

For Moulton Surgery use only		
Accepted by:	Registered by:	Patient Informed of Accountable GP:
ID TYPE:	ID NUMBER:	



New Patient Registration Form

Welcome to Moulton Surgery. We are delighted that you have chosen us to help you manage your health and wellbeing. The information contained within the form is important to enable us to provide you with the highest level of care. Please complete it fully.

In line with NHS England requirements, you will need to bring 2 forms of identification into the practice together with the completed registration form. One needs to be a currently valid driving licence or passport with your photograph on. The other needs to confirm your address such as a bank statement or utility bill issued within the last 3 months. For the registration of under 18-year-old, their birth certificate will need to be provided. **PLEASE NOTE: We cannot proceed with your registration without these forms of identification.**

PLEASE COMPLETE FORM IN BLOCK CAPITALS

BASIC DETAILS			
Title e.g Mr, Mrs, Miss etc.		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Surname			
Previous Surname			
Forenames			
Preferred name (if different to above)			
Date of Birth		Town & Country of Birth	
If under 18 years of age – please advise who has parental responsibility			
Your current home address including postcode			
Home phone number		Mobile phone number	
NHS number (if known)			
If you are from abroad:	DATE OF ARRIVAL TO UK? If previous resident of UK – Date of leaving UK? First UK Address where you were registered with a GP?		
Your previous address including postcode			
Previous GP Name Address			
ETHNICITY AND LANGUAGE			
Ethnic Origin Knowing your ethnic origin is important for some of our tests	<input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African		

and may affect which medicines work best for you.	<input type="checkbox"/> White & Asian <input type="checkbox"/> Any other Mixed/Multiple ethnic background <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group
First Language	

ONLINE SERVICES (for patients over the age of 16 only)

E-mail address	
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*You are able to register to use our online service that can be accessed via our the NHS App or our website. The service allows you to book and cancel some appointments on-line and also order your repeat medicines. **We will require your email address in order to access this service. To JOIN tick this box***

LIVI Service: Our patients have access to FREE remote appointments with a GP via the Livi App which can be accessed via any smart phone, tablet or PC/Laptop. To download go to www.livi.co.uk/download/ or use the QR Code

If you sign up you will have access to:

- Increased appointment availability
- Same day appointments
- Future appointments
- Appointments from home, work or wherever's comfortable for you
- Get medical advice, referrals, and prescriptions



COMMUNICATION CONSENT

The practice could contact you by text or email for the purposes of health promotion, practice news or appointment reminders. If you DO NOT want us to do this please tick here.

OTHER IMPORTANT INFORMATION

Next of kin: Name: Relationship to you: ARE THEY YOUR CARER YES / NO	Address: Telephone Contact Number:
Do you or have you ever had a social worker involved with your family?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when and who?
Special Circumstances Please tick if any of these apply to you	<input type="checkbox"/> Hearing impaired <input type="checkbox"/> Visually impaired <input type="checkbox"/> Housebound
Are you a Carer? Do you look after somebody?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, do you wish to be referred to Northamptonshire Carers, a charity supporting carers locally. <input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

I declare that I am / my child* is entitled to NHS services because I have been or intend to be ordinarily resident in the UK for a period of 6 months or longer and I wish to register with Moulton Surgery.

If registering for a child under 5 years the child will automatically be registered with the practice for child health surveillance unless you advise us that you do not want this.

Signature:

Date:

If signing on behalf of someone please state your name and relationship to the patient.

HEALTH AND LIFESTYLE

Smoking Status	<input type="checkbox"/> Never Smoked <input type="checkbox"/> Ex-smoker – Date stopped: <input type="checkbox"/> Cigarette Smoker: per day <input type="checkbox"/> Cigar Smoker: per day <input type="checkbox"/> Roll-ups: oz / g Per week <input type="checkbox"/> Pipe: oz / g Per week
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If you are currently smoking Would you Like Help or Advice about stopping Smoking?	Are you motivated to stop? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes you can access further advice by - <input type="checkbox"/> Ringing the NHS Stop Smoking Helpline on 0845 601 3116 for advice and support or visiting www.nhs.uk/livewell/smoking <input type="checkbox"/> Seeing one of our Practice Nurses; speak to a receptionist to book an appointment <input type="checkbox"/> Discussing over-the-counter treatment options with a Pharmacist Yes / No
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Alcohol Use Please complete if 16 year or over How many units of alcohol do you drink in a typical week?	A unit of alcohol is approximately ½ pint standard (3.5%) beer / ⅓ pint of premium (5%) beer / 125 ml of wine / 25ml of spirits.
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Alcohol Use Screening <i>Please circle your answer to each question</i>	0	1	2	3	4	Your Score
Men: How often do you have EIGHT or more drinks on one occasion? Women: How often do you have SIX or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily	
How often during the last year have you been unable to remember what has happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily	
How often during the last year have you failed to do what was normally expected of you because of drink?	Never	Less than monthly	Monthly	Weekly	Daily	
In the last year has a relative or friend or a doctor or other health worker be concerned about your drinking suggested you should cut down?	No	Yes – on 1 occasion (score 2)		Yes – on more than 1 occasion (score 4)		

Add up your alcohol use scores: if the total is THREE or more please book an appointment to see one of your doctors to discuss the results.

Allergies Do you have any allergies? If yes, please tell us to what and the reaction.	<input type="checkbox"/> Yes <input type="checkbox"/> No Reaction:
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ABOUT YOUR MEDICAL HISTORY

Do you currently suffer from any medical problems / conditions / illnesses / diseases? Please give brief details and approximate dates.	Date	
Have you had any significant medical problems/ diseases / illnesses / operations in the past? Please give brief details and approximate dates.	Date	

Family History Please tick any of the following that apply to first degree relatives (parents, children, brothers & sisters)	<input type="checkbox"/> Heart attack/ angina (onset before age 60) <input type="checkbox"/> Heart attack/ angina (onset after age 60) <input type="checkbox"/> Stroke <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer: (type) <input type="checkbox"/> Any other inherited condition:	Detail of who is affected
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MEDICATION Are you on medication? No Yes
If yes, please attach your repeat slip.

Name of Nominated Pharmacy for Electronic Prescribing:

Dispensing of Medication
If you live more than 1 mile from a pharmacy, you are able to obtain any prescription medications directly from the surgery. This includes patients living in Old, Scaldwell, Holcot, Walgrave, Overstone & Sywell. If you live in one of these villages, we will automatically register you as a dispensing patient in order that you can use this service. Unfortunately, we are unable to provide this service by law to anyone living within 1 miles of a pharmacy, which includes patients living in Moulton village or at our Waterside Campus Surgery.

*If you are eligible but DO NOT want us to dispense to you, please tick here (**PLEASE NOTE** you **cannot** opt into this at a future date).*

Please note that you can order repeat medication via online services and by emailing northantsicb.moulton.dispensary@nhs.net

NHS ORGAN DONOR REGISTER – PLEASE READ

FROM 20/05/2020 YOU ARE NOW AUTOMATICALLY CONSIDERED AS AN ORGAN DONOR AND YOUR DETAILS WILL BE AUTOMATICALLY SENT TO THE DONOR REGISTRATION DATA BASE. IF YOU DO NOT WANT TO BE A DONOR PLEASE CONTACT: 0300 123 2323 TO OPT OUT OR VISIT www.organdonation.nhs.uk/register-your-decision/do-not-donate

SHARING YOUR MEDICAL RECORDS - HOW WE USE YOUR INFORMATION

The information that we hold about you is confidential and is only by used to support the care that you receive. It is also important that the NHS can use certain information to plan and improve services for all patients. Below you will find information about the NHS Summary Care Record and the Care Data schemes. Please read this carefully. If

you are happy for your information to be used this in this way you need not do anything. If you wish to opt out of either or both schemes, please ask for an opt out slip at reception.

1. NHS Summary Care Record

In the interest of our patients we will share your summary care record with emergency care services, allowing them to view any drug sensitivities or allergies on your record. ***This is vital information in the event of an emergency. Please select from the following which details you would like to be shared:***

- Consent for medication, allergies and adverse effects only
- Consent for medication, allergies, adverse reactions and additional information (such as some care and treatment preferences)
- Dissent – you do not want any information to be shared

2. SystemOne Electronic Patient Record.

We are one of many clinical facilities that use a secure computerised medical record system called SystemOne. Each facility's records are separate, but because we are on the same system, we have the ability to share your record with other care teams in order to improve your care. These include Northampton Healthcare Foundation Trust services (physiotherapy, dietician, etc) and GP Out of Hours Service.

It is your choice whether we share your record with them, and if we can see their records. As your GP surgery, it's vital we keep as complete a medical record for you as we can so we can treat you with full knowledge of all of your medical information.

You will also be asked when you attend another SystemOne facility if you are willing to allow that facility to share their record with us.

Sharing out:

- Yes, I would like to share my medical record with other SystemOne healthcare professionals.
- No, I would not like to share my medical record with other SystemOne healthcare professionals.

Sharing in:

- Yes, I would like Moulton Surgery to see my medical record from other SystemOne units where I have agreed to allow Moulton Surgery to see my records.
- No, I would not like Moulton Surgery to see my medical record from other SystemOne units.

SIGNED: _____ **PRINT:** _____

Moulton Surgery is adhering to GDPR 2018. A full copy of the Fair Processing Notice is available via our website at www.moultonsurgery.co.uk.



PATIENT AND PRACTICE AGREEMENT

Consultations are strictly by appointment only and are issued at the next available time.

Please be punctual for your appointment – There is no guarantee that you will be seen if you are more than 10 minutes late.

We aim to provide you with the best possible service. In return, a polite manner when dealing with staff would be appreciated. Please note – New patients are required to book an appointment with the doctor if you are taking repeat medications.

Repeat Medications; Please allow 72 hours for prescriptions to be processed and make sure that medication is ordered before you run out of your medication. Requests can be made using one of the following options;

- (1). POST – Moulton Surgery, 120 Northampton Lane North, Moulton, Northampton, NN3 7QP
- (2). SYSTMONLINE – Book your appointments and prescriptions on our website www.moultonsurgery.co.uk/or using your smart phone. (please ask at reception for more information).
- (3). EMAIL - nccg.moulton.dispensary@nhs.net

PLEASE NOTE THAT WE DO NOT ACCEPT PRESCRIPTION REQUESTS OVER THE PHONE.

Please return this page to the surgery along with the New Patient application and the GMS1 forms. You will also be required to provide 2 forms of identification (originals) (1 being proof of yourself and the other proof of your address). For Children under age 16 we will need to see a birth certificate or passport.

I confirm that I have read and understood the Patient Information booklets in regards to booking appointments, home visits, ordering your prescriptions and fit/sick certificates and I agree to abide by them.

Date:

Signature:

Parent /Guardian: (if applicable)