

For all patients registering with this surgery

1. Welcome

Thank you for your interest in registering with Wolverton Health Centre. In order to register, please complete the attached forms, and bring them along to reception with the required documentation

2. Suitable forms of ID

Please provide two forms of ID, one of which should be photographic, and the other which should confirm your address (and be dated within the last 3 months). Please see below for examples of suitable ID

Photo ID	Proof of Address
<ul style="list-style-type: none"> • Passport 	<ul style="list-style-type: none"> • Utility Bill
<ul style="list-style-type: none"> • Driving Licence 	<ul style="list-style-type: none"> • Council Tax Bill
<ul style="list-style-type: none"> • Travel Visa 	<ul style="list-style-type: none"> • Tenancy Agreement
<ul style="list-style-type: none"> • Other photographic evidence 	

If you are not a British Citizen you will need to provide your Passport or European Citizen card as photographic ID

A new born baby will require the original copy of baby's birth certificate. Exclusions of proof of address apply for babies/children/residents of care home) but please bring along the 'Red Book' for children

3. Once Registered

You will receive a text message or email confirming your registration. If you do not have a mobile phone then you will receive a letter and a booklet (one per household) outlining our services.

4. Car Park

There is car parking both at the front & back of the building. There are limited disabled spaces within the front car-park **for blue badge holders only**.

New Patient Questionnaire

Personal Details:

Title:	Occupation:	Marital Status:
Forename(s):	Height:	First Language:
Surname:	Weight:	English Speaker:
		YES / NO
Religion:	Ethnic Group:	Nationality:

Women ONLY: Date of your last cervical smear: Was it Normal: YES / NO

Do you consider yourself to be a carer of a relative/friend YES / NO
 If yes please give the name and relationship of the person you care for:

Are you a Military Veteran? YES / NO

Your Contact Details:

Home telephone :Mobile telephone

* Please note we do not register a parent's mobile number to young people over the age of 12 without the young person's signed consent below.

I (child's name).....consent for..... to receive text reminders on my behalf

Signature.....

We send SMS to patients regarding their appointment reminders. Do you consent for us to use your mobile number for this purpose? YES / NO

Can we leave a message on your answer phone or a member of the household? YES / NO

If yes please state:
 Name:.....Relationship:.....Contact Number:

Email address.....

Would you like to register to use the online service YES / NO

Can the username and password be emailed to you YES / NO

Details of Next of Kin			
Surname:		First Name	
Telephone Number:		Mobile:	
Address:			
Relationship:			

Please tell us about your smoking:

Please advise us of your smoking status:	never smoked / stopped smoking / currently a smoker
How many cigarettes per day?
Would you like advice on quitting	YES / NO

Please tell us about your medical history:

Are you taking any medicines or tablets at the moment?	YES / NO
If YES please attach your current repeat prescription slip	
Are you allergic or sensitive to anything (including medicines)?	
.....	
Have you had any significant illnesses or operations in the past?	YES / NO
If YES please give details and dates:	
.....	
.....	

Do you have a family history of?

	YES	NO	Which family member (eg grandmother)?
High Blood Pressure			
Asthma			
Diabetes			
Heart Disease over 60			
Heart Disease under 60			
Stroke/TIA			
Cancer (please specify)			

HIV

Within Milton Keynes we are offering the opportunity to be tested for HIV if you are aged between 16 - 65 years old.

You will not be able to have this test if you already have a current diagnosis of HIV, if you have had an HIV test within the last 3 months or if you are pregnant (as a HIV test is offered within your routine antenatal care)

Please tick the box if you wish to **OPT OUT** of this service

Please tick the box if you wish to book an appointment for the test

Exercise

In an average week how often do you exercise?

NB: Twenty (20) minutes of vigorous exercise counts as one session

<input type="checkbox"/>	No regular exercise	<input type="checkbox"/>	1 – 3 twenty (20) minute sessions [<i>Gentle</i>]
<input type="checkbox"/>	More than 3 twenty minute sessions per week [<i>Moderate</i>]	<input type="checkbox"/>	I am a competitive athlete [<i>Vigorous</i>]

Please fill in the following DHO questionnaire:

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

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

Complete following only if 5 or more:

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 TOTAL Score equals AUDIT C Score (above) + Score of remaining questions						

Your Medical Record: Your Choices.

Our practice uses a secure electronic health records system. With your permission, this system can allow us to share your full health record held here with other healthcare services which provide care for you.

Sharing your health record will help us all to deliver the safest care for you, because, wherever you go, the doctors and nurses will be able to see what has already happened, the medicines you are prescribed and what you are allergic to.

How does it work?

When you 'share your record' you actually share the notes we have made about you into a central 'pool' of information about yourself. You have two stages of control:

1. You can control whether or not to share your health record at all. If you refuse, your record will not be accessible to other health care professionals.
2. Once you have agreed to share, you can control which organisations can then access your record.

Summary Care Record

Sharing under the system outlined above is entirely separate from the Summary Care Record. The Summary Care Record allows only basic information, limited to your contact details, allergies and current medication to be accessed by a health professional in the event of an emergency. This facility is automatically "switched on" unless you have opted out.

Now please tell us what your choices are.		
Electronic Data Sharing Model	YES	NO
I would like my health record at this practice to be shared with other healthcare services providing care for me:		
I would like this practice to be able to view information in my health record that has been recorded by other healthcare services:		
Summary Care Records (SCR)	Please Tick	
Please consider carefully before opting out as the SCR allows health professionals to treat you more safely in an emergency I wish to opt out the SCR (please tick in the box on the right)		

Declaration

The information provided in this document is, to the best of my ability correct and where necessary the appropriate documents have been provided to evidence this fact.

I understand that Wolverton Health Centre following the policies adhered to by all NHS organisations. By signing this declaration I will ensure that as a patient I will take responsibility to inform the Practice of any changes to my personal information so records are up to date.

Signed:-----

(or Parent or guardian/care giver)

Date:.....

AGREED PRINCIPLES BETWEEN DOCTOR AND PATIENT

The Patient and Doctor agree that:-

1. Appointments are made for one person at a time. Please do not bring anyone else to see the doctor unless they have their own appointment.
2. Should you present with multiple problems your doctor may ask you to make another appointment to discuss them.
3. Patients arriving more than 10 minutes late for their appointment may be asked to re-arrange it.
4. If you no longer need a previously booked appointment, please try and cancel at least 24 hours before the due date.
5. Patients who do not attend two or more appointments with a doctor or nurse without prior cancellation may be removed from our practice list.
6. Requests for repeat medication take 48 hours to process, if a pharmacy is collecting on your behalf an extra 24 hours will be required.

7. Patients who make inappropriate use of any service, in particular emergency services when the surgery is closed, may be removed from the practice list.
8. The practice aims to treat all our patients with respect and dignity. We expect the same courtesy to be extended to all our staff.
9. The Practice operates a zero tolerance policy in respect of verbal and physical abuse towards staff. Any incident will result in the patient being removed from our practice list.
10. Any complaints or suggestions should be addressed to Miss Louise Barton, Practice Manager.
11. Please sign and date this agreement and return at the time of registration.

Patient's Signature: Date:

Carer Questionnaire

Please complete this form if **YOU** look after someone with an illness, disability or frailty.

- As a carer you are entitled to a free flu vaccination
- As a carer, it is important that you book 'double appointments' for the person you care for
- As a carer, you are entitled to an 'on the day' face to face or telephone consultation

I look after my <i>(please state relationship)</i>									
Is the person you look after registered at this Practice?					<input type="checkbox"/> Yes		<input type="checkbox"/> No		
If yes, ask them for consent for you to share their name									
Name:									
Date of Birth:									
Do they live with you?					<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Your age:									
1	2	3	4	5	6	7	8	9	9
8	5	5	5	5	5	5	5	5	5
-	-	-	-	-	-	-	-	-	+
2	3	4	5	6	7	8	9	9	9
5	5	5	5	5	5	5	5	5	5

i) Do you consider yourself as having a disability or health condition?
 Yes No

ii) Apart from the person your care for, do you have any other caring responsibilities?
 Yes No

- iii) Are you interested in details about the Carers Assessment provided by MK Council?
 Yes No

- iv) Is there any specific support you would like from us at the moment or discuss further with you? Yes No

- v) I would like to receive a Carers Information Pack

- vi) I wish to be registered with the Carers Support Service and I agree to my details being shared in accordance with Data Protection legislation. Yes No

Signed:	Date:
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If you have a Carer

We recognise that carers have an important role and at times they can feel isolated. The Practice would like to provide support to your Carer by way of information and access to support groups. If your carer would like to receive information please tick here

Please provide their contact details below:

Name:

Address (including postcode):

Telephone Number:

Mobile Number:

Signed:	Date:
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A new way to get your medicines and appliances



NHS
Electronic
Prescription
Service

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 and appliances from. Wolverton Health Centre provides this service to all REGISTERED patients.

What does this mean for you?

If you collect your repeat prescriptions from your GP you will no longer have to pick up your paper prescription. Instead, your GP will send it electronically to the chemist of your choice, saving you time.

Your prescriptions can be sent through to a chemist that is closest to where you live, work or shop.

Is this service right for you?

Yes, if you have a stable condition and you:

- Don't want to go to your GPO practice every time to collect a repeat prescription
- Collect your medicines and appliances from the same place
- Use a prescription collection service

It may not be right for you if:

- Don't get prescription very often
- Pick your medicines and appliance up from different places.

How can you use EPS?

You need to choose a place for your GP to send your electronic prescription to. For example

- A pharmacy
- A dispensing appliance contractor (if you use one)

Please advise your GP Practice who your preferred place is.

Can I change my nominate place or cancel and get a paper prescription?

Yes, just tell your GP Practice before your next prescription is due and they will cancel it for you.

Is EPS reliable and secure?

Yes. Your electronic prescription will only be seen by the same people who would handle your paper prescription.

If you are unhappy with your nominated chemist you can complain to the pharmacy or dispensing contractor directly.

If you are unable to resolve your complaint you can contact NHS England, with details of your complaint.

Further contact details for NHS England can be found at:

<http://www.england.nhs.uk/contact-us/>

My preferred pharmacy is:

FOR OFFICE USE ONLY:

Has the patient been advised of their named accountable GP?

Yes No

How have they been notified?

by phone by email by letter

If appropriate, has the patient been invited in for alcohol screening?

Yes No

If appropriate, has the following smoking cessation information been sent?

Booklet Appointment Letter Date sent:.....

Carers

If appropriate, has the following carers information been sent?

Information Pack Open Access telephone number

Practice Area

Bancroft	Blue Bridge	Bradville	Bradwell (Not Bradwell Common)
Bradwell Village	Fairfields	Fullers Slade	Greenleys
Haversham (Not Old Haversham)	Hodge Lea	Kiln Farm	New Bradwell
Stacey Bushes	Stony Stratford	Two Mile Ash	Wolverton
Old Wolverton			