

HOPWOOD MEDICAL CENTRE
1-3 WALTON STREET
HOPWOOD
HEYWOOD
LANCASHIRE
OL10 2BS
TEL: 01706 603420

Thank you for registering at Hopwood Medical Centre.

Our aim is to provide all registered patients at the practice the highest quality of primary healthcare within the NHS.

Within this pack you will find the following:

- **GMS1 Registration Form**
- **Ethnicity Monitoring Form**
- **New Patient Questionnaire**

The above 3 highlighted forms will need to be completed and returned to the practice along with a form of photographic ID as soon as possible to ensure registration.

An appointment will need to be made with our healthcare assistant for a new patient medical check this will be done when the above registration forms have been completed and handed to reception.

If a prescription is required within the first 8 weeks of registration a GP appointment will be required. We ask that you bring some form of confirmation a counterfoil from your last prescription will be sufficient.

The practice recognises the right of every patient to have information about them kept secure and private. Any information given to any member of staff will remain confidential. The practice has a confidentiality policy which is adhered to by every member of staff. Patients have a right to the standards of confidentiality maintained by those providing their care and these standards should be made known at their first point of contact.

Many thanks.

Adele Hardacre
Practice Manager

Your Summary Care Record

Care professionals in England use an electronic record called the Summary Care Record (SCR). This can provide those involved in your care with faster secure access to key information from your GP record.

What is a SCR?

If you are registered with a GP practice in England, you will already have an SCR unless you have previously chosen not to have one.

It includes the following basic information:

- Medicines you are taking
- Allergies you suffer from
- Any bad reactions to medicines.

It also includes your name, address, date of birth and unique NHS Number which helps to identify you correctly.

What choices do you have?

You can now choose to include more information in your SCR, such as significant medical history (past and present), information about management of long term conditions, immunisations and patient preferences such as end of life care information, particular care needs and communication preferences.

If you would like to do this, talk to your GP practice as it can only be added with your permission.

Remember, you can change your mind about your SCR at any time. Talk to your GP practice if you want to discuss your option to add more information or decide you no longer want an SCR.

Vulnerable patients and carers

Having an SCR that includes extra information can be of particular benefit to patients with detailed and complex health problems. If you are a carer for someone and believe that this may benefit them, you could discuss it with them and their GP practice.

Who can see my SCR?

Only authorised care professional staff in England who are involved in your direct care can have access to your SCR. Your SCR will not be used for any other purposes.

These staff:

- Need to have a Smartcard with a chip and passcode
- Will only see the information they need to do their job
- Will have their details recorded every time they look at your record.

Care professionals will ask for your permission if they need to look at your SCR. If they cannot ask you because you are unconscious or otherwise unable to communicate, they may decide to look at your record because doing so is in your best interest. This access is recorded and checked to ensure that it is appropriate.

SCRs for children

If you are the parent or guardian of a child under 16, and feel they are able to understand this information you should show it to them. You can then support them to come to a decision about having an SCR and whether to include additional information.

Confidentiality

For information on how the NHS will collect, store and allow access to your electronic records visit NHS Choices at www.nhs.uk/records.

Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

Mr Mrs Miss Ms Surname

Date of birth: | | | | | | | | | | First names

NHS No. | | | | | | | | | | Previous surname/s

Male Female Town and country of birth

Home address

Postcode Telephone number

Please help us trace your previous medical records by providing the following information

Your previous address in UK Name of previous GP practice while at that address

Address of previous GP practice

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving Date you first came to live in UK

Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: Regular Reservist Veteran Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting: Postcode

Service or Personnel number: Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

I live more than 1.6km in a straight line from the nearest chemist

I would have serious difficulty in getting them from a chemist

Signature of Patient Signature on behalf of patient

Date: / /

*Not all doctors are authorised to dispense medicines

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

White: British Irish Irish Traveller Traveller Gypsy/Romany Polish
 Any other white background (please write in):

Mixed: White and Black Caribbean White and Black African White and Asian
 Any other Mixed background (please write in):

Asian or Asian British: Indian Pakistani Bangladeshi
 Any other Asian background (please write in):

Black or Black British: Caribbean African Somali Nigerian
 Any other Black background (please write in):

Other ethnic group: Chinese Filipino
 Any other ethnic group (please write in):

Not stated:
 Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

NHS England use only Patient registered for GMS Dispensing

To be completed by the GP Practice

Practice Name

Practice Code

 I have accepted this patient for general medical services on behalf of the practice

 I will dispense medicines/appliances to this patient subject to NHS England approval.

I declare to the best of my belief this information is correct

Authorised Signature

Name

Date

____/____/____

Practice Stamp

SUPPLEMENTARY QUESTIONS – These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a) I understand that I may need to pay for NHS treatment outside of the GP practice
- b) I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- c) I do not know my chargeable status


I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:		Date:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

Complete this section if you live in an EU country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</i></p>	Country Code:	
	3: Name	
	4: Given Names	
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	DD MM YYYY
	PRC validity period (a) From:	DD MM YYYY

Please tick if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff.**

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.

PATIENT ETHNIC ORIGIN QUESTIONNAIRE

This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act.

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Choose ONE section from A to E, and then tick ONE box to indicate your background.

Name.....**Date of Birth**.....

A White

	British
	Irish
	Any other white background please write in below

B Mixed

	White and Black Caribbean
	White and Black African
	White and Asian
	Any other mixed background please write below

C Asian or Asian British

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background please write below

D Black or Black British

	Caribbean
	African
	Any other black background please write below

E Chinese or other ethnic group

	Chinese
	Any other please write below

	Declined	
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	First language
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Hopwood Medical Centre

New Patient Questionnaire

Name: Date of Birth:

Address:

Telephone Number: Mobile No:

Our preferred method of communication is via text message if you wish to opt out of this service please inform the reception team.

Weight: Height:

Smoking History

Never Smoked () Ex Smoker () Smoker ()

Number of cigarettes smoked per day

Would you like further information on stopping smoking

Diet

Normal () Low Fat () Vegetarian () Low Salt () Weight Reducing ()

Diabetic ()

Exercise

Never () Light () Moderate () Heavy ()

Family History

Has anyone suffered from Heart Disease in your family: No () Yes () Age
If so which family member:

Has anyone suffered from a Stroke in your family: No () Yes () Age
If so which family member:

Has anyone suffered from Diabetes in your family: No () Yes () Age

Has anyone suffered from Asthma in your family: No () Yes () Age

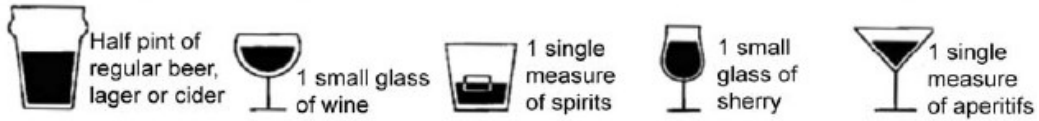
Are You a Carer No () Yes () if so whom:

Have you Asylum Status No () Yes ()

Are you a Military Veteran No () Yes ()

Do you require extra communication aids if yes please state

This is one unit of alcohol...



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



Questions	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.



Score from AUDIT- C (other side)

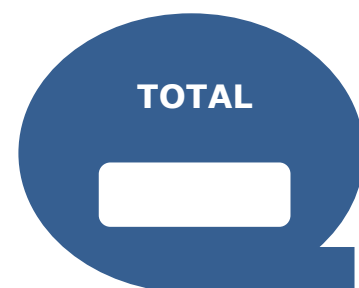


Remaining AUDIT questions

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

TOTAL Score equals
AUDIT C Score (above) +



Could it be COPD

- | | | |
|---|---------|--------|
| 1. Do you cough several times most days? | Yes () | No () |
| 2. Do you bring up phlegm or mucus most days? | Yes () | No () |
| 3. Do you get out of breath more easily than others your age? | Yes () | No () |
| 4. Are you older than 40 years of age? | Yes () | No () |
| 5. Are you a current smoker? | Yes () | No () |

If you have answered yes to three or more of these questions, ask your doctor if you might have COPD.