FOREST HOUSE MEDICAL CENTRE & WARREN LANE SURGERY
2a Park Drive
L.F.E.
Leicester LE3 3FN
Tel: 0116 2898111, web: www.foresthousemedicalcentre.co.uk

Thank you for applying to join Forest House Medical Centre & Warren Lane Surgery. We would like to gather some information about you and ask that you fill in the following questionnaire. **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 note if you do not complete the form fully you may not be able to register

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Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes.

Title Surname	First names
Any previous surname(s)	Date of Birth
☐Male ☐Female	NHS No. ☐☐☐☐☐☐☐☐☐☐
Town and country of birth	Home address Postcode
Home telephone No.	
Work telephone No.	
Mobile No. (if you have one)	Email address

Previous address

Previous address in the UK Postcode

Previous GP details

Name of previous doctor while at that address
Address of previous doctor

If you are from abroad

Your first UK address where you registered with a GP if you were previously living abroad Postcode	If previously a resident in the UK, date of leaving
	Date you first came to live in the UK if applicable

If you are returning from the Armed Forces

Address before enlisting Postcode	Service or Personnel No.
	Enlistment date Discharge date

Additional details about you

What is your ethnic group?

White	☐	British	☐	Irish		
Black	☐	Caribbean	☐	African		
Asian	☐	Indian	☐	Pakistani	☐	Chinese
Mixed	☐	White + Black Caribbean	☐	White + African	☐	White + Asian
Other	☐	*Please specify*:				

Height	ft	in
Weight	st	lb
Waist measurement	in	

(**for women only**) Have you had a cervical smear?
☐Yes ☐No (*Please state where, when and the result if possible*)

Is anybody else in the household already registered at this practice, if so please provide their name & d.o.b. below

……

……

Do you consent to receive emails, text messages and answering machine messages from the Surgery? ☐Yes ☐No

Do you have any additional communication requirements? i.e. Braille, Large Print ……

Do you have a Carer? ☐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

Are you a Carer? ☐Yes ☐No
If yes, do you look after someone who is a patient of this Surgery? ☐Yes ☐No ☐ Don't know
If yes, what is their name?
Are they a: ☐Relative ☐Friend ☐Neighbour

Next of kin

Name of next of kin

Relationship to you

Next of kin telephone number(s)

Next of kin address (if different to above)

Medical details

Please attach any repeat medication you have on a regular basis.

Are you allergic to any medicines? ☐ Yes ☐ No (if yes please specify)

List other allergies (pollen, animal hair or certain foods. Please mark "none" if you have no other allergies that you know of)

Do you wish to nominate a pharmacy for prescriptions to be electronically sent
If yes please enter the pharmacy you wish to nominate ……
(please ask at reception for further information)

Have you ever had any of the following conditions

Epilepsy	☐ Yes	Year	**Mental Illness**	☐ Yes	Year
High Blood Pressure	☐ Yes	Year	**Diabetes**	☐ Yes	Year
Heart Attack / Angina	☐ Yes	Year	**Asthma**	☐ Yes	Year
Stroke / Mini-stroke (TIA)	☐ Yes	Year	**COPD (or Emphysema)**	☐ Yes	Year
Cancer	☐ Yes	Year	**Osteoporosis / Bone fractures**	☐ Yes	Year
Rheumatoid Arthritis	☐ Yes	Year	**Peripheral vascular disease**	☐ Yes	Year

List any serious illnesses / operations / accidents / disabilities (women: any pregnancy related problems) & the year they took place

Do you have family history of any of the following

High Blood Pressure	☐ Yes	Who
Ischaemic Heart Disease Diagnosed aged >60 yrs	☐ Yes	Who
Ischaemic Heart Disease Diagnosed aged <60 yrs	☐ Yes	Who
Raised Cholesterol	☐ Yes	Who
Stroke / CVA	☐ Yes	Who
Asthma	☐ Yes	Who

DVT / Pulmonary Embolism	☐ Yes	Who
Breast Cancer	☐ Yes	Who
Any Cancer Specify type:	☐ Yes	Who
Thyroid disorder	☐ Yes	Who
Epilepsy	☐ Yes	Who
Osteoporosis	☐ Yes	Who

Please tell us about your smoking habits

Do you smoke? ☐ Yes ☐ No

If Yes, what do you primarily smoke:
Cigarettes / Cigar / Pipe (please circle)

How many do you smoke a day?
Would you like advice on quitting? ☐ Yes ☐ No

Are you an ex-smoker ☐ Yes ☐ No
When did you quit?

How many did you used to smoke a day?

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

☐ Any of my organs and tissue or
☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas ☐ Any part of my body

For more information, please visit the website *www.uktransplant.org.uk* or call 0300 123 23 23

Signed

Date / / /

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

Print name

Data Sharing

Summary Care Record (SCR)
The SCR is a basic summary of your medical history that can be shared between healthcare staff treating patients in an emergency or out-of-hours with faster access to key clinical information. This includes recent medication, any allergies & adverse reactions **More information can be found by visiting www.nhscarerecords.nhs.uk**

Do you consent to the Summary Care Record (SCR) ? Yes ☐ No ☐

Do you consent to the Enhanced Summary Care Record (this will include as above plus a more detailed summary of your medical history including e.g. immunisations, major diagnoses & long term conditions. Yes ☐ **No** ☐

Medical Interoperability Gateway (MIG)
Whilst the SCR mentioned above shares a very small portion of your medical record across the whole NHS, the MIG shares a much fuller view of your records but only with local NHS providers – and only when you give explicit consent at the point of care.

Tick this box if you wish to opt-out of the MIG ☐

Once you are registered…

If there are any problems with your registration we'll contact you to clarify any issues, but once your details have been entered into our computerized records…

On-line Services

…You will be able to register with our on-line service provider (Systmone) and access appointments, prescriptions and some sections of your own medical record via the internet. All of the details that you need for this are available on our practice website at www.foresthousemedicalcentre.co.uk

FOR CARE HOME REGISTRATION ONLY

New patient information required for care home registration (if this information is not provided registration will be returned for you to complete)

Summary of patient's current health
Please provide:

Up to date printed summary or discharge letter from Hospital (MARS sheet on its own is not acceptable)

Current medication list and reason for prescribing next to each drug

Past medical history (including major illnesses and dates)

Allergies

Any outpatient appointments outstanding (if so, dates and specialities)

Last time seen in outpatients (if so, dates and specialities)

DNR in place? Yes No (if yes please attach copy)

Has the patient an End of Life Care Plan? Yes No (if yes please attach copy)

Please tell us about your alcohol consumption – Must complete

If you drink alcohol please answer the following questions. If you do not drink please enter 0 in the score.

To help you work out your alcohol consumption you need to know that:

1 UNIT	1.5 UNITS	2 UNITS		3 UNITS	9 UNITS	30 UNITS
 Normal beer half pint (284ml) 4%	 Small glass of wine (125ml) 12.5%	 Strong beer half pint (284ml) 6.5%	 Medium glass of wine (175ml) 12.5%	 Strong beer Large bottle/can (440ml) 6.5%	 Bottle of wine (750ml) 12.5%	 Bottle of spirits (750ml) 40%
 Single spirit shot (25ml) 40%	 Alcopops bottle (275ml) 5.5%	 Normal beer Large bottle/can (440ml) 4.5%		 Large glass of wine (250ml) 12.5%		

Questions	Scoring System 0	1	2	3	4	Your Score
How often do you have a drink contains alcohol?	Never	Monthly or less	2-4 times a month	2-3 times per week	4+ times per week	
How many standard alcohol units do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often do you have 6 or more standard alcohol units on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
If you score a total of 5 or more on the above questions, please complete the further questions below.						
How often in the last year have you found that you were not able to stop drinking once you have started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or someone 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/friend/doctor or health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

Your total score for all ten questions indicates the following:

0-7 = sensible drinking 8-15 = hazardous drinking

16-19 = harmful drinking 20+ = possible dependence

Would you like information or advice about alcohol consumption? YES □ NO□

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0116 2898111

Your emergency care summary

Dear Patient

Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that
if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

This practice is supporting Summary Care Records and as a patient you have a choice:

- **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.

- **No I do not want a Summary Care Record** – Please collect an opt-out form from reception

If you need more time to make your choice you should let us know.

For more information please contact the NHS Summary Care Record Information Line on 0300 123 3020**.**, GP practice staff, or visit **www.nhscarerecords.nhs.uk.**

Additional copies of the opt out form can be collected from the practice, printed from the website **www.nhscarerecords.nhs.uk** or requested from the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian completes an opt out form on their behalf requesting us to consider opting them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Yours sincerely

FOREST HOUSE MEDICAL CENTRE