

SUMMARY CARE RECORD

A Summary Care Record is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had. Having this information stored in one place makes it easier for healthcare staff to treat you in an emergency, or when your GP Practice is closed.

Have you previously opted out of the summary care record? YES NO

If you have PREVIOUSLY OPTED OUT or DO NOT want a Summary Care record please ask at reception for an opt-out form, or go to

www.nhscarerecords.nhs.uk

NAMED GP

From 1st April 2015 onwards practices are required, under the GMS contract, to allocate a named accountable GP to all patients, including children. It is important that you are aware that this is purely an administrative exercise and does not change the way in which we operate or affect your ability to make an appointment or speak with any of the GPs in the practice. Please ask reception if you wish to know who your named GP is.

Should you express a wish to change your named GP we will do our best to accommodate your wishes. Please write to the Practice Manager requesting the change.

COMMUNICATION

The Practice would like to contact patients electronically regarding appointment reminders, services and health campaigns. If you do NOT wish to be contacted in this way please tick

SMS/TEXT

EMAIL

The Practice encourages the use of technology and offers appointment booking and cancelling for GP appointments on-line, the ordering of repeat medication on-line and the facility to view aspects of your patient health record. Please visit our website for more details, downloadable forms and updates from the surgery

www.hastingshouse.org.uk

I hereby confirm that the information provided by me on this form regarding my health is to the best of my knowledge true.

Signature of Patient _____

Date: _____

**Hastings House &
Little Thatch
Medical Centres**

NEW PATIENT REGISTRATION PACK

ADULT



**Hastings House Medical Centre
Kineton Road
Wellesbourne
Warwickshire
CV35 9NF
Tel: 01789 840425**

**Little Thatch Surgery
Warwick Road
Kineton
Warwickshire
CV35 0HN
Tel: 01926 640491**

www.hastingshouse.org.uk

ETHNIC ORIGIN

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.

A	WHITE		BRITISH
			IRISH
			ANY OTHER WHITE BACKGROUND PLEASE WRITE IN BELOW
B	MIXED		WHITE & BLACK CARIBBEAN
			WHITE & BLACK AFRICAN
			WHITE & 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 PELASE WRITE IN BELOW
E	CHINESE		CHINESE
			ANY OTHER PLEASE WRITE BELOW

DECLINED

DIABETES Survey

	QUESTIONS		YOUR SCORE
1	How old are you	49 or younger	0
		50–59	5
		60 –69	9
		70 OR OLDER	13
2	ARE YOU FEMALE OR MALE	Female	0
		Male	1
3	What is your ethnic background	Only white European	0
		Other ethnic group	6
4	Do you have a father, mother, brother, sister and/or own child with Type 1 or Type 2 diabetes	Yes	5
		No	0
5	What is your waist measurement	Less than 90 cm (35.3in)	0
		90–99.9cm (35.4-39.3in)	4
		100-109.9cm (39.4-42.9in)	6
		110cm(43in) or above	9
6	Have you been given medicine for high blood pressure OR told that you have high blood pressure, by your doctor	YES	5
		NO	0
TOTAL			

Welcome to Hastings House & Little Thatch

Dear Patient

We are pleased to welcome you as a new patient to our Practice.

Please help us to process your application quickly by bringing in your completed pack as soon as possible. Please do not post these as we need to arrange a New Patient Registration appointment with you on receipt of the pack.

Due to NHS Guidelines it is very important when registering your details that we have your NHS number, maiden name if applicable, and post code. Your NHS number can be obtained from your medical card or by telephoning your current GP.

Please note that it is a condition of acceptance that you attend for your new patient registration appointment.

Registration will take place when we have received your completed forms and entered your details on the computer system. Should you in the meantime require urgent medical advice the Doctor will see you on an emergency basis for one consultation.

Yours sincerely

Drs Gunton, Whittaker, Owen, Read-Jones, Piercy, Lennon, Preece, de Cates.

New Patient Questionnaire

YOUR PERSONAL DETAILS

MR/MRS/MISS/MS _____

SURNAME _____

FIRST NAME _____

ADDRESS _____

POST CODE _____

HOME TEL NO. _____

MOBILE NO. _____

WORK TEL NO. _____

EMAIL ADDRESS _____

DATE OF BIRTH _____

OCCUPATION _____

MARITAL STATUS _____

RELIGION _____

FIRST LANGUAGE _____

ENGLISH SPEAKING YES NO
[Please circle]

ARE YOU A CARER?

DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, DISABLED OR MENTALLY ILL?

If so, you are a carer and we would like to support you. Please complete the following details.

If you are agreeable, we will pass your details to the Warwickshire Carers Support Service, which is a borough-wide organisation providing relevant information and advice, local support services, newsletter and telephone helpline for carers.

We will also refer you, with your permission, to have your needs assessed by Adult Care Services, Social Services. A Carers Assessment is a chance to talk about your needs as a carer and the possible ways help could be given. It can also look at the needs of the person you care for. This could be done separately, or together, depending on the situation. There is no charge for an assessment.

DETAILS OF THE PERSON YOU LOOK AFTER

Name _____

Date of Birth _____

Address _____
If different from yours

Post Code _____

Telephone No. _____
If different from yours

GP Details _____

If different from your own

Please pass my details to the Warwickshire Carers Support Service



Please refer me to Adult Care Services for a Carers Assessment



Date _____

LADIES ONLY

All ladies aged 25–65 are advised to have regular cervical smears.

When did you last have a cervical smear test?
(approximate date)

What was the result?

Do you use any form of contraception?

Are you currently pregnant

YES

NO

If YES, please specify how many weeks



YOUR MEDICAL HISTORY

Please list any serious illnesses, operations or accidents you have had, stating approximately when these were:

Do you have any current medical problems?

Does anyone in your close family have any medical problems eg asthma, diabetes, high blood pressure, heart attacks etc?

Are you allergic to any medication or anything else?

Are you currently taking any pills/tablets/medicine or inhalers? (please list)

YOUR SOCIAL HISTORY

Have you ever smoked YES NO

If you answered YES, please answer the following



If you have previously smoked but have now stopped:
How many did you smoke per day? _____

When did you stop? _____

If you **still smoke**, how many do you smoke per day?



Do you exercise?

DAILY WEEKLY OCCASIONALLY NEVER



Are you on a special diet?



Do you drink alcohol

YES

NO

QUESTIONS	0	1	2	3	4	YOUR SCORE
How often do you have 8 (men) / 6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only answer the following questions if your answer above is monthly or less						
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative/friend/Doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	