**WELCOME TO MENDIP COUNTRY PRACTICE**

**Telephone: 01373 812244**

How to use this registration form

• Please complete all relevant sections (including signing the Summary Care Record).

• Provide photographic identification for each of the applicants (or birth certificate for children without a passport under the age of eighteen)

• Children under the age of seven years, please provide their Red Health care book on registration.

• All adults must be seen with appropriate documentation prior to registration. (If this would make registration difficult, such as for house bound patients, please contact our Practice Manager first).

**New Registration check list:**

Name:

Date of birth:

Have you been registered here before? YES or NO

Have you ever been seen by a GP here in the past (as a temporary patient)? YES or NO

Will you require a new patient appointment? YES or NO

Are you on Medication which needs to be reviewed? YES or NO

Have you run out of any of your repeat Medications? YES or NO

Is your home address within our area? YES or NO

If you are registering as an “Out of area patient” please be aware we will not be able to

provide a home visit service. Our practice area is formed by the main ‘A’ roads connecting

Frome, Radstock and Shepton Mallet.

Signed:

Date:

**Registration procedure at Mendip Country Practice – patient information**

You will need a form (**GMS1**) and questionnaire for each person wishing to register.

The practice registration policy is for all adults (over 18) to bring their own completed forms to the surgery reception along with two forms of identification, one with a photograph (e.g. current passport, driving licence, work ID card); the second must be of your current address (e.g. utility bill, bank statement no more than 3 months old).

If identification documentation, particularly photo ID, is a problem please contact Reception – we will help you. You will not be refused urgent medical treatment if required because you do not have ID.

If the applicant is under 18 years of age, please bring in their birth certificate and if they have one, their passport.

If you have your NHS medical card please bring this with you – you do not need to complete the GMS1 form – unless you would like to register as a donor.

The receptionist will check your paperwork and ID, and once verified will return this to you. No copy of ID will be made without your permission. If a copy is made, it is destroyed if you leave the practice. You may be asked to make an appointment, e.g. if you are currently undergoing treatment or are on repeat medication. Otherwise there is no need for you to have an appointment with the doctor in order to register.

Your registration documents will be passed to the doctors for signing and our administration staff will process your registration. You can make an appointment whilst this process is completed.

If you need repeat medication please bring in the right hand side of your prescription so details can be added to your computerised notes, this can help avoid delays issuing medication.

**On line Access**

Once the registration procedure has been completed you may wish to sign up for access to our Appointments Online system – this allows you online access to book, cancel, amend or just view an appointment, request repeat prescriptions, send the practice emails or view your medical records even when the surgery is closed. Please ask Reception for more details.

**Staff Information**

**Concerns over identity of patient**

If you are concerned as to the identity of the patient, or think they are trying to register with several practices in order to obtain multiple prescriptions please pass details to the Practice Manager, or in her absence, her assistant or lead receptionists who will contact the NHS counter fraud office.

**Checking of ID**

The receptionist to check ID, and once verified will return this to the patient. There is usually no need to copy the ID, however, on the rare occasion this may be required you will need to seek the patient’s permission to do so.

**Patients on repeat medication or undergoing treatment**

If the patient is on any repeat medication please check you have the right hand side of their prescription – if not they will need to book a routine GP appointment.

If the patient is currently undergoing treatment, please book a routine appointment to see a GP.

Otherwise there is no need for them to make an appointment with the doctor in order to register.

**Dispensing**

Please ensure the correct option on Emis is chosen for if a patient requests to be a dispensing patient. As a general rule, those who live in Coleford, nearest parts of Holecombe and Frome town are not dispensing patients. Please instigate preliminary checks that they qualify.

**Out of Area Registration (OOA)**

The practice is signed up to the OOA Enhanced Service. If a patient wishes to sign on with this practice but lives outside of the practice area, they can still register. However, please explain that we cannot offer Home visits and we therefore request them to sign to state this has been explained to them and they agree to this restriction. Remember when registering the patient on Emis to add the correct code (code: 923K)

**Verification completion**

Please check over **ALL** paperwork, including the GMS1 form, to ensure it is fully completed where possible and signed by the patient.

Registration documents will be passed to the doctors for signing and our administration staff will process your registration. If a patient needs to see a doctor you can make an appointment while this process is completed.

**MENDIP COUNTRY PRACTICE**

**PATIENT REGISTRATION FORM**

It would be helpful if you could spare a few minutes to complete this questionnaire, all information you give will be treated in the strictest confidence. We collect information to build as complete a picture as possible of the general health of our patients. We can then identify areas where advice and help are required and if necessary call you for a new patient check-up.

**Proof of identification will be required to register with the practice.**

Thank you for your co-operation. Ruth Woodland, Practice Manager

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name:** | | | **Date:** |
| ID checked by:  (Initials) |
| **Address including postcode:** | | | |
| **Date of Birth:** | | | **Ethnic Origin**  (please circle appropriate number):  1. African  2. Bangladeshi or British Bangla  3. British or mixed British  4. Caribbean  5. Chinese  6. Indian or British Indian  7. Irish  8. Other Asian background  9. Other black background  10. Other mixed background  11. Other white background  12. Other  13. Pakistani or British Pakistan  14. White and Asian  15. White and Black African  16. White and Black Caribbean |
| **Telephone number:**  **Work telephone number:**  **Mobile number:**  **Email address:** | | |
| Mendip Country Practice offers an **SMS Text messaging service**.  Would you like to receive text messages?  **YES NO**  (**Admin** – code 9NDP for declines consent to receive SMS) | | |
| **Care Data**: The national data opt-out is a new service that allows people to opt out of their confidential patient information being used for research and planning. If you wish to opt out you need to register through the following website:- <https://www.nhs.uk/your-nhs-data-matters/> | | |
| **Marital Status:** | **Occupation:** | |
| **Current Drugs:** | | | |
| **Allergies to Drugs**: | | **Other Allergies**: | |
| **Previous operations** & dates: | | | |
| **Present Medical Conditions**: | | | |
| **Date of last cervical smear**, and result: | | | |
| **Are you a Carer?** Yes/No Or do you have a Carer? Yes/No  This means someone you look after, not just family member, who would find life difficult if you were ill or unable to help them – such as get shopping, cook a meal.  Please give details and your relationship to that person: | | | |
| **Next of Kin** Name, Address & Telephone number:  What is their relationship to you?  Please tick here if you **DO NOT** wish to have a Next of Kin listed (No NOK code: 91C2) | | | |
| Are you a serving member of the armed forces? YES / NO | | | |
| Have you formerly been a member of the armed forces? YES / NO | | | |
| Are you the Spouse/Partner of a serving member of the armed forces? YES / NO | | | |
| Are you under the age of 21 and in full time education and the child of a serving member of the armed forces? YES/ NO | | | |

**Please tick as appropriate:-**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EXERCISE** | | **DIET** | | **SMOKING STATUS** | |
| Impossible |  | Eat freely |  | Never |  |
| Avoid |  | Eat only at meals |  | Ex-smoker |  |
| Light |  | Healthy diet |  | Type – cigarette/  pipe |  |
| Moderate |  | Special diet –  (vegetarian/diabetic etc) |  |
| Heavy |  | Amount per day |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **AUDIT - C Alcohol Screening Test** | | | | | | |
|  | | **1 drink = ½ pint of beer** or **1 glass of wine** or **1 single spirits** | | | | | | |
|  | Questions | | **0** | **1** | **2** | **3** | **4** | **Your Score** |
| 1. | 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 |  |
| 2. | 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+ |  |
| 3. | How often during the last year have you failed to do what was normally expected of you because of drinking? | | 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** | | | | | | |

|  |  |
| --- | --- |
| **IMMUNISATIONS** | **DATE** |
| Tetanus |  |
| Polio |  |
| Rubella |  |
| All childhood vaccinations |  |
| Hepatitis B |  |
| Others |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **FAMILY MEDICAL HISTORY** | **MEMBER OF FAMILY** | **BEFORE AGE 60** | **AFTER AGE 60** |
| High blood pressure |  |  |  |
| Heart disease |  |  |  |
| Stroke |  |  |  |
| Heart attack |  |  |  |
| Parent died of heart trouble |  |  |  |
| Others |  |  |  |

***THIS SECTION TO BE COMPLETED BY DOCTOR OR NURSE:***

NPC? YES NO (pass back to Reception for action) PATIENT INVITED (date)……………………….

**HEIGHT ……………. (m) WEIGHT ……………. (kg) BP ………/………**

|  |  |  |  |
| --- | --- | --- | --- |
| **URINALYSIS** | | **ADVICE GIVEN ON:** | |
| Protein |  | Diet |  |
| Glucose |  | Smoking |  |
| Blood |  | Alcohol |  |
|  |  | Family history taken |  |
|  |  |  |  |

NOTES ……………………………………………………..……………………………………………………………………………………………………………………………………………..

**NPC?** Yes / No GP Initial ……………………………………………….

|  |  |
| --- | --- |
| **Somerset NHS logo Master** | |
| **Dr Piers Jennings, GMC 3129298**  **Dr Helen Musgrove, GMC 4107080**  **Dr Rebecca Duffy, GMC 3459755**  **Dr Tom While, GMC 6156644** | **Sr Beth Evans, Specialist Nurse Practitioner**  **Sr Shelly Pearcy, Nurse Practitioner**  **Leah Carpenter, Practice Nurse**  **Ruth Woodland**, Practice Manager |

**Summary Care Record – your emergency care summary**

**YOUR NAME: DATE OF BIRTH:**

Mendip Country Practice 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**
* **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.**

**What is a GP System Record?**

The GP System record contains all information from your consultations with your GP including consultations, medical history, medications etc.

All citizens have the right to opt out of allowing their GP information to be shared with other healthcare organisations by informing their GP Practice. Patients who have already opted out of sharing their Summary Care Record (SCR) will not be automatically opted out of sharing their GP System Record.

Please tick below which option you want in regards to a Summary Care Record and sharing of your GP System Record.

**Yes** I do want a Summary Care Record **Yes** I do want to share my GP System Record Record

**NO** I do not want a Summary Care Record **No** I do not want to share my GP System Record Record

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PTO**

**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](http://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](mailto: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. When you register you must remember to bring along with you 3 items of identification, Passport and/or Driving Licence and 2 Utility Bills current within the last 3 months.

***For office use only:***

The below codes are in relation to the Summary Care Record only (Emis)

The Practice should use the following Read codes to indicate whether the patient wishes to share their record or not:

**9NDM** – Patient expresses consent for Summary Care Record upload

**9NDO** – Patient expresses dissent for Summary Care Record upload

The below codes are in relation to the GP System Record only (Emis)

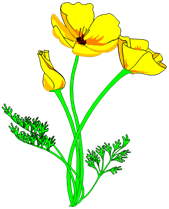
The Practice should use the following Read codes to indicate whether the patient wishes to share their record or not:

**93C0** - Patient consents to sharing the detailed record: Consent given for upload to local shared electronic record

**93C1** – Patient **does not** want to share the detailed record: Refused consent for upload to local shared electronic

Record.

*Read Code Actioned*

**Mendip Country Practice**

**Church Street, Coleford, Radstock, Somerset, BA3 5NQ**

Tel: 01373 812244 Fax: 01373 813390

Email: [somccg.reception-mendipcp@nhs.net](mailto:somccg.reception-mendipcp@nhs.net)

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|  |  |

**CONSENT FOR RELATIVES/FRIENDS TO BE ABLE TO DISCUSS PATIENT’S MEDICAL CONDITIONS AND/OR RESULTS OF INVESTIGATIONS AND/OR MEDICATION**

**Please complete one section below**

**\*\*Children aged 14 and over must sign for themselves\*\***

I: …………………………………………………… date of birth:…………………………

**do** give permission for: ………………………………………………………

their date of birth: ………………………………….

relationship to patient………………………………

contact number: ……………………………………

To be able to discuss my medical condition and/or results of any investigations and/or medication (*please delete as applicable*) with any Doctor, Nurse or Dispenser at Mendip Country Practice. I will notify Mendip Country Practice in writing if at anytime these circumstances change.

Patient signature:……………………………………………………………

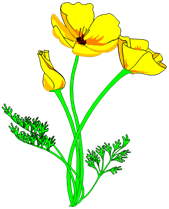
Date of completion:……………………………………

**OR**

I: …………………………………………………….. date of birth: ………………………… **do not** give permission for others to discuss my medical records and/or results of investigations and/or medication

Patient signature: ………………………………………………………….

Date of completion: …………………………………..

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**Correspondence by Email – would you like the surgery to contact you by email?**

For example, to offer flu vaccine appointment, amend an appointment, ask you to contact the surgery concerning blood tests we have taken or for a medication review. If you are, please could you complete and sign this form.

**Children over 12 years old** – Due to the Data Protection Act we cannot email parents about their child’s health once they have reached the age of thirteen. It must transfer over to their personal email address.

**I do want** the surgery to send me emails -

Signed: ………………………………………................................. Date: ……….………………

Email address……………………………………………………………………… (Please write very clearly)

Name…………………………………………………… Date of birth: …………………..…

**OR**

**I do not want** the surgery to send me emails

Signed: …………………………………………………………… Date: ..………………..…….

**Office Use Only**

Enter read code: 9NdS – Consent given for communication by email

Enter read code: 9NdY – Consent not given for communication by email

Coded onto Patient’s notes by ………………………………………………………

Written onto Manage box of patient’s notes (do or do not consent) by ……………………………………………………