Updated 28/08/2019

Taken By (office use only) …………………….

**ADULT REGISTRATION PROCESS**

**ST JOHN’S MEDICAL CENTRE**

All patients requesting to register with this practice need to complete and provide the requested information that is detailed below:

1. Patients need provide a 10 digit NHS number or an up to date medical card. The NHS number is obtainable from your previous registered surgery.
2. As part of our prevention against GP patient registration fraud, we are now asking you to provide proof of your identity; preferably photographic ID.

If you are over the age of 16 years old, please provide 1 item from the list below:

1. **Current driving licence.**
2. **Passport**
3. **Marriage Certificate**
4. **Birth Certificate**
5. **Payslip**
6. **Bus Pass**
7. Along with the proof of identity/photographic ID we also need you to provide proof of your new address:
8. **Local authority rent card**
9. **A paid utility bill – not more than three months old**
10. **Current year council tax bill**
11. **Bank/building society card statement**
12. **Papers from the home office**

If you are not able to provide all of this information at the time of registering this can be brought in at a later date.

Please be aware that if you do not provide sight of the recommended identification documents, a note of this will be made on your patient file.

**Types of GP or Nurse Practitioner Appointments Offered**

**GP Appointments**

We now offer a service called askmygp for all Doctors appointments, which can be accessed via our website [www.stjohnsmedical.co.uk](http://www.stjohnsmedical.co.uk) and then click on the askmygp link on our home page.

**Nurse Practitioner Day Only Appointments**

We have a number of Nurse Practitioners working within the Practice who see patients for "same day/acute" issues.  These Practitioners are bookable on the day and can see most conditions. Where there are no GP appointments available, our Nurse Practitioners can see patients who would like to be seen the same day and where necessary, discuss with the Duty Doctor if they feel that a GP needs to see the patient.

**NEW PATIENT REGISTRATION FORM**

We ask ALL newly registering patients to complete this questionnaire and invite patients over 5 years old to book an appointment to see our Practice Nursing Team for a New Patient Health Check. This plays an important part in monitoring your future health. Please book your appointment at the reception desk. You will be required to provide a urine sample when you attend this appointment, so please ask for a sample container from the reception staff.

**QUESTIONNAIRE FOR ALL PATIENTS:**

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you smoke? Yes / No

Have you ever smoked? Yes / No

Would you like help to stop smoking? Yes / No

When did you stop smoking ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many units of alcohol do you think you drink per week ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your height? \_\_\_\_\_\_\_\_\_\_\_\_\_ What is your weight? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR WOMEN OVER 25**

When was your last cervical smear? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had a Hysterectomy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR NURSING HOME PATIENTS ONLY:**

What is the patients’ blood pressure? \_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Urine Dipstick result: Blood: \_\_\_\_\_\_\_\_\_\_\_ Protein: \_\_\_\_\_\_\_\_\_\_\_\_ Glucose: \_\_\_\_\_\_\_\_\_\_\_

**DO YOU HAVE/HAVE YOU HAD:**

Asthma Y/N Heart Attack/Angina Y/N

Diabetes (HCA)Part 1. Y/N Atrial Fibrillation Y/N

High Blood Pressure Y/N Stroke/ TIA Y/N

COPD Y/N

If **YES**, book chronic disease review with relevant nurse. Booked

**ALL PATIENTS:**

Are you on any regular medication?

If YES, 1 – 4 🡪 book a routine GP appointment. Booked

4 or more 🡪 book a DOUBLE GP appointment.

**Bring all medications. Ask for a full list from your previous GP**.

**Please enter details of next of kin –**

Name:

D.O.B

Relationship:

Address:

Telephone number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUMMARY CARE RECORD:** This makes available a summary of your care record including allergies and medication to other parts of the NHS (for example; if you visit hospital, the doctors will be provided with key information about you.

Do you consent to this? YES / NO

**If you DO NOT require a summary care record, you MUST complete an opt-out form**.

**If Yes (select one from the 2 options below):**

Express consent for medication, allergies and adverse reactions only

Express consent for medication, allergies, adverse reactions AND additional information

**CONSENT TO SHARE:** Do you consent for your records to be shared out with community health directly involved in your care (for example; physiotherapy, district nurses etc.)? Y / N

An information sheet can be found at the back of this registration pack to give you more information.

**PATIENT PARTICIPATION GROUP (PPG):** We would like to know how we can improve our service to you and how you feel about our surgery and staff. We currently have a PPG established who meet at the Practice one evening every 3 months. During these meetings, there are various matters discussed such as recent matters of the moment, any areas identified that may be improved etc.

Would you like to join the PPG and become a member? Y / N

If yes, please provide your email address so that we can send you details of the next meeting:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CARERS:** A carer is a family member or helper who regularly looks after a friend or family member who can’t cope alone due to illness, disability, a mental health problem or an addition. We are keen to identify those who care for others (officially or unofficially) as we may be able to offer additional support to those individuals.

Are you a carer? Y / N Who do you care for?………………………………………………………..

Do you have a carer? Y / N Who is your carer?.................................................................................

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE:**  **Your registration will not be completed until all information is provided.**

**Do You need any correspondence printing in an alternative format ?**

**Braille,**

**Large print,**

**Audio tape,**

**Any other please specify.**

**Do you need an interpreter ?**

Do you have any disabilities, impairments, loss of vision or hearing that you feel is relevant in order for us to communicate with you in a better way ?

**Preferred Pharmacy**

**Name D.O.B.**

**If you would like your prescription sending to a pharmacy, Please select a pharmacy from the list below:**

**ASDA**…………………………………………………………………………………………………………………………..

**BARROWBY GATE PHARMACY** (Lincoln Co-Op)…………………………………………….…………

**BOOTS** (Next Door from surgery) ……………………………………………………….……………………

**BOOTS** (St Peter’s Hill)……………………………………………………………………………………………….

**BOOTS** (High Street)………………………………………………………………………………………………….

**LLOYDS** (High Street)………………………………………………………………………………………………….

**LLOYDS** (New beacon road – Alma Park)………………………………………………………..…………..

**SUPERDRUG** (Isaac Newton Shopping Centre – bus station)………………………..……………

**WELL PHARMACY** ……………………………………………………………………………………..………………

|  |
| --- |
| **Text Messaging / Email Consent Form** |

|  |  |
| --- | --- |
| **Name of Patient:** | **Date of Birth:** |
| **NHS Number:** | **Mobile Number:** |
| **Email Address:** | |

I would like to receive text messages to the above mobile telephone and emails to the above email address from St John’s Medical Centre and understand that the content may relate to any aspect of the medical record for the patient listed above only and may include confirmation of an appointment, information on seasonal clinics or a reminder alert.

Should I wish to withdraw consent I accept that I must give at least 5 working days notice in writing quoting the above mobile number/email address. I will advise the practice if I change my mobile number and understand that a new consent form is required.

Text message appointment reminders will only be sent to the patient attending an appointment, not to the person making the appointment if different.

I am aware that the NHS mail messaging service utilises the public telephone network and as such full security is not guaranteed.

I understand that if I fail to update St John’s Medical Centre of a change to my mobile telephone number, this may result in messages being sent to the wrong number.

|  |  |  |  |
| --- | --- | --- | --- |
|  | I consent to SMS Messaging Service |  | I do not consent to SMS Messaging Service |
|  |  |  |  |
|  | I consent to Email Service (once this service becomes available) |  | I do not consent to Email Service |

I confirm that I understand the above statement and that I am the patient listed above. I understand that it is my responsibility to advise St John’s Medical Centre to stop sending texts/emails to the telephone number/email address listed.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ONE FORM PER PATIENT. CHILDREN OVER AGED 13, FORM MUST BE COMPLETED AND SIGNED BY THE PATIENT.

**Your guide to accessing GP services and medical records online.**

**From April 2016, patients have far greater online access to their GP.**

You can check test results, and see the diagnosis and treatment details in your GP medical record. You may also be able to send secure messages to your GP. This guide will help make sense of your medical record and answer questions you may have.

**You can now….**

**Request a repeat prescription:** Most GPs now allow patients to request a repeat prescription online.

**View:**

**Demographic details:** Your name, address, date of birth.

**Appointment details:** The GP you saw; appointment date; reason for the visit; history; examination and outcome.

**Allergies and adverse reactions to medication:** For example, you may have previously reacted badly to penicillin.

**Medication:** The dose, quantity, and when medication was last issued.

**What you can’t see and why**

A GP may believe it is not in the best interests of a patient to see all the information in their medical record. GPs can withhold “free text” notes and administrative information.

**Patients’ top questions,**

**How do I access online services with my GP surgery?**

Speak to reception at your GP surgery about registering to use online services. They will explain the options, including logging in securely via a website or using a smartphone app, such as Patient Access.

You will be given an information leaflet and asked to complete a registration form and questionnaire. Once appropriate checks are completed, you will be registered for online access and given a username and unique password.

**Are my records secure?**

The clinical software systems used to store patient medical records are designed to be secure. It’s important to choose a strong password and keep it secret.

Keep your device (smartphone, iPad or desktop) secure too and log out after viewing your record.

Before sharing your record with anyone, consider whether it’s in your best interests and how that information might be used.

**Who can see my medical records?**

Your health records are confidential and can only be seen by a healthcare professional on a need-to-know basis. You can allow other people to see your health records, for example, a pharmacist.

**What can I do if my GP refuses access to my medical record?**

A refusal to grant medical records access can be challenged through an official complaint to the NHS Trust or social services department concerned or via the Information Commissioner’s Office (01625 54 57 45).

**Understanding your records**

Your records are written to help medical people look after you and so sometimes you may not understand everything you see. If you find anything difficult to understand, as well as talking to your doctor or nurse, you can go to **www.patient.info** or the NHS Choices website.

**NHS Choices has more information about accessing medical records.**

If your doctor doesn’t use Patient Access, the NHS Choices website has details for patients at surgeries that use other clinical software systems.

Patient access emis health

EMIS Health is a trading name used by members of the EMIS Group of companies which includes Egton Medical Information Systems Limited.

Egton Medical Information Systems Limited is registered in England and Wales. Registered number: 02117205.

Registered Office: Rawdon House, Green Lane, Yeadon, Leeds LS19 7BY.

**ONLINE SERVICES**

St John’s Medical Centre are pleased to be able to offer access to our online services, you can order repeat medications and view certain parts of your medical records.

We currently offer this service to all patients over the age of 16 years old.

If you wish to sign up for this service at the time of registering with the Practice, please complete the information requested below and hand in this form with your registration documents and identification.

**You will be required to use your online log-in details to register online immediately, your log-in details will expire if unused.**

I would like to sign up for online services. This will include access to:

Medication Requests

Viewing a summary of your record

Completing questionnaires.

If you require access to more information can you request this online.

PLEASE PRINT YOUR EMAIL ADDRESS …………………………………………………………..

Signed: Dated:

Print Name:

Date of Birth:

AskMyGp

We now offer a service called askmygp for all Doctors appointments, which can be accessed via our website [www.stjohnsmedical.co.uk](http://www.stjohnsmedical.co.uk) and then click on the askmygp link on our home page.

If you would like us to send you a welcome email to use this service please print and sign below.

Print Name:

Signed:

Date:

St John’s Medical Centre

**ONLY COMPLETE IF YOU WISH A THIRD PARTY TO DISCUSS YOUR RECORDS ON YOUR BEHALF.**

Name ……………………………………………………………………………………..

Date of Birth …………………………………………………………………………..

**I hereby give consent for the following named person to discuss my medical records**

Name …………………………………………………………………………………….

Relationship …………………………………………………………………………

Telephone No……………………………………………………………………….

Signature……………………………………………………………………………..

Date……………………………………………………………………………………..

**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**

**………………………………………………………………………………………………….**

**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 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

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 contact your GP practice

want to discuss your choices, please contact your GP practice.

FOR NHS USE ONLY.

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

FOR NHS USE ONLY.

**Your Summary Care Record**

**Care professionals in England use an electronic record called the Summary Care Record (SCR). This can provide those involved in your care with faster secure access to key information from your GP record.**

***What is a SCR?***

If you are registered with a GP practice in England, you will already have an SCR unless you have previously chosen not to have one. It includes the following basic information:

 Medicines you are taking

 Allergies you suffer from

 Any bad reactions to medicines.

It also includes your name, address, date of birth and unique NHS Number which helps to identify you correctly.

***What choices do you have?***

**You can now choose to include more information in your SCR**, such as significant medical history (past and present), information about management of long term conditions, immunisations and patient preferences such as end of life care information, particular care needs and communication preferences.

**If you would like to do this, talk to your GP practice as it can only be added with your permission.**

Remember, you can change your mind about your SCR at any time. Talk to your GP practice if you want to discuss your option to add more information or decide you no longer want an SCR.

***Vulnerable patients and carers***

Having an SCR that includes extra information can be of particular benefit to patients with detailed and complex health problems. If you are a carer for someone and believe that this may benefit them, you could discuss it with them and their GP practice.

***Who can see my SCR?***

Only authorised care professional staff in England who are involved in your direct care can have access to your SCR. Your SCR will not be used for any other purposes.

These staff

 Need to have a Smartcard with a chip and passcode

 Will only see the information they need to do their job

 Will have their details recorded every time they look at your record.

**Care professionals will ask for your permission if they need to look at your SCR.** If they cannot ask you because you are unconscious or otherwise unable to communicate, they may decide to look at your record because doing so is in your best interest. This access is recorded and checked to ensure that it is appropriate.

***SCRs for children***

If you are the parent or guardian of a child under 16, and feel they are able to understand this information you should show it to them. You can then support them to come to a decision about having an SCR and whether to include additional information.

***Confidentiality***

For information on how the NHS will collect, store and allow access to your electronic records visit NHS Choices at www.nhs.uk/records.

For more information talk to the staff at your GP practice or visit www.hscic.gov.uk/scr/patients

You can also phone the Health and Social Care Information Centre (HSCIC) on 0300 303 5678

**Tips to help you**

**STOP SMOKING**

Stopping smoking is not easy.

Below are some tips which may help you to quit smoking.

At the end of the leaflet there are details of further resources that may help

* **Write a list of the reasons why you want to stop,** keep them with you. Refer to them when tempted to light up.
* **Set a date for stopping and stop completely.** (Some people prefer the idea of cutting down gradually. Research has however shown that if you smoke fewer cigarettes than usual, you are likely to smoke more of each cigarette and nicotine levels remain nearly the same. Therefore, it is usually best to stop once and for all from a set date).
* **Tell everyone that you are giving up smoking.** Friends and family often give support and may help you. Smoking by others in the household makes giving up harder. If appropriate try to get other household members who smoke, or friends who smoke, to stop smoking at the same time. A team effort may be easier than going it alone.
* **Get rid of ashtrays, lighters and all cigarettes.**
* **Be prepared for some withdrawal symptoms.** When you stop smoking you are likely to get symptoms which may include nausea (feeling sick), headaches, anxiety, irritability, craving and just feeling awful. These symptoms are caused by the lack of nicotine that your body has been used to. They tend to peak after 12-24 hours and then gradually ease over 2-4 weeks.
* **Anticipate a cough.** It is normal for a smoker’s cough to get worse when you stop smoking (as the airways “come back to life”). Many people say that this makes them feel worse for a while after stopping smoking and makes them tempted to restart smoking. Resist this temptation! The cough usually gradually eases.
* **Be aware of situations in which you are most likely to want to smoke.** In particular, drinking alcohol is often associated with failing in an attempt to stop smoking. You should consider not drinking much alcohol in the first few weeks after stopping smoking. Try changing your routine for the first few weeks. For example, don’t go to the pub for a while if that is a tempting place to smoke and drink alcohol. If drinking tea and coffee are difficult times then try drinking mainly fruit juice and plenty of water instead.
* **Take one day at a time.** Mark off each successful day on a calendar. Look at it when you feel tempted to smoke and tell yourself that you don’t want to start all over again.
* **Be positive!** You can tell people that you don’t smoke. You will smell better. After a few weeks you should feel better, taste your food more and cough less. You will have more money. Perhaps put the money, which you would have spent on cigarettes towards treats.
* **Food.** Some people worry about gaining weight when they give up smoking as the appetite may improve. Anticipate an increase in appetite and try not to increase fatty or sugary foods as snacks. Try sugar-free gum and fruit instead.
* **Don’t despair if you fail.** Examine the reasons why you felt it was more difficult at that particular time, it will make you stronger next time. On average people who eventually stop smoking have made three or four previous attempts.
* **Stop Smoking Clinics.** These are available on the NHS. They have good success rates in helping people to stop smoking. Your doctor may refer you to one if you are keen to stop smoking but are finding it difficult to do so.
* **Various medicines can increase your chance of quitting.** These include nicotine replacement therapy (NRT) which comes as gums, sprays, patches, tablets, lozenges and inhalers. You can buy NRT without a prescription. Medicines called Bupropion and Varenicline can help, these are available on prescription. See also separate leaflets called Nicotine Replacement Therapy, Bupropion (Zyban®) and Varenicline (Champix®).
* **There are also electronic cigarettes (may be called e-cigarettes).** These are designed to feel like normal cigarettes. They have a heating element inside that vaporises a solution – this looks like smoke. It may also contain nicotine. They are substituted for normal cigarettes or cigars. There is some uncertainty whether this is more effective than the other ways of stopping smoking. A recent research paper from The Lancet (see further reading below) showed that the e-cigarettes were as effective as nicotine patches. Further studies are needed to ensure that they are safe to use over a length of time.

**FURTHER HELP AND INFORMATION:**

ASH – Action on Smoking and Health

6th Floor, Suites 59-63, New House, 67-68 Hatton Garden, London. EC1N 8JY

Tele: 0207 404 0242 Web: [www.ash.org.uk](http://www.ash.org.uk)

QUIT

20-22 Curtain Road, London. EC2A 3NF

Tele: (Quitline) 0800 002200, (Admin) 0207 539 1700 Web: [www.quit.org.uk](http://www.quit.org.uk)

Smoke free – NHS Choices Web: [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)

**FURTHER READING AND REFERENCES:**

* Brief interventions and referral for smoking cessation, NICE (2006).
* Various factsheets and guidelines on smoking and smoking cessation. Action on Smoking and Health (various dates).
* Smoking Cessation Services; NICE Public Health Guidance (Feb 2008).
* Tobacco: harm-reduction approaches to smoking, NICE public health guidance (June 2013).
* Beard E, McNeill A, Aveyard P, et al; Association between use of nicotine replacement therapy for harm reduction and Tob Control. 2011 Dec 1.
* Electronic cigarettes for smoking cessation: a randomised controlled trial; Lancet Online (Sept 2013).

*Disclaimer: This article is for information only and should not be used for the diagnosis or treatment of medical conditions. EMIS has used all reasonable care in compiling the information but make no warranty as to its accuracy. Consult a doctor or other health care professional for diagnosis and treatment of medical conditions.*