**VICTORIA ROAD SURGERY**

**50 VICTORIA ROAD WORTHING BN11 1XE**

**Telephone: (01903) 230656**

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Welcome to Victoria Road Surgery. To enable the registration process to run smoothly and efficiently we would ask that you carefully read the list below, which informs you of all the paperwork and information we will require when you register.

We would ask that you please **COMPLETE THE ATTACHED QUESTIONNAIRE IN FULL**. We will also require:

* A fully completed registration form (GMS1)
* This **fully** **completed** New Patient Questionnaire
* Please hand this form into reception fully completed.

**Please note: We must have your completed paperwork at least 24 hours prior to an appointment with the Doctor or Nurse; failure to provide the above will result in us being unable to complete your registration.**

We thank you for your co-operation in respect of the registration process and once again welcome you to our Surgery. If you encounter any problems in relation to this process, please do not hesitate to ask for help at our reception.

We have a Practice Leaflet which we advise you to keep for future reference.

Anyone in England can register with a GP surgery. You do not need proof of address or immigration status, ID or an NHS number.

**Please check you are in our catchment area.**

If you require this pack in an alternative format, for example, **LARGER PRINT, EASYREAD OR VIA A BRITISH SIGN LANGUAGE (BSL) INTERPRETER PLEASE ASK.**

**Office Use Only**  **STAFF INITIALS** :

□ GMS1 form □ Place of birth

□ If born abroad, date entered UK □ Registration Form

□ Mobile phone number □ NOK details including tel number

□ Ethnicity □ Patient Signature

**NEW PATIENT QUESTIONNAIRE – CONFIDENTIAL**

|  |  |
| --- | --- |
| **Title :** | **Master / Mr / Mx / Ms / Miss / Mrs** |
| **Surname :** |  |
| **First Names :** |  |
| **Date of Birth :** |  |
| **Telephone Number(s) :** |  |
| **Email Address:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Next of Kin :** |  |
| **Next of Kin Telephone Number :** |  |
| **Next of Kin Relationship to you:** |  |
| **Are they your emergency contact :** | **Yes / No** |
| **Main spoken Language :** |  |
| **Do you need an interpreter :** | **Yes / No** |
| **Do you need to be contacted via a different method, such as text relay service, larger print, sign interpreter, lip reader or other?** | **If yes please give details below:** |
| **Signature and initials :** |  |

**ETHNICITY:** On behalf of the Department of Health, we ask for your ethnic background as some ethnic groups have a tendency to develop particular diseases more than others. Please circle\*:

A White British I Black British Other

B White Irish J Mixed White & Black African

C Asian British Bangladeshi K Mixed White & Black Caribbean

D Asian British Chinese L Mixed White & Asian

E Asian British Indian M Arab

F Asian British Pakistani N Other White

G Black British African O Other Mixed

H Black British Caribbean P Other ………………… (please state)

\*NHS Digital 2016 Ethnicity Codes

**PERSONAL** **DETAILS:**

|  |  |
| --- | --- |
| **Allergies :** |  |
| **Height :** |  |
| **Weight :** |  |
| **Blood Pressure :** | **/** |
| **Alcohol units consumed weekly :** |  |
| **Are you a carer :** |  |
| **Do you have a carer :** |  |
| **If registering a child, are they up to date with their vaccinations?** |  |
| **Pharmacy Nomination (where would you like your prescriptions to go to) :** |  |

**Please Note:** if you are on any current medications, please bring in a copy of your prescription.

Please tick the appropriate box to give your current smoking status:

|  |  |  |  |
| --- | --- | --- | --- |
| Never smoked tobacco |  |  |  |
| Current Smoker - Light (<10/day) |  | Ex-Smoker - Light |  |
| Current Smoker - Moderate (10-19/day) |  | Ex-Smoker - Moderate |  |
| Current Smoker - Heavy (20-39/day) |  | Ex-Smoker - Heavy |  |
| Current Smoker - Very Heavy (40+/day) |  | Ex- Smoker - Very Heavy |  |
| Cigar Smoker |  | Ex-Cigar - Smoker |  |
| Pipe Smoker |  | Ex-Pipe - Smoker |  |
| If you stopped smoking approximately what date did you stop : |  |  |  |
| Would you like Smoking cessation Advise and or to see our nurse |  | Yes / No |  |

**HEALTH HISTORY:**

Please list any serious illnesses or disabilities we need to be aware of

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

Do you have any relatives who have had the following

|  |  |  |  |
| --- | --- | --- | --- |
| Heart attacks | Yes / No | Relationship(s) |  |
| Cancer | Yes / no | Relationship(s) |  |
| diabetes | Yes / No | Relationship(s) |  |
| Angina | Yes / No | Relationship(s) |  |
| asthma | Yes / No | Relationship(s) |  |
| stroke | Yes / No | Relationship(s) |  |
| Other | Yes / No | Relationship(s) |  |

**FEMALE PATIENTS:**

|  |  |  |
| --- | --- | --- |
| Have you had a cervical smear? | Yes / No | Date if known : |
| Any pregnancies? | Yes / No | Details: |

**Alcohol Consumption**

    

Pint of Regular Alcopop or Glass of Wine Single Measure Bottle of

Beer/Lager/Cider Can Lager (175ml) of Spirits Wine

**UNITS**

Please answer the following three questions – circle your answers and then add up your score:



If you have scored **5 or more** please also answer the following questions:



**CONSENT:**

There may be occasions when we need to get in touch with you, we will use any mobile numbers given when appropriate to send appointment reminders, sick certificates and even video consultations.

We may leave messages on any other numbers you supply such as landlines.

Are you happy and understand that messages may be left and a third party could access these in your household?

|  |  |
| --- | --- |
| YES | NO |

**CONFIDENTIALITY**:

Patient confidentiality is our priority. If you wish to allow relatives/partners to be given any of your medical information, then we need to receive a signed consent form from you which will be held on your medical record. For further information please see our website.

**BOOKING APPOINTMENTS:** Patients who ring the Surgery to request an appointment will be given two choices:

1. You will either be offered an appointment that same day if available (please call from 8am)

**OR**

1. You may be offered a routine appointment up to one month in advance, if appropriate

We will endeavour to give you an appointment to see the doctor of your choice, but when their surgeries are full, you will be offered an appointment with any other doctor who has a free appointment. When all of that day’s appointments are full, we do have a Duty doctor for medical issues that are more urgent and cannot wait – otherwise you will be directed to our website to use **E-consult, this will triage you and advise on services that you may need for your health conditions. This may result in a same day appointment or being contacted by a GP within 24-48 working hours.**

**ONLINE ACCESS:**

**Y**ou are now able to book your appointments and order medication online via NHS app. You are also able to view your Covid-19 vaccination through this. Please download the app and follow the instructions for access.

Owned and run by the NHS, the NHS App is a simple and secure way to access a range of NHS services on your smartphone or tablet.

If you have any Covid-19 queries, please contact 119

For any further information in relation to online access or further access to online medical records, please visit our website at www.victoriaroadworthing@nhs.uk



**Summary Care Record – your emergency care summary**

The NHS in England has introduced 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.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, the doctors treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

|  |  |
| --- | --- |
| * **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you. | * **No I do not want a Summary Care Record** – enclosed is an opt-out form. **Please complete the form.** |

If you need more time to make your choice you should let your GP Practice know.

For more information talk to GP practice staff, visit the website **www.nhscarerecords.nhs.uk** or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

Additional copies of the opt-out form can be collected from the GP practice, printed from the website **www.nhscarerecords.nhs.uk** or requested from the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

**You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.**

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you.

Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out.

If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

**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

Section A

Please complete in BLOCK CAPITALS

|  |  |
| --- | --- |
| Title |  |
| Surname |  |
| First Name |  |
| Date Of Birth |  |
| Phone Number |  |
| Address |  |

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

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, 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.

**Victoria Road Privacy Notice**

**Our full Privacy Notice which explains why we as a Practice collect information and how we use that information is available on our website and in our Patient Booklet.**

Victoria Road Surgery manages patient information in accordance with existing laws and with guidance from organisations that govern the provision of healthcare in England such as the Department of Health and the General Medical Council.

This Surgery keeps data on you relating to who you are, where you live, what you do, your family, possibly your friends, your employers, your habits, your problems and diagnoses, the reasons you seek help, your appointments, where you are seen and when you are seen, who by, referrals to specialists and other healthcare providers, tests carried out here and in other places, investigations and scans, treatments and outcomes of treatments, your treatment history, the observations and opinions of other healthcare workers, within and without the NHS as well as comments and aide memoires reasonably made by healthcare professionals in this Surgery who are appropriately involved in your health care.

When registering for NHS care, all patients who receive NHS care are registered on a national database, the database is held by NHS DIGITAL a national organisation.

GPs share information about your care with others within the Surgery. If your health needs require care from other medical professionals outside of this Surgery, we will exchange with them whatever information about you that is necessary for them to provide that care. When you make contact with healthcare providers outside the Surgery, but within the NHS it is usual for them to send us information relating to that encounter. We will retain part or all of those reports. Normally we will receive equivalent reports of contacts you have with non NHS services but this is not always the case. Your consent to this sharing of data, within the Surgery and others outside the Surgery is assumed and is allowed by the Law.

**National Data Opt-Out Service**

The National Data Opt-Out is a new service that allows people to opt out of their confidential patient information being used for research and planning by the NHS, local authorities, university and hospital researchers, medical colleges and pharmaceutical companies researching new treatments.

Patients can find out more and set their opt-out choice at https://www.nhs.uk/your-s/ https://www.nhs.uk/your-nhs-data-matters/

Alternatively ring the NHS Digital Contact Centre on 0300 303 5678 Monday to Friday, 9am to 5pm (excluding bank holidays).

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