL NAME: _____ **DATE OF BIRTH:** _____

Application for SMS Text Messaging Service

WOULD YOU LIKE TO SIGN UP FOR OUR TEXT MESSAGING SERVICE AND ALLOW US TO SEND YOU A REMINDER FOR ANY SCHEDULED APPOINTMENTS YOU HAVE AT THE PRACTICE?

YES

NO

Yes I would like to sign up for PATIENT ACCESS.
Please provide me with the relevant documentation

Receptionist use only

I have provided the necessary Patient Access (on-line access) paperwork to the patient

The patient would prefer to register at www.somersetbridgemc.co.uk or www.patient.emisaccess.co.uk