



# THURSBY SURGERY

Thursby Surgery Main Site | 2 Browhead Road | Burnley | BB10 3BF

Daneshouse Branch Surgery | Old Hall Street | Burnley | BB10 1LZ

Tel: 01282 911430

Email: thursbysurgery@nhs.net

## HOW TO REGISTER AS A PATIENT AT THURSBY SURGERY

**Our surgery operates over two sites, you will be required to attend either site depending on where the clinician is working from that day.**

This leaflet informs you of the registration process we ask our new patients to follow. We understand that there are a lot of forms to fill in, but all the information is vital to be able to register you with our practice.

**YOU WILL NOT BE REGISTERED UNTIL ALL THESE FORMS ARE COMPLETED.**

### 1. NHS REGISTRATION FORM (PURPLE FORM)

Please complete the front page, signing the bottom left hand corner - this must be signed by the patient unless they are under 16 years old whereby the parent/legal guardian would sign on behalf of the patient. If you have previously been registered with another practice, please provide their details and include your NHS number. If you are new to the country, please provide the date you entered the UK.

### 2. NEW PATIENT APPLICATION FORM

Please fully complete the new patient registration form and paying particular attention to:

- NHS Number
- Place of Birth (If new to the country or never been registered with a GP)
- Ethnicity
- Language spoken and if an interpreter is required
- Patient declaration – print, sign and date (back page)

### 3. PROOF OF ID AND ADDRESS

We need to take some form of photographic ID e.g. passport or driving licence. We also need to take proof of address e.g. utility bill or bank statement which clearly states your name and address and it must have been issued within the last 3 months.

### 4. IMMUNISATION HISTORY FOR CHILDREN UNDER 5

Any child under the age of 5 registering with us, we will require their immunisation history, please bring their red book or immunisation history from abroad when you bring in their registration forms.

### 5. NEW PATIENT APPOINTMENT

Once you have completed all of the above, please bring the forms along with your proof of ID and address to Thursby Surgery or Daneshouse Branch Surgery. Once the forms, photo ID and proof of address have been checked by the practice, we will then arrange a new patient appointment with one of our Nurses, if there are none available, we will take the forms from you and contact you when there is availability – please note this could take up to a few weeks.

**You are not registered with us until you have attended this appointment.**

On the day of your appointment please bring with you:

- A fresh sample of urine (in a clear plastic container)
- If you are on any repeat medication, please provide the tear off slip on the right-hand side from your last repeat prescription given by your previous GP (you can ask your previous GP for this).
- A new patient registration appointment is necessary as medical records can take several months to arrive from your previous Surgery if they fail to come electronically, therefore it is important that a comprehensive assessment is carried out to identify any needs the patient may have so that they can be addressed in a timely manner and follow ups can be put in place if required for any ongoing monitoring of health condition.

We understand that this is a lengthy process, but it helps us to offer you the best level of care.

# PRESCRIPTION ORDERING, PATIENT ACCESS AND PATIENT PARTICIPATION GROUP (PPG) AT THURSBY SURGERY

## PRESCRIPTION ORDERING

At Thursby Surgery we accept paper prescription requests. You can also order your prescriptions by one of the following ways:

### 1. EMAIL

You can send your prescription request via email - stating your name, date of birth and the medication you require to [thursby.prescriptions@nhs.net](mailto:thursby.prescriptions@nhs.net)

### 2. PATIENT ACCESS FOR PRESCRIPTIONS

One way you can order your medication is via patient access which allows you to order online without contacting the surgery.

If you would like to be set up for patient access for requesting your prescriptions online, you can do this yourself at home, if you would like to find out more information on how to do this please visit our website at <https://www.thursbysurgery.co.uk/nhs-app>. You can also register by visiting the Surgery after you have attended your new patient appointment with photo ID and we will action this accordingly. **THIS MUST BE DONE BY THE PATIENT. We will then complete this within 7 working days and will inform you when your online registration details are ready to collect.**

### 3. PHONE

If you do not have email or internet access you can ring the surgery on 01282 911430 to order your prescription. **THIS MUST BE DONE BY THE PATIENT; WE ARE UNABLE TO ACCEPT THIRD PARTY REQUESTS UNLESS A THIRD-PARTY CONSENT FORM HAS ALREADY BEEN COMPLETED.**

## PATIENT ACCESS

If you would like to register for patient access to view your medical records online, you will need to come into the surgery with photo ID and fill in the online access application form. **THIS MUST BE DONE BY THE PATIENT. We will then complete this within 7 working days and will inform you when your online registration details are ready to collect.** Please bear in mind **full online access** will not be granted to view your medical records for some time as this is a lengthy process and requires authorisation by the GP, but your access will be updated automatically on your account once completed.

## PATIENT PARTICIPATION GROUP (PPG)

Here at Thursby Surgery we want to involve our patients as much as we can as we move forward. One way of us doing this is by joining our Patient Participation Group. This will involve regular communication between patient representatives and staff to discuss topics of mutual interest in the practice, and to provide a platform to test and modify ideas and plans.

Please add me to the patient participation group with the email address I provided

OR Sign up via our website:

<https://www.thursbysurgery.co.uk/news/patient-participation-group>

## 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.

## NEW PATIENT APPLICATION FORM



PLEASE ANSWER ALL QUESTIONS CAREFULLY IN BLOCK CAPITALS.

**Incomplete applications will not be processed.**

Recent changes to legislation state that overseas visitors, when accessing healthcare, are legally obliged to declare that they are from overseas. When a patient answers 'no' the practice will share the patient registration form with the overseas visitors team at East Lancashire Hospitals NHS Trust.

Are you permanently resident in the UK?	Yes		No	
Are you legally entitled to live in the UK?	Yes		No	
Do you hold either a non-UK issued EHIC/SI form? (If yes provide a leaflet explaining the rules and entitlements for overseas patients accessing NHS services in England)	Yes		No	
DATE OF APPLICATION			DATE OF BIRTH	
FIRST NAMES			PLACE OF BIRTH	
SURNAME			CURRENT GP	
NHS NUMBER - Available from your current GP surgery				
ADDRESS/POSTCODE				
HAVE YOU BEEN REGISTERED HERE BEFORE?	Yes	No	Home Tel:	
			Mobile:	
			EMAIL:	
Language(s) Spoken:				
If English is not your first language – would you need additional support from Language Line for your appointments? Or are you able to bring someone with you to interpret?				
Childs Parents/Guardians Name, DOB and Address: (If applicable)			Relationship to patient: Name: DOB: Address:	
			Relationship to patient: Name: DOB: Address:	

School Name and Address (If applicable - CHILDREN)	
Accessible Information - Please tell us of any particular communication needs we should consider prior to contacting you. (e.g. impaired vision/hearing loss).	
Please give the reason for leaving your last Practice	
Please give the reason for choosing our Practice	
<p>When returning these forms you must bring the following with you –</p> <ul style="list-style-type: none"> <li>📄 PHOTO ID ( Passport (&amp; visa)/ Driving licence)</li> <li>📄 PROOF OF ADDRESS ( Recent utility bill etc. – not driving licence)</li> <li>📄 <b>FOR CHILDREN UNDER 5 YEARS OLD – THEIR ‘RED BOOK’ OR OTHER IMMUNISATION RECORD.</b></li> <li>📄 DETAILS OF ANY ON-GOING MEDICAL CONDITIONS AND LIST OF CURRENT MEDICATION (From your current GP)</li> </ul> <p><b>If you are accepted as a patient and given an appointment, please bring:</b></p> <ul style="list-style-type: none"> <li>📄 <b>A sample of urine with you.</b></li> <li>📄 <b>A print off showing your repeat items from your previous GP.</b></li> <li>📄 <b>If you have children up to the age of 5 please bring their red book to your appointment.</b></li> </ul>	

### Out of Area Registration

- New arrangements introduced from January 2015 give people greater choice when choosing a GP practice and GP practices now have the option to decide whether to accept, as registered patients, new patients or retain existing patients who live outside the GP area. When a new patient or existing patient is identified as living outside of the Practice area the Practice will review each case before deciding whether it is practically/clinically appropriate to accept or re-register an existing patient as an ‘Out of Area’ patient but without the obligation to provide home visits or whether to ask the patient to register with a GP closer to home.

### If accepted as an ‘Out of Area’ Patient

- You will be able to attend the practice and receive the full range of available services.
- If you have an urgent care need and are unable to visit the surgery please contact the practice. If we determine you need access to services closer to your home we may ask you to call NHS 111 who will direct you to a service that has been established by NHS England specifically for ‘Out of Area’ patients. In these circumstances you will need to provide our practice details (above) to the care provider to allow them to transfer your consultation data to us so we can update your records.
- We may review your registration in the future to see if your health needs have changed and whether it would be more appropriate for you to be registered with a practice closer to your home. For further information visit the NHS Choices website [www.nhs.uk](http://www.nhs.uk)

### APPOINTMENTS POLICY

- When booking an appointment please provide staff with as much information as possible. The GPs ask that you be prepared to answer a few questions about your symptoms/reason for requesting an appointment so the receptionists can navigate you to the appropriate service or clinician.

- All consultations (with a doctor or a nurse) are by appointment only. GP and Nurse Appointments are available to book on the day and in advance. Requests for urgent appointments will be assessed by a clinician who will decide on an appropriate course of action.
- Home visits for housebound patients and must be requested before 10:30 am.
- We are a group practice and you can request to see any of the GPs. Not every GP will be in surgery every day and your GP of choice may not always be available. All patients are allocated a named GP. This does not mean you will always see this GP but he/she will be ultimately responsible for overseeing your care.

#### **MISSED APPOINTMENTS**

- Each failure to attend will be recorded in your patient records and a letter will be sent reminding you of the Practice Policy. The practice will immediately remove patients from the register at the third failed appointment. If you cannot attend an appointment you must cancel at least 2 hours before your appointment time. If an appointment is cancelled too late for us to re-book, it will be recorded as a failure to attend.

#### **PRESCRIPTION POLICY**

- Prescriptions can be ordered by emailing [thursby.prescriptions@nhs.net](mailto:thursby.prescriptions@nhs.net) – please state your name, date of birth and the medication required, registering for online access or dropping off a paper prescription at the surgery.
- **It always takes us two working days (we do not work weekends or bank holidays) from receipt of your request for your prescription to be ready to collect if it is due.**
- **Prescriptions will not be issued before they are due. If you are going on holiday and need to order early you must state this on your request telling us when you are going away and how long for (we may need proof of this).**
- Prescriptions are issued for 28 days. Some long-term medications may be issued for a maximum of 56 days at the doctor's discretion.
- Ladies taking the contraceptive pill must see the nurse for a health check each time they need a prescription. If you do not book your appointment in time, we cannot guarantee to be able to process your prescription on time.
- Patients taking warfarin or methotrexate must provide details of their last blood test results and daily dose when ordering. Ask for more information if this applies to you.
- **Calls are recorded for training and monitoring purposes**

Patient/Family Medical History Please tick all that apply								
	You	Family Member		You	Family Member		You	Family Member
Heart Disease			Heart Attack/Stroke			Asthma		
Diabetes			COPD			Vascular Disease		
Epilepsy			Kidney Disease			Chronic Arthritis		
Dementia			Rheumatoid Arthritis			Indigestion		
High Blood Pressure			Depression			Mental Health Problems		
Tuberculosis			Chronic Back Pain			Substance Misuse		
Learning Difficulties			Physical Disability			Deafness/Hearing		
Hepatitis			Blindness/Sight			Thyroid Problems		
Pneumonia			Rheumatic Fever					
Anemia			Cancer			Type of Cancer?		
Are you currently prescribed or taking any of the following medications?				Please Tick				
				YES		NO		
Diazepam								
Flurazepam								
Lorazepam								
Nitrazepam								
Oxazepam								
Temazepam								
Zolpidem								
Zaleplon								
Zopiclone								
Any new patients currently prescribed hypnotics (sleeping tablets) or anxiolytics included in the list of medications above will be placed withdrawal regime at the time of registration unless a GP feels this is inappropriate.								
Other								
Have you had any serious illnesses or operations? X-								
What medicines are you taking?								
Have you any allergies to medicines or								
How much tobacco or cigarettes do you								
How much alcohol do you consume per week?				Wine	Beer	Spirits		
Which vaccinations have you had and when?								
Diphtheria		Polio		Tetanus				
German Measles		Typhoid		Measles				
Cholera		BCG		MMR				
Whooping Cough		Tuberculosis		Other				
Female Patients Only							Dates	
Have you had children? Please give ages		Have you had a miscarriage?		Yes	No			
Have you had a miscarriage?				Yes	No			
Have you had a termination of pregnancy				Yes	No			
Have you had a hysterectomy?				Yes	No			
What method of contraception are you using at the moment?								
When was your last smear test?								



# Summary Care Record

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely. In emergency situations Health Care Professionals will always ask for your permission before they look at your medical summary.

As you are applying for registration with Thursday Surgery we need to have your formal permission for other health care agencies to access your Summary Care Record.

You will have been automatically 'opted in' at your previous surgery but as a new patient with us you can choose to 'opt out'.

If you are happy to 'opt in' you do not have to do anything.

If you wish to 'opt out' you must complete the form opposite.



Your emergency care summary



CONFIDENTIAL

## OPT-OUT FORM

### Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice (completed forms must be returned to your GP practice. Forms sent anywhere other than your GP practice will not be actioned).

#### A. Please complete in BLOCK CAPITALS

Title ..... Surname / Family name .....

Forename(s) .....

Address .....

Postcode ..... Phone No ..... Date of birth .....

NHS number (if known) ..... Signature .....

B. If you are filling out this form on behalf of another person or child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name ..... Your signature.....

Relationship to patient..... Date .....

#### What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

- phone the Summary Care Record Information Line on 0300 123 3020;
- contact your local Patient Advice Liaison Service (PALS); or
- contact your GP practice.

FOR NHS USE ONLY

Actioned by practice yes/no ..... Date .....

Ref: 4705

## Appropriate Appointment Guide

Conditions appropriate for 999	Conditions appropriate for A&E
<ul style="list-style-type: none"> <li>• Chest Pains in patients over 40</li> <li>• Difficulty Breathing/unusual for the patient</li> <li>• Loss of Consciousness/difficulty rousing</li> <li>• Acute Loss of Vision</li> <li>• Severe bleeding/Haemorrhage</li> <li>• Floppy Drowsy Babies/Children</li> <li>• Stroke</li> <li>• Vomiting Significant amounts of blood</li> <li>• Suicide Attempts</li> <li>• Early Pregnancy/Severe abdominal pain</li> </ul>	<ul style="list-style-type: none"> <li>• Head Injury</li> <li>• Sprain/Fracture/Acute Injury</li> <li>• First Fit or Prolonged Fit (10 mins or more)</li> <li>• Epileptic Seizures</li> <li>• Persistent Nose Bleed (15 minutes or more)</li> <li>• New/same day injuries</li> <li>• Serious Burns/Scalds</li> <li>• Poisoning</li> </ul>
<b>Same Day Appointment with GP - Urgent/Immediate/Complex Need</b>	
<ul style="list-style-type: none"> <li>• Allergic Reactions to Insect Bites/Stings</li> <li>• Drug/Allergic Reactions</li> <li>• Severe Pain not responding to painkillers</li> <li>• Persistent Diarrhoea/Vomiting</li> <li>• Vomiting blood</li> <li>• Insulin dependent Diabetics</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Concern over Patients who are</b></li> <li>• Children</li> <li>• Elderly... <b>and/or suffer from</b></li> <li>• Chronic Conditions</li> <li>• Multiple Conditions</li> <li>• Terminal Illness</li> </ul>
<b>Same Day Appointment with Nurse – Minor Conditions (Patients over 12 months old)</b>	
<ul style="list-style-type: none"> <li>• Coughs and Colds</li> <li>• Sore Throats</li> <li>• Flu-like symptoms</li> <li>• Urine infections/cystitis</li> <li>• Earache</li> <li>• Chest infections</li> <li>• Hay fever</li> <li>• Insect bites</li> </ul>	<ul style="list-style-type: none"> <li>• Eye infections</li> <li>• Sinusitis</li> <li>• Diabetics with Acute Problem</li> <li>• Diarrhoea or vomiting</li> <li>• Emergency contraception</li> <li>• Skin rashes</li> <li>• Vaginal discharge</li> </ul>
<p style="color: red;">Your local Pharmacist offers advice and over the counter medications for a wide range of minor conditions. By using Pharmacy services you will be helping your Doctors to retain 'same day' appointments for those greatest in need.</p>	
<b>Appointments in advance (Pre-books)</b>	
<ul style="list-style-type: none"> <li>• To discuss a new problem which may be causing concern but there is no immediate need</li> <li>• Review of an ongoing problem</li> <li>• Contraception and Advice</li> <li>• BP or other regular checks</li> </ul>	<ul style="list-style-type: none"> <li>• Travel Vaccinations</li> <li>• Health Checks</li> <li>• Annual Reviews for Chronic Conditions</li> <li>• Flu Vaccinations</li> <li>• Review or discussion of current medications</li> </ul>
No Appointment Required	Practice Clinics
<ul style="list-style-type: none"> <li>• Repeat Prescriptions</li> <li>• Medication Queries</li> <li>• Some Fit for Work Certificates (Provided upon Hospital Discharge and Continuation Certificates)</li> </ul>	<ul style="list-style-type: none"> <li>• Seasonal Flu - Baby Clinics</li> <li>• Minor Ops - Green Dreams (Social Support)</li> <li>• Anti-Natal</li> </ul>
<b>External Services</b>	
<ul style="list-style-type: none"> <li>• Bloods requested by hospital</li> <li>• District Nurse, Treatment Wound Care, Ear Syringing</li> <li>• Minor Eye Conditions</li> </ul>	<ul style="list-style-type: none"> <li>Drop In Clinic – Burnley General Hospital</li> <li>St Peters Centre - 01282 805920</li> <li>Contact your Optician for 'drop in' availability</li> </ul>

The list is not exhaustive but is to guide patients towards accessing an appropriate type of appointment/service

## Gender

- Male
- Female

## Age

- 0 - 15
- 16 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 - 64
- 65 - 74
- 75 - 84
- 85+

## Health Conditions

- Do you have a disability
- Physical impairment
- Psychological/emotional
- A learning difficulty
- Long term chronic condition
- Condition limiting physical activity
- Deafness or hearing impairment
- Blindness or visual impairment
- None of the above
- Prefer not to say

## Religion

- None
- Buddhist
- Christian
- Hindu
- Jewish
- Muslim
- Sikh
- Other
- Prefer not to say

## Health

Is your health?

- Excellent
- Very Good
- Good
- Fair
- Poor

## Ethnicity

### White

- White British
- White/Irish
- Other White Background

### Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian Background

### Black or Black British

- Caribbean
- African
- Indian
- Other Black Background

### Mixed

- White and Black Caribbean
- White & Black African
- White & Asian
- Other Mixed Background

### Other

- Any other Ethnicity
- Prefer not to say

## Employment

- Yes - Full-time
- Yes - Part-time
- No - Unemployed
- No - Home responsibilities
- No - Student
- No - Retired
- No – Sick/Disabled

## Appointments

How often do you visit your GP?

- Never
- Rarely
- Occasionally
- Frequently

## Carers – Are You

- The Carer
- The Patient or Carer
- The Patient & Carer

## Orientation

- Heterosexual/straight
- Gay/Lesbian
- Bisexual
- Other
- Prefer not to say

## Marital

- Married
- Single
- Widowed
- Separated/Divorced
- Co-habiting

## Education

- High School
- College
- Bachelor's degree
- Post-graduate
- Professional

## Access

Can you take time away from work to see a Doctor?

- Yes
- No
- N/A

## Children

- Under 5
- 6-12 years
- 13-17 years old
- 18+
- No children

## Signing

Are you a deaf person that uses sign language?

- Yes
- No

It is not a requirement answer the following questions but it would help us to better understand the mix of patients we serve.

## Patient Declaration

If accepted as a patient I confirm:

- I have completed each section of the application
- I have/have not completed the Summary Care Record 'Opt Out Form'
- I understand that if my postcode is outside the Practice Catchment area that I may be registered as an 'Out of Area' Patient and understand what this entails.
- I have been informed that I will be allocated a 'named GP' and understand what this entails.
- That registration with the Practice remains dependent upon my willingness to be considerate of all Practice policies
- To use the services offered in appropriate manner and agree not to:
- Use routine appointments inappropriately, i.e.
  - 🚫 For repeat prescriptions (which should always be ordered 48 hours in advance)
  - 🚫 Sick notes that as a patient you have failed to order time
  - 🚫 Minor conditions that could be dealt with via an alternative route, (for example, self-care, over the counter medication).
  - 🚫 Request emergency/urgent appointments for non-urgent conditions
  - 🚫 Inform the Practice that something is urgent when it is not - Urgent means Urgent Clinical Need Demand to order repeat prescriptions over the phone.
- Fail to turn up for appointments, or, cancel/change appointments at short notice
- Adopt an aggressive or verbally abusive approach when requesting services or treatment

Any breach of this agreement will indicate a breakdown in the Practice/Patient relationship and the Practice retains the right to immediately remove you from the Practice register.

PRINT NAME	
SIGNED	
DATE	

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### For Office Use Only

Registration checked by	
Photo ID checked (please photocopy)	Passport Photo Driving Licence Other (please state)
Address checked (please photocopy)	Please state what evidence was provided

