**SEDLESCOMBE HOUSE SURGERY I.D seen…………………………**

**New patient registration information photo seen………………………..**

***\*please delete where applicable***

**About you**

Title ……………… First Names ………………………………………………………………………………………….

Surname ……………………………………………………………………..

Date of Birth …………………………………………………………………. Gender ……………………………….

Your Occupation ………………………………………………..

**Contact information** Consent to contact via email or messaging

Email address ……………………………………………….. \*Yes/No

Mobile telephone ……………………………………………….. \*Yes/No

Can the surgery leave messages on your mobile phone? \*Yes/No

**Services Families and Military Veterans**

*\*Please tick where appropriate*

|  |  |  |  |
| --- | --- | --- | --- |
| I am a Military Veteran |  | I am currently serving in the Reserve Forces |  |
| I am married/civil partnership to a Military Veteran |  | I am married/civil partner to a serving member of the Regular/Reserve Armed Forces |  |
| I am under 18 an my parents are Military Veterans of the Armed Forces |  | I am under 18 an my parents are members of the Armed Forces |  |

**Ethnicity**

*Having information about patient’s ethnic groups is helpful for the NHS to plan and provide culturally and appropriate services in our area.*

*If you do not wish to provide this information, you do not have to do so.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| British or Mixed British |  | Caribbean |  | Bangladeshi |  |
| Irish |  | Indian |  | Chinese |  |
| African |  | Pakistani |  | Other (Please state) |  |

**Main language spoken**

Please state your main language ………………………………………………….

Do you need an interpreter? \* Yes/No

Do you have any communication needs? ……………………………………………………

**Disabilities**

Do you have any disabilities?**........................................................**

**Religion**

Do you have a religious affiliation? .……………………………………………….

**Carer status**

Do you have a carer? \*Yes/No

If yes, please state the relationship to you and if the person is a patient at this practice

………………………………………………………………………………………………………………………………………………………..

Are you a carer? \*Yes/No

If yes, please state the relationship to you and if the person is registered at this practice

………………………………………………………………………………………………………………………………………………………..

**Next of Kin**

Please give the name, relationship to you and contact telephone for your next of kin

Name ………………………………………………………………………………………

Relationship ……………………………………………………………………………………...

Contact No. …………………………………………………………………………………….…

Do you have any family members registered at this practice? \*Yes/No

If so what are their details……………………………………………………………………….

…………………………………………………………………………………………………………………

**Summary Care Record (SCR)**

Consent to upload your contact information, medical information including medicines and allergies, date of birth and NHS number to the NHS Spine will ensure that healthcare staff can access your medical details at any point. For instance, if you go on holiday in England and require urgent medical treatment. Giving healthcare staff this access can prevent mistakes being made in an emergency or when the practice is closed. For more information please telephone 03001233020 or visit [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk)

Please choose your option

I wish to opt in to SCR \*YES \*NO

**On Line Patient Services**

As a patient, you can now access part of your medical record online; view a summary of your medical conditions, order your repeat prescriptions and view your allergies. Having access to on lines services can achieved by completing the application in Appendix 1.

At a later date you will be able to book appointments but this service is not available at present

*When you register for this service, it is essential that you keep the registration safe and your password secret. This is essential if you have the use of a shared computer*

**Electronic Prescribing Service**

All this surgeries prescriptions are sent electronically to your nominated pharmacy so please tell us which pharmacy you wish to use.

I consent to electronic prescription \*Yes/No

Nominated Pharmacy………………………………….....

**Donation wishes**

If you live in England, Wales or Jersey or are not in a group excluded from the opt out legislation and you have not registered an organ donation decision, please complete the section on the GMS1 purple registration form.

**Resuscitation Status**

Do you have a DNACPR (Do not attempt resuscitation) form \*Yes/No

Do you have a Lasting Power of Attorney for Health & Welfare \*Yes/No

If yes, please give the details of that person holding the Power of Attorney for you

Name ....…………………………………………………………………………

Telephone No. …………………………………………………………………………….

**Smoking Status**

Please indicate your smoking status

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Have you ever smoked |  |  |
| Are you a current smoker | *How many per day* |  |
| Are you an electronic cigarette/vape user |  |  |

**Alcohol**

Please state your total weekly unit intake of alcohol …………………………………………..

*(1 unit = ½ pint of beer or lager, ½ glass of wine, 1 measure of spirt or glass of sherry)*

*(2 units = 1 pint of beer/lager, 1 glass of wine)*

**Height/ Weight**

Current height and weight Height ……………... Weight …………………

**Past Medical History**

Have you ever suffered from any of the following medical illnesses?

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Heart Disease |  |  |
| Stroke |  |  |
| Diabetes |  |  |
| Asthma/COPD |  |  |
| Cancer |  |  |
| Pre - Diabetes |  |  |

**Family History**

Have any of your parents or grandparents suffered from any of the above conditions? Please state who and which condition.

……………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………..

**Allergies**

Do you have any allergies to medications or food?

…………………………………………………………………………………………………………………

**Medications**

Please attach a medication repeat slip or list your medication below.

………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………..

**Female Patients Only**

Are you currently pregnant? \*Yes/No

*If you are, please contact the Community Midwives who will look after you throughout your pregnancy. Their contact number is 01424 757034.*

Which method of contraception do you use?................................................

If you use the Depo Provera injection, when is the next injection due?.....................................................................

If you have, any long acting, reversible contraception in place e.g. coil/implant, please state the date it was inserted and when it is due to be changed if known………………………………………………………………………………………

If you have had a hysterectomy what was the date it was performed?................................................

Appendix 1

**SEDLESCOMBE HOUSE SURGERY**

**Application for on-line services**

|  |  |
| --- | --- |
| First Name |  |
| Surname |  |
| Date of Birth |  |
| Address |  |
| Email |  |
| Mobile Number |  |

I wish to have access to the on-line services currently provided by the practice. Currently the services available are;

* Repeat prescriptions
* Medical summary
* Allergies

I have supplied one of the following documents as proof of ID so I can access online services

* Photo Driving Licence
* Passport
* Birth Certificate

I have read and understood the information leaflet and consent to being responsible for the security of the information within my medical record, please tick to confirm

<https://www.unidocs.co.uk/docs/datashare/scrleaflet.pdf>

|  |  |
| --- | --- |
| Signature | Date |

* Once we receive this form back and enter your details on to our computer, (*usually about 3-5 working days*) you are free to use our services.
* All calls to the surgery are initially triaged by the reception staff & then placed on a list for Dr’s comments.
* You can also use our website <https://www.sedlescombehousesurgery.co.uk/> & contact us via the engage consult box.

For more information regarding the surgery, please see our website <https://www.sedlescombehousesurgery.co.uk/> or our Facebook page.

*Jan ‘24*