



Prescott Surgery
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New Patient Registration

About you

Surname: Forename(s): Title:.....

Date of Birth (dd/mm/yyyy): Gender:

NHS number (if known):..... Town and Country of birth:.....

Contact Information

Address:.....

Telephone: Mobile:

Email:

Please circle your preferred choice of contact:

Text Phone Email Post

Do you live in a residential home? **Yes** **No**

Do you live in a nursing home? **Yes** **No**

Name of previous GP

Address of previous GP practice

Residency

Previous address in the UK (if applicable):.....

If you are from abroad, what date did you come to UK?.....

Service Families and Military Veterans

As a practice, we fully support the Armed Forces Covenant. We can only do this if we know our patients' connections to the Armed Forces. Please tick the below boxes that apply to you:

I AM a Military Veteran		I AM currently serving in the Reserve Forces	
I AM married/civil partnership to a serving member of the Regular/Reserve Armed Forces		I AM married/civil partnership to a Military Veteran	
I AM under 18 and my parent(s) are serving member(s) of the armed forces.		I AM under 18 and my parent(s) are veteran(s) of the armed forces.	

Ethnicity

Having information about patients' ethnic groups would be helpful for the NHS so that it can plan and provide culturally appropriate and better services to meet patients' needs. If you do not wish to provide this information you do not have to do so. Please indicate your ethnic origin by ticking the below box:

White – any white background		Pakistani	
African		Bangladeshi	
Caribbean		Chinese	
Other Black or African or Caribbean background		Indian	
White and Asian		White and Black Caribbean	
White and Black African		Other (Please state)	

Main language

Which is your main language?..... Do you speak English?.....

Carer status

Do you have a carer? Yes No

If Yes, please give details of their name, relationship and whether they are a patient here too.....

Are you yourself a carer? Yes No

Next of kin

Surname: Forename(s): Relationship:.....

Emergency contact Information (for next of kin)

Telephone: Mobile:

Contacting you

We will use your contact details to send reminders about appointments, reviews and other services which may be of benefit in your medical care

Do you consent to the Surgery sending letters to your home address? **Yes** **No**

Do you consent to the Surgery sending text messages to your mobile? **Yes** **No**

Do you consent to the Surgery sending messages to you by email? **Yes** **No**

Do you consent to the Surgery leaving messages on your phone? **Yes** **No**

(We will not leave detailed messages on your phone, but may ask you to contact us or leave a simple message if we do not need to speak to you).

Are you interested in joining our Patient Participation Group (PPG)? **Yes** **No**

Please note if you answer 'yes' we will pass on your email address and telephone number so a member of the PPG can contact you

Summary Care Record

Summary Care Record (SCR)

If you decide to have a SCR, it will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had it will also include basic information about your current diagnoses. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed. Your Summary Care Record will also include your name, address, date of birth and your unique NHS Number to help identify you correctly. If you and your GP decide to include more information it can be added, but only with your express permission.

For more information: visit <https://digital.nhs.uk/services/summary-care-records-scr>

I do not wish to have a Summary care Record
(N.B. this will mean NHS Healthcare staff caring for you may not be aware of your current medications, any allergies or reactions to previous medication.)

I wish to opt out of SCR
(I do not want my records uploading to my SCR)

Local Shared Electronic Health Record

Local Shared Electronic Health Record

Many areas of the country have a local shared electronic health record too. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed. Are you happy for your record to be shared across organisations caring for you? (this is accessed by relevant staff for your direct care on a need-to-know basis only)

Are you happy to be part of the local shared electronic health care record?
(if you select no, you need to be aware that NHS Healthcare staff may not be able to see important elements of your care history)

Yes **No**

Are you happy for your anonymised data to be used for planning and research purposes

Yes No

Donation wishes

If you live in England, Wales or Jersey, are not in a group excluded from opt out legislation and you have not registered an organ donation decision, it will be considered that you agree to be an organ donor. This is known as deemed consent.

If you do not want to donate your organs then you should register your decision to refuse to donate. Remember to speak to your family and loved ones about your decision. To opt out, visit:

<https://ardens.live/Organ-donation-opt-out>

Do you have a donor card or are you on the organ donation register? Yes No

Have you opted out? Yes No

Do you donate blood? Yes No

Smoking status (please complete if aged 15 or over)

Do you smoke? Yes No

If yes, how many cigarettes do you smoke daily:

If no, have you smoked in the past? Yes No

Do you use electronic cigarettes/vape? Yes No

Smoking is the UK's single greatest cause of preventable illness

Stopping smoking is not easy but it can be done, and there is now a comprehensive, NHS Smoking Cessation Service offering support and help to smokers wanting to stop, with cessation aids available on NHS prescription.

We have an in-house social prescribing link worker (SPLW) who can offer smoking cessation advice.

Would you like referring to the SPLW for smoking cessation advice? Yes No

If you would like help and advice on how to give up smoking, please contact <https://www.nhs.uk/live-well/quit-smoking/> or ask at reception.

Alcohol intake (please complete if aged 16 or over)

(Audit – C)

Alcohol unit reference

One unit of alcohol



Drinks more than a single unit



Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring

Score:

A total of 5+ indicates increasing or higher risk drinking. We have an in-house social prescribing link worker (SPLW) who can support patients to reduce their alcohol intake.

If you have a score of 5+ would you like support to reduce the amount you drink?. **Yes** **No**

If you would like help and advice on how to reduce your alcohol intake, please contact <https://www.drinkaware.co.uk/> or ask at reception.

Height/Weight

What is your height:

What is your weight:.....

We have an in-house social prescribing link worker (SPLW) who can offer weight management support.

Would you like to be referred to the SPLW for weight management support? **Yes** **No**

If you would like advice on managing a healthy weight, please contact <https://www.nhs.uk/live-well/> or reception who will be able to direct you to the most appropriate service.

Disabilities / Accessible Information Standards

As a practice we want to make sure that we give you information that is clear to you. For that reason we would like to know if you have any communication needs.

Do you have any special communication needs?

Yes No If yes, please state your needs:.....

Do you have significant mobility issues? Yes No

If yes, are you housebound? Yes No
 (Definition of housebound - A patient is unable to leave their home due to physical or psychological illness)

Are you blind/partially sighted? Yes No

Do you have significant problems with your hearing? Yes No

Family History and past medical history

Have any close relatives (parent, sibling or child only) ever suffered from any of the following?

Condition	Yes	No	Family Member
Heart Disease (Heart attack/Angina)			
Stroke			
Diabetes			
Asthma			
Cancer			

Have you yourself ever suffered from any important medical illness, operation or admission to hospital? If so please enter details below:

Condition	Year diagnosed	Ongoing?

Allergies

Please list any drug or food allergies that you have:

.....

Is there any other information the surgery should be aware of before we receive your medical records?

.....

Named Accountable GP

Dr Adam Booth is your named accountable GP. He is responsible for overseeing your care and will work with relevant health and social care professionals to provide you with a multi-disciplinary care package that meets your needs.

For female patients only

Are you currently pregnant? **Yes** **No**

If yes, please ensure you are under the care of a midwife. If you're not currently under the care of a midwife please speak to reception regarding this.

Which method of contraception (if any) are you using at present?
.....

Do you currently have long acting reversible contraception in place? (*Implant/Coil – please delete as applicable*)

Yes **No** **If yes, when was this fitted?**

Have you had a cervical smear test? **Yes** **No**

If yes, when was this last done and what was the result?.....

Child Immunisations (please complete if 5 years old or under)

Please provide details of your child's immunisations with dates or give your red book to reception to photocopy.

Immunisation	Date	Immunisation	Date

I confirm that the information that has been provided is true to the best of my knowledge.

Signed..... Date.....

Signature of patient Signature on behalf of patient

Name of Person.....

Relationship if not the patient signing the form.....