

Matching Green Surgery - Registration Form

[Please bring your completed forms and documents to reception between **12pm -1.30pm OR 6pm -6.30pm**]

NAME..... D.O.B..... ETHNIC ORIGIN.....

ADDRESS:

TELEPHONE NO: MOBILE NO:

OCCUPATION:..... MARITAL STATUS:..... PREVIOUS GP:

First Language..... English Speaker - Y / N Do you have transport to get to Surgery - Y / N

NEXT OF KIN - NAME & CONTACT NO. (in case of emergency)

PLEASE GIVE DETAILS OF:

1. ANY MEDICAL CONDITIONS AND ANY CURRENT ILLNESSES.....
2. ANY REGULAR TREATMENT/MEDICATION.....
3. ANY PAST ILLNESS E.G. ASTHMA/HIGH BLOOD PRESSURE/STROKE/ HEART ATTACK/
DIABETES/JAUNDICE/EPILEPSY.....
4. PREVIOUS OPERATIONS/HOSPITAL ADMISSIONS.....
5. HOW MUCH DO YOU SMOKE..... DRINK PER WEEK
6. HEIGHT..... WEIGHT.....
7. ALLERGIES.....
8. ANY ILLNESSES RUN IN THE FAMILY
9. DATES GIVEN OF TETANUS.....POLIO.....
10. HAVE YOU ANY RELATIVE AT THIS PRACTICE.....

FOR WOMEN ONLY:

11. CONTRACEPTION
12. DATE OF LAST SMEAR..... AT HOSPITAL / G.P.....
13. HAVE YOU HAD A HYSTERECTOMY (YES/NO) MAMMOGRAM (YES/NO)

CHILDREN ONLY: CHILDHOOD IMMUNISATION:

1ST DTP - DATE..... 2ND DTP - DATE 3RD DTP DATE

MMR - DATE HIB - DATE MEN.C - DATE

PRE-SCHOOL BOOSTER

CARER STATUS:

15. Are you a Carer - YES / NO WHO DO YOU CARE FOR
16. Do you have a Carer - YES / NO WHO CARES FOR YOU
18. Are they registered here at the practice Yes / No

17. PLEASE TELL US WHY YOU WOULD LIKE TO JOIN OUR PRACTICE.....
18. **SystemOnline** - WOULD YOU LIKE TO SIGN UP TO THE ONLINE SERVICE - patients can book and cancel appointments online, request repeat medication and can view their past and future appointment dates and times **YES / NO**
 [If Yes, then see receptionist when you come in for your New Patient Check to get your username and password]

YOUR REGISTRATION WILL NOT BE COMPLETE UNTIL YOU HAVE BEEN SEEN BY THE NURSE FOR A NEW PATIENT HEALTH CHECK. Please book the appointment as soon as you are accepted

IF YOU WITHOLD OR GIVE FALSE INFORMATION YOU WILL BE IMMEDIATELY REFUSED REGISTRATION OR REMOVED FROM THE PRACTICE REGISTER

➤ **SUMMARY CARE RECORDS**

The NHS Summary Care Record is an electronic record of important information about your health (*such as allergies, medication, illness etc*) which would be immediately available to the NHS healthcare staff who are directly and legitimately involved in your care to view what current medications you are on and medications that you are allergic and sensitive to.

For our records please tick one of the following

Are you happy to have a Summary Care Record?	YES	NO Please sign an exemption form – [ask at reception]	I want more time to decide
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➤ **COMMUNICATION CONSENT**

PLEASE NOTE: If more than one person shares the use of the mobile phone number detailed below, we will need a consent form from each of those people.

DECLARATION

- I consent to the practice contacting me by text message and/or email for the purposes of health promotion, practice news and for appointment reminders.
- I acknowledge that appointment reminders by text are an additional service and that they may not be sent on all occasions but that the responsibility for attending appointments or cancelling them still rests with me. I can cancel the text message facility at any time.
- Text messages are generated using a secure facility but I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure, however the practice will not transmit any information which would enable an individual patient to be identified.

SIGNATURE :

SIGNATURE :