Desborough Surgery
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HP11 2SD
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www.desborough.gpsurgery.net

Desborough & Hazlemere Surgery

THIS IS A NEW PATIENT REGISTRATION FORM FOR ADULTS

- **THIS FORM IS NOT FOR TEMPORARY REGISTRATION**
- **THIS FORM IS NOT FOR CHILDREN 0-16 YEARS OLD**
- **THE REGISTRATION PROCESS CAN TAKE 7-10DAYS TO COMPLETE**

We will request your medical records from your previous GP, but this can take 6-8 weeks.

DO YOU TAKE REPEAT MEDICATION?

If yes, please ensure you have at least 1 months' supply of medication before submitting this registration document; the Doctor may ask to see you before authorising/issuing any repeat medication.

WRITE ONLY IN CAPITALS AND PRESENT IN PERSON AT RECEPTION WITH YOUR IDENTITY DOCUMENTS.

(please bring the original documents plus a copy for our records)

DOCUMENTS REQUIRED:

1. **PHOTOGRAPHIC IDENTITY: passport or driving licence**
2. **PROOF OF ADDRESS: utility bill/council tax/bank statement**
3. **COMPLETED GMS1 FORM**

Patient information leaflets, forms and OPT-OUT details can be found at:

WWW.DESBOROUGH.GPSURGERY.NET/PATIENT-INFO/NEW-PATIENT-REGISTRATION

Desborough & Hazlemere Surgery

All Patients To Complete ALL Of The Following Sections + GMS1 Form

Temporary patients only need to complete a GMS3 form

CONFIDENTIAL MEDICAL REGISTRATION FORM

Please complete all pages in FULL using BLOCK capitals

First Name(s):
Surname:
Date of Birth:

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Male ☐Female

Mobile number:

We operate a FREE appointment reminder and health check recall service via SMS, if you DO NOT want to receive communication from us via SMS, please download an OPT-Out form from our website.

Home number:

Email Address: please write clearly

Ethnicity ……

Please indicate your ethnic origin:

☐ British or mixed British ☐Irish ☐ Other White background ……..
☐ Caribbean ☐ African ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese

☐Other (please state):

What is your first spoken language? _____

If you cannot speak/understand English to a good standard we recommend you bring an english speaking friend or relative to your appointment(s) to help assist with translation.

Next of kin ……

Name:

Emergency contact number:

Relationship:

Data sharing consent choices….

By submitting this registration form, you indicate your consent to opting-in for these services. If you do not want to receive the service(s) use the opt-out forms indicated and return to reception.

1. NHS England has introduced the **Summary Care Record (SCR)**, which will be used in emergency care. The record will only contain information about any medicines you are taking, allergies from which you suffer and any adverse 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 professionals providing care anywhere in England, but they will, where possible, ask your permission before they look at it. This means that if you have an accident or become ill, those treating you can have immediate access to important information about you.

1a You can choose to share an **'additional'** Summary Care Record which contains additional information such as: significant medical history, reasons for medication, anticipatory care (such as management plan for long term conditions and end of life care information) and immunisations.

I expressly request to share my "additional" Summary Care Record. Signed: _____

If you wish to **OPT OUT** of SCR, please complete an SCR Opt-Out form available on our website.

2. Bucks have a new approach to sharing patient records between clinicians and other professionals who may provide your care. **My Care Record (MCR)** is a system that allows medical and social care professionals to access your GP records so they can make the right choices about the care and medical attention you need.

   If you wish to **OPT OUT** of MCR please submit an MCR Opt-Out form available on our website

3. Your mobile number and email address may be used by the Surgery to contact you.
   - **SMS Text** - to send you reminders for appointments, vaccinations reminders, annual health checks, surgery closures etc.
   - **Email** - to send you personal letters, surgery newsletters and occasional questionnaires.

Helpful patient information leaflets and opt-out forms can be found at:
www.desborough.gpsurgery.net/patient-info/new-patient-registration

The information we collection about you and how we use it can be found on our website: https://desborough.gpsurgery.net/gdpr

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

Signature …….. Date:

Signature of patient ☐ Signature on behalf of patient ☐

Continue to Lifestyle questions and complete all sections.

Checklist before coming in to the surgery;

1. Have you completed and SIGNED all relevant sections?
2. Have you completed the GMS1 registration form?
3. Do you have 2 different forms of identification and a copy or your passport?

Lifestyle - Please tell us about yourself:

Are you a Carer for someone else? ☐ Yes (918A) ☐ No
(Either as a paid job or unpaid for a relative etc.)

If yes, please tell us who or the name of the Organisation for whom you work for.

Do you have a carer? ☐ Yes (918F) ☐ No

If yes, please tell us the name, address & contact details of your Carer:

Are you happy for us to contact your carer about you? ☐ Yes ☐ No

I give permission for my Carer to have access to my medical records held by the Practice

Signed: _____

Date: _____

Female patients only ……

Are you currently, or think you may be pregnant? ☐ Yes ☐ No

Lifestyle measurements ……

Please enter your height & weight:

Height:	Weight:

Lifestyle smoking ……

Do you **currently smoke**: ☐ Yes ☐ No
If yes, do you smoke: ☐ Cigarettes ☐ Cigars ☐ Pipe

How many cigarettes/cigars do you smoke a day: ☐<1/day ☐1-9/day ☐10-19/day ☐20-39/day ☐40+/day

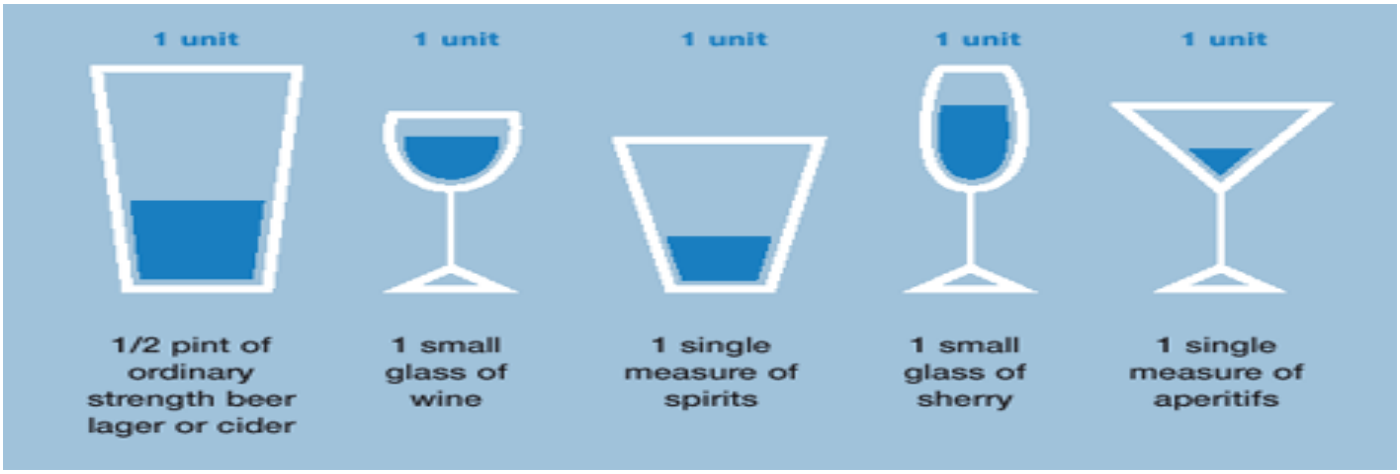
Are you an **ex-smoker**? ☐ No ☐ Yes - When did you give up?

Lifestyle alcohol ……

Please complete if 16 years or over;

Do you drink alchol: ☐ **No** ☐ **Yes If** *yes answer the following questions*;

This is one unit of alcohol…



AUDIT – C – part 1

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:
A total of 5 or more indicates possible increasing or higher risk drinking.
An overall total score of 5 or above is **AUDIT-C** positive.

SCORE

Continue to Part 2 on the next page, only if your score is 5 or more

Only complete this section if you scored 5 or more in part 1 of AUDIT-C

Part 2 - Remaining AUDIT-C questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Score for Part 2 equals total of above question:

Your total Audit Score (part 1+ part 2) = _____

0 -7	indicates sensible or lower risk drinking
8-15	indicates increasing risk drinking
16-19	indicates higher risk drinking
20 and over	indicates possible alcohol dependence

Please make an appointment with our practice nurse if your score is 8 or more.