**New Patient Registration Form**

*As part of our care navigator scheme our practice team have been trained to assist you to see the right person to meet your needs, by asking about your reasons for wanting to see a GP.*

*The ‘Care Navigator’ who takes your call will ask you a few questions to assess your care needs. This will enable them to direct you to the most appropriate person or service, which may not always be a GP; it may be a nurse or a pharmacist. Your call is always in the strictest confidence.*

*Our GP’s are asking patients try and assist our ‘Care navigators’ as much as they can, so we can support patients access to the right care in the right setting as quickly as possible.*

Surname: …………………………………………………………………… First Name(s): ……………………………………………………………

Date of Birth: / / Occupation: ……………………………………………………………………………………………….

Address: ………………………………………………………………………………………………………………………………………………………….

…………………………………………………………………………………………………………………Post Code: …………………………………….

Home Tel No: ……………………………………………………….. Mobile Tel No: ……………………………………………………………..

E-mail: …………………………………………………………………………………………………………………………………………………………….

**Please be aware we may send notifications by way of SMS text messages. Please ensure you inform us should you change your contact numbers at any time.**

Please list anyone living at the above address: ………………………………………………………………………………………………..

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

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

Next of Kin Name: ………………………………………………………………………………. Relationship: ……………………………………

Address: ………………………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………. Post Code: ……………………………………….

Home Tel No: ………………………………………………………. Mobile Tel No: ………………………………………………………………..

**About You**

Sexual Orientation: Straight Lesbian Gay Bisexual Other

Which of the following describes how you think of yourself? (Circle answer)

Woman (Including trans woman) Man (Including trans man) Non Binary Other(state below)

Other: ………………………………………………………..

Is your gender identity the same as the gender you were given at birth? Yes No

Are you a Veteran? Yes No

To ensure we provide personalised responsive care to our patients please answer the below questions that adhere to the Accessible Information Standard. The Accessible Information Standard is lawful under the [Equality Act 2010](https://www.legislation.gov.uk/ukpga/2010/15/contents) and aims to make sure that people with a disability or sensory loss are given information that they can understand and the communication support they need.

Do you have any significant mobility issues;

Housebound Wheelchair User Poor Mobility None

Do you have any of the following:

Deaf Blind Learning Disability Autism Mental health condition Aphasia

Have you set up a lasting Power of Attorney for Health & Welfare? Yes No

**If so, please bring a copy into the practice with contact details for those who will assume responsibility for you.**

Are you a carer? Yes No

Do you have a carer? Yes No

Are you a carer under the age of 18? Yes No

**Ethnicity**

Please tick;

**White**

□ British/Mixed British

□ Irish

□ Other (please state):

□ Other European origin (please state) :

**Black or Black British**

□ Carribean

□ African

□ Other black background (please state):

**Asian or Asian British**

□ Indian

□ Pakistani

□ Bangladeshi

□ Other asian background (please state) :

**Mixed**

□ White & Black Caribbean

□ White & Black African

□ White & Asian

□ Other (please state):

**Chinese or other Ethnic Group**

□ Chinese

□ Other (please state):

**Main Language Spoken:** …………………………………………

**Interpreter Required?** Yes No

**Your Health Status**

Height: …………………………………………… Weight: ………………………………………….. Blood Pressure: ………………………….

Smoking Status:

Never Smoked Ex-Smoker Current Smoker Average per day: …………………………..

*If you are a smoker and want to stop, please ask for information about local smoking cessation services.*

Alcohol Screening: *Circle Answers*

How often do you have SIX or more drinks on one occasion?

Never Less than monthly Monthly Weekly Daily/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/Almost Daily

How often during the last year have you failed to do what was normally expected of you because of drinking?

Never Less than monthly Monthly Weekly Daily/Almost Daily

How often during the last year have you failed to do what was normally expected of you because of drinking?

Never Less than monthly Monthly Weekly Daily/Almost Daily

In the last year has a relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut down?

 No One on occasion On more than one occasion

**Do you have any chronic conditions?** (e.g. Asthma, COPD, Diabetes, Coronary Heart Disease)

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

**Children (Under 16 years of age)**

Birth Weight: ………………………………….. Which Nursery/School do you attend? …..……………………………………………

**Additional Information**

**Consent for someone else to act on your behalf**

We are unable to discuss any aspect of your care to anyone other than you unless we have your express permission. If you would like to give consent for a family member, friend, or carer to act on your behalf please complete the following:

*I give consent to the following person/people:*

Name(s): …………………………………………………………………………………………………………………………………………………………

Relationship to you: ………………………………………………………………………………………………………………………………………..

*Please sign and date below:*

Signed (patient): ……………………………………………………………….. Date: …………………………………………………………………

**National Data Opt-Out** (Sharing of your personal information for purposes other than your own direct care)

NHS Digital collects health information from GP records, hospitals and other healthcare providers for planning and research purposes – sometimes this data includes information that could identify you. You are entitled to opt-out of your data being used in this way. Making this choice won’t affect the care you receive in any way.

You can opt-out online on the NHS Choices website; [www.nhs.uk/your-nhs-data-matters/manage-your-choice/](http://www.nhs.uk/your-nhs-data-matters/manage-your-choice/)

**Summary of Care**

A Summary of Care is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had. This record makes it easier for healthcare staff to treat you in an emergency or other healthcare setting when your GP Practice is closed. This information could make a different to how a doctor decides to care for you, for example which medicines they choose to prescribe for you.

This record is not compulsory, and you can choose to opt-out.

Please complete the following document if you like to OPT OUT of having your data accessible to other healthcare providers directly involved in your care.