NEW PATIENT APPLICATION FORM

You must fully complete this form before we will be able to register you.

ABOUT YOU

Field	Field
Full name:	**Date of birth:**
Home address and postcode:	**Home telephone:**
	Mobile telephone:
Email address:	**Work telephone:**
If under 16 name of parent/guardian:	**Name of school or nursery (where applicable):**
Name and number of next of kin / emergency contact:	

Marital status (choose one):

- ☐ Single
- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Living together

Ethnicity (choose one):

- ☐ White British
- ☐ White Irish
- ☐ Gypsy or Irish Traveller
- ☐ Other white background
- ☐ Mixed White and Black Caribbean
- ☐ Mixed White and Black African
- ☐ Mixed White and Asian
- ☐ Other mixed background
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Other Asian background
- ☐ Black African
- ☐ Black Caribbean
- ☐ Other Black background
- ☐ Arab
- ☐ Other ethnic group

Main language spoken:

Do you receive Carer's Allowance?	☐ Yes	☐ No
If you do please state who this relates to:		
Do you have a carer?	☐ Yes	☐ No
If you do please state their name and contact details:		

Do you have any disabilities?	☐ Yes	☐ No
If you do please state what they are:		

Have you ever smoked?

- ☐ Yes, current smoker
- ☐ Yes, ex-smoker
- ☐ No, never smoked

Smoking is harmful to your health and giving up is the most important thing you can do to improve it. If you would like some help stopping please make an appointment with a nurse or visit www.nhs.uk/smokefree

How tall are you?	….. feet ….. inches or ….. metres ….. centimetres
How much do you weigh?	….. stones ….. pounds or ….. kilograms

	Please answer the questions below about any use of alcohol by circling the answer that best applies on each line:	0	1	2	3	4
	1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
	2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
	3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	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
	5. 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
	6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	7. 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
	8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
	10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

The recommended safe levels for alcohol consumption are no more than 3-4 units per day (21 per week) for men and 2-3 units per day (14 per week) for women. One unit of alcohol is equal to half a pint of regular beer, lager or cider, one small (125ml) glass of wine, or a single pub measure of spirits. Drinking excessively will damage your health. If you would like help about your use of alcohol or have any questions, please come and speak to a nurse initially.

WOMEN'S HEALTH

Are you using any of the following forms of contraception?

- □ Implant (Implanon or Nexplanon) – date of insertion: ……………………………………………………………
- □ Coil / IUD (Mirena) – date of insertion: ……………………………………………………………
- □ Injection (Depo-Provera) – date of last injection: …………………………………………………….
- □ Condoms or Diaphragm
- □ Contraceptive pill or patch – date of last pill check: …………………………………………………….
- □ Sterilised – how and when: ……………………………………………………………
- □ Other – state what: ……………………………………………………………………

	Are you currently pregnant?	□ Yes	□ No
	If you are when are you due to give birth?		

	Are you up to date with cervical smears?	□ Yes	□ No
	Normally these are due every 3 years for women aged 25-50 and every 5 years for those aged 50-65. Some women may be recalled earlier if they have had an abnormal result. If you are due a cervical smear please book an appointment in the middle of your cycle with a nurse.		

ABOUT YOUR HEALTH

Please list any significant health problems you have now or that you have had in the past. This should include anything you are being treated for or receive medication for. If you have no significant health issues please write "none":

We advise an annual review of health problems such as high blood pressure, heart disease, stroke, asthma, COPD, diabetes, and epilepsy. If you have not had a review in the last year then once you are registered please book an appointment for one.

Do you have any allergies? ◻ Yes ◻ No

If you do, please state what they are to and what happened:

Are there any illnesses or diseases that run in your family (blood relatives)? ◻ Yes ◻ No

If yes, please complete the details below:

Condition and type	Who was affected?	What age did it start?
eg stomach cancer	*father*	*57*

Please use the box below for any other information you feel is relevant to your registration:

THE PRACTICE

We run a ***Patient Participation Group*** *to discuss matters at the practice and are actively looking for interested patients to become members. If you would like to join this group please ask to speak to the Practice Manager at an appropriate time. The minutes of previous meetings of the group are on our website at www.bloomfieldmedicalcentre.co.uk*

We have a ***Patient Access*** *facility where you can access your repeat medication online and order items when needed. You can also update some contact information and review any upcoming appointments you have booked. You can sign up to use this facility through our website (above).*

Part of the approval process requires us to check that it is is the patient concerned who is applying for access. To facilitate this please enter a memorable word or phrase below that we can check with you.

Memorable word or phrase:

YOUR MEDICATION

If you take any regular prescribed medication please list all details below or attach a copy of the slip from your previous practice. If you don't take any prescribed medication please write "none":

Drug name	Form	Strength	Dose
eg amlodipine	*tablets*	*5mg*	*one daily*
eg furosemide	*liquid*	*40mg per 5ml*	*5ml daily*

Any medication not listed here will NOT be issued until you have been reviewed by a clinician, which may mean you are asked to book a routine appointment. Items you have listed will be available once confirmed with your previous practice.

IMPORTANT: Until your registration is accepted you remain registered with your old practice and they are responsible for continuing your care, including the issue of any medication required. Please ensure you have sufficient supplies to last you while your registration is being processed.

PATIENT DECLARATION

I confirm that the information provided on this form is complete and correct.

Signature:	**Date:**

BLOOMFIELD MEDICAL CENTRE
NOTICE FOR PATIENTS INTENDING TO REGISTER

PLEASE NOTE BEFORE REGISTERING
We wish to make you aware that the practice will NOT continue to prescribe some medicines long term. This is in accordance with safety advice from the UK medicines regulatory body and/or current best medical practice standards.

Patients taking certain BENZODIAZEPINES or Z-DRUGS (see lists below) which can be used as sleeping tablets or for anxiety will be reviewed and commenced on a planned reduction schedule where appropriate.

Patients taking STRONG OPIOIDS (see list below) will be reviewed and if used to manage pain not caused by cancer and if the morphine-equivalent dose is above current best practice advice a planned reduction schedule will commence.

Patients taking one of the OTHER DRUGS (see list below) will be reviewed and withdrawal or change to an alternative treatment will occur.

In all cases the decision whether to commence a reduction plan or change lies with the practice clinicians and is not optional – these are decisions made on patient safety grounds. Taking some of these medicines may put you in breach of DVLA guidelines on fitness to drive (the original prescriber should have informed you about this) and could increase your risk of road and other accidents. Many of these medicines are also addictive and tolerance (where the medicine no longer has the same effect) is common.

Registering at the practice means that you have read the above information and that you understand that if you take these medicines that you will likely be required to reduce or change them.

Please sign below to indicate you have read and accept this:

Name: Signature: Date:

The lists below are not exhaustive but include the most commonly used drugs in these groups.

Benzodiazepines	Z-Drugs	Strong Opioids	Other Drugs
Alprazolam	Zaleplon	Buprenorphine	Clomethiazole
Chlordiazepoxide	Zolpidem	Diamorphine	Co-proxamol
Diazepam	Zopiclone	Dipipanone	Dosulepin
Flurazepam		Fentanyl	
Loprazolam		Hydromorphone	
Lorazepam		Meptazinol	
Lormetazepam		Morphine	
Nitrazepam		Oxycodone	
Oxazepam		Pentazocine	
Temazepam		Pethidine	

SUMMARY CARE RECORD AND DATA SHARING	
	Your health records are important and confidential. However in today's more complex world where we often receive treatment in many different locations and organisations the lack of complete information about your health can hamper effective treatment and in some cases increase the risk of harm. Data can also be a very powerful tool for studying health and healthcare systems to enable us to treat the population better in the future or design better systems to deliver healthcare. To address these goals the NHS is introducing a number of distinctly separate programmes. It is important that you read the information below to understand the differences between them and decide what you want to do.

	Summary Care Record
	The NHS in England is introducing the Summary Care Record. 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. It will not be shared or accessed in other ways. We support Summary Care Records although as a patient you have a choice whether you want one. For more information you can talk to the local Patient Advice and Liaison Service (PALS) (01253 655589), GP practice staff, visit the website www.nhscarerecords.nhs.uk or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020. If you do nothing we will assume that you are happy with this 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 chooses to opt 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. So if you would like a Summary Care Record you do not need to do anything at all. If you do not want a Summary Care Record you must complete the opt out below. You can change your mind at any time by informing the practice.

	Please tick this box if you do not want a Summary Care Record. By doing so you acknowledge that this means healthcare professionals treating you in an emergency will have less information about you and that this incurs a risk to yourself.	□
	Sign to confirm opt-out:	

	Care.Data
	Another, entirely separate programme is Care.Data which is a project run by the Health and Social Care Information Centre (HSCIC). Your date of birth, full postcode, NHS Number and gender (rather than your name) can be used to link your records in a secure system, managed by the HSCIC. The type of information shared, and how it is shared, is controlled by law and strict confidentiality rules. Sharing information about the care you have received helps understand the health needs of everyone, the quality of the treatment and care provided and to reduce inequalities in the care provided. It will also provide information that will enable the public to hold the NHS to account and ensure that any unacceptable standards of care are identified as quickly as possible. Information will help to find more effective ways of preventing, treating and managing illnesses, understand who is most at risk of particular diseases and conditions, so those who plan care can provide preventative services and guide decisions about how to manage resources so that they can best support the treatment and management of illness for all patients. More information on Care.Data can be found at: www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Pages/care-data.aspx Again, you have a choice whether you want your data to be part of this or not. If you are happy you do not need to do anything. If you do not wish your data to be used in this way then you can object in two ways described below. Making either or both of these objections will not affect the care you receive. Again, you can change your mind at any point.

	Please tick this box if you do not want any information containing data that identifies you to leave the practice. This will prevent the identifiable information held in your GP record from being sent to the HSCIC / Care.Data. It will also prevent those who have gained special legal approval from using your health information for research. The surgery will block the uploading of your identifiable and personal information to the HSCIC.	□
	Sign to confirm opt-out:	

	SMS Messaging:	
	We regularly use SMS (text) messaging to remind patients of their appointments and to issue updates and information on your care and health. For example this could be advising you of a test result or providing links to online health information to support your care. You can choose to opt out of this service should you wish, but in doing so must accept that in some circumstances this may delay aspects of your care or increase inconvenience.	
	Please tick this box if you want to opt out of SMS Messaging	☐

NAMED GP AND NEW PATIENT CHECKS	
	All patients at Bloomfield have a named GP who oversees the delivery of care to the patients registered with them. If you would like to know who they are, please ask at the practice. Having a named GP does not mean that you have to see that doctor or that you cannot see someone else.
	We recommend that newly registered patients are seen at some point within the first six months. If you would like a new patient check, please make an appointment to see a nurse.

IDENTITY CHECK AND VALIDATION – PRACTICE USE ONLY			
	Please confirm identification provided: ☐ Driving License (Picture / Paper) ☐ Passport	☐ Birth Certificate ☐ Other (state)	
	Are you able to verify the patient's address?	☐ Yes	☐ No
	Have all the mandatory fields been properly completed?	☐ Yes	☐ No
	Has the GMS1 been properly completed?	☐ Yes	☐ No

	If yes to all three above initial and date to the right, then place in the scanning box.	Initial:	Date:

	Registration added to EMIS Web?	☐ Yes	By:
	Allergies added and template completed?	☐ Yes	By:
	Registration form scanned into Docman?	☐ Yes	By: