REDGATE MEDICAL CENTRE

Westonzoyland Road
Bridgwater
Somerset TA6 5BF
Tel: 01278 454560
Fax: 01278 446816

Adults 16yrs +

NEW REGISTRATION QUESTIONNAIRE

Welcome to Redgate Medical Centre :
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 PERSONAL INFORMATION onwards.**

QUESTIONNAIRES and INFORMATION	INFORMATION	*FOR OFFICE USE ONLY*
New Patient Health Questionnaire	All newly registered patients must complete a general health questionnaire form	
Smoking Advice	All patients are offered information on quitting smoking if required	
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	
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 READ CAREFULLY THROUGH THE ENCLOSED LEAFLET	
SMS Text Messaging Service	You can now register to receive a text reminder for any scheduled appointments you may have **PLEASE INDICATE IF TEXT MESSAGING WANTED**	
Electronic Prescription Service (ERS)	You can now have your prescriptions sent electronically to a Pharmacy of your choice **PLEASE INDICATE IF ELECTRONIC PRESCRIPTION SERVICE WANTED**	
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 Syed Akhter**	
Date Completed	**RECEPTIONIST SIGNATURE:**	

PERSONAL INFORMATION - PLEASE COMPLETE ALL THE FOLLOWING FIELDS

PERSONAL INFORMATION			
Title		**Male/Female**	
Surname			
Forename(s)			
Previous Surname			
Date of Birth		**Place of Birth**	
Occupation			
Home Telephone		**Email address**	
Mobile			

CURRENT Address		Postcode

Have you previously been registered with the surgery? **YES** ☐ **NO** ☐

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

MY PREVIOUS GP NAME AND ADDRESS:	
Are you a military veteran:	If yes, Force served (Army, Royal Navy, RAF)

ETHINIC GROUP (Please TICK)					
White:	British ☐	Irish ☐	Polish ☐	Other ☐	
Black:	Black British ☐	African ☐	Caribbean ☐	Other Black ☐	
Asian:	Asian British ☐	Pakistani ☐	Indian ☐	Bangladeshi ☐	Other Asian ☐
Mixed:	Asian & White ☐	Asian & Black ☐	Asian & Caribbean ☐	White African ☐	White Caribbean ☐
Other:	Chinese ☐	Japanese ☐	Middle Eastern ☐	Turkish ☐	
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

PRESCRIPTIONS: We can now send your paper prescription or an ELECTRONIC prescription to a pharmacy of your choice. Please indicate your preference of prescription and your Nominated Pharmacy

I would like an ELECTRONIC PRESCRIPTION
I have ticked my Nominated Pharmacy below ☐

I WOULD NOT like an electronic prescription but would like my paper prescription to go to my Preferred Pharmacy as ticked below ☐

Somerset Bridge JHOOTS ☐	North Petherton LLOYDS ☐	Taunton Road LLOYDS ☐	
Redgate LLOYDS ☐	Sainsbury's LLOYDS ☐	Cranleigh Gardens ☐	
Stockmoor Estate ☐	Superdrug ☐	Boots ☐	Asda ☐

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** ☐

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	
Cancer	
COPD	
Diabetes	
Hypertension	
Epilepsy	
Heart attack/disease	
Osteoporosis	
Stroke	
Mental health problems	
Learning Disability/Difficulty	
Other serious illnesses	
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**

Your Weight	**Your Height**

DO YOU CURRENTLY SMOKE?			
How many cigarettes per day		**How many ounces of tobacco per week**	
Would you like to receive information on how you can get support to stop smoking	**YES** ☐	**NO** ☐	
DID YOU EVER SMOKE?		**If 'YES' when did you quit?**	
SMOKEFREELIFE SOMERSET CONTACT NUMBER: 01823 356222 **WEBSITE: www.healthysomerset.co.uk/smokefree**			

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 ☐ NO ☐

IF YES, PLEASE PROVIDE US WITH MOST RECENT REPEAT PRESCRIPTION SLIP or PROOF OF YOUR CURRENT MEDICATION FROM YOUR PREVIOUS GP. THIS WILL ENABLE US TO UP-DATE YOUR MEDICAL RECORDS TO ENSURE A PRESCRIPTION IS READY FOR YOU WHEN YOU REQUIRE ONE

I have attached my repeat prescription: Please TICK if you have ☐

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.

NHS ORGN DONOR REGISTER – For more information visit the website:
www.uktransplant.org.uk or telephone 0300 123 23 23

NHS
Somerset

Redgate 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____________________________

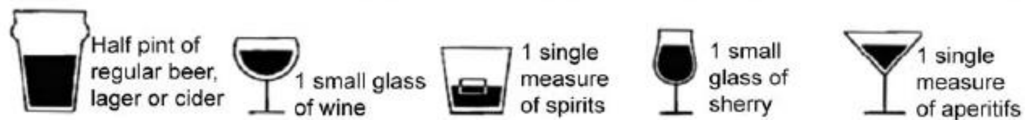
HealthSpace information

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:** __________________

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

This is one unit of alcohol...

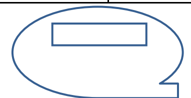


...and each of these is more than one unit

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