

The Parks Medical Practice



Grange Park Surgery
Tel: 01604-434747
Website: www.theparksmedicalpractice.co.uk

Hanslope Surgery
01908-510230

Park Slope Surgery
01604-878000

Roade Surgery
01604- 862218

Dear Patient

It can take several weeks/months for your previous medical records to reach us. Often there are important facts the doctors require before seeing you. It would be very helpful if you could answer the following questions and return the form before you leave the surgery. **This form must be completed and handed in before your first appointment so that your computer record can be updated.**

As a new patient we have registered you with this practice in the knowledge that you have moved into the area.

If you are on any repeat medication then you will need to make an appointment to see the doctor.

First Name..... Surname.....

DOB..... Mobile.....

If the patient is a child who has Parental Responsibility:.....

Ethnicity

Please pick the group which you feel best reflects your ethnicity. This does not have to be the same as your nationality or place of birth.

White

White Eng/Scot/Welsh
White Irish
White Other

Mixed

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

Asian & Asian British

Indian
Pakistani
Bangladeshi
Asian other

Black/Black British

Black Caribbean
Black African
Black other

Other Ethnic Groups

Chinese
Any other ethnic group
No category listed

Do you speak English? Yes/No
What is your first language?

.....

Your Religion

C of E Catholic Other Christian (state) Buddhist

Sikh Jewish Jehovah's Witness Hindu

No Religion Other religion

Are you a military Veteran? Yes/No

Do you have an immediate relative currently serving in the forces? Y/N

Which Relative.....

Patient registration requirements - It is a requirement of The Parks Medical Practice to request the following when registering with the practice

Proof of Identity Passport Driving Licence ID Card Birth Cert Marriage Cert

Proof of Address Council Tax Bill Bank Statement (last 3 months) Utility Bill

Evidence of Status Visa/residence permit/work permit
(for overseas patients only)

Would you like the facility to book appointments and order repeat prescriptions online? Yes/No
If so please let our reception staff know.

We use an SMS text message to send reminders for appointments and reviews (see attached consent)

If you wish to opt out of this service please tick here

Specific Needs

Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:

Do you have a sensory impairment? i.e. Speech/Hearing/Sight

Please state any Physical disabilities you have.....

Please state any Mental disabilities you have.....

Are you an 'Assistant Dog' user?

Medical History

Present medication (please enclose repeat slip if you have it)

Drug Name	Dose	Why you take this medicine

Do you have any drug allergies?

Details.....

Do you suffer with any of the following medical conditions?

Name	Year Diagnosed	Name	Year Diagnosed
Asthma	Y/N	Stroke	Y/N
Blood Pressure	Y/N	Diabetes	Y/N
Angina	Y/N	Epilepsy	Y/N
Thyroid Problems	Y/N	Glaucoma	Y/N

<u>Women only:</u>	
Date of last smear.....	Date of last breast screen (if 50-64)
Do you have a coil fitted?	If yes, when was it fitted?

Do you smoke? Yes/No Amount per day.....

Have you ever smoked? Yes/No If yes how much and when did you stop?

If you smoke would you like to receive advice on how to quit?

How much alcohol do you drink in a day?

Do you take regular exercise Yes/No Please give details.....

Latest Blood pressure reading.....

Carer Information

Do you look after someone with a physical or mental disability?

Would you like to be added to the carers register? Yes/No

Does someone look after you?

Carer's consent Signed..... Date.....

Next of Kin

First Name.....Surname.....

Relationship.....Contact Number.....

Please list the names, date of birth and relationship of anyone living at the address:

First Name..... Surname.....

DOB..... Relationship.....

First Name..... Surname.....

DOB..... Relationship.....

First Name..... Surname.....

DOB..... Relationship.....

First Name..... Surname.....

DOB..... Relationship.....

For Non Dispensing Patients only (all Grange Park registered patients)

We now operate Electronic Prescribing from our Practice which emans you can pick your prescription/medication up from a nominated Pharmacy.

My nominated Pharmacy is.....

I certify that the above information is correct to the best of my knowledge. I confirm that I will not register with more than one doctor.

Signed..... Date.....

Summary Care Record

The Summary Care Record is a snapshot of your GP medical record which holds medication, allergies and adverse reactions and with your permission the practice can add any additional information you request i.e. Angina diagnosis

The Summary Care Record is used by other NHS organisations such as A&E, Out of hours and these organisations can only access this information with your permission, their maybe circumstances where staff cannot ask you for example if you are unconscious, healthcare staff may look at your record without asking you.

I Consent to the following (please tick one box only)

YES I would like a Summary Care Record with medicines and allergies only

YES I would like a Summary Care Record with medicines, allergies and additional information

NO I do not want a Summary Care Record

CONSENT FORM FOR SERVICES (Confidential when complete)

Coding (Y9951)

TALKING TO YOU PERSONALLY

It is important to you and us at The Parks Medical Practice that we only discuss medical information with who it is about. This is also important for confidentiality reasons.

With this in mind please complete the relevant sections below:

Patient Name:..... DOB.....

If you are between the age of 11-16 and have a mobile phone number we'd like you to tell us that here:

Mobile Number:

Preferred method of Communication: Letter Phone SMS No Communication (please circle)

In accordance with the Data Protection Act and the General Data Protection Regulation, we need your consent to carry out the following (please tick in the box if you consent):

Send text reminders

Many people find it useful to have important messages sent to them via text messages. Here at The Parks Medical Practice we can use texts to keep you informed about your appointments and health related recalls and to pass on urgent messages relating to the practice such as power failure or illnesses.

Leave a text message/recorded message for Me on

Leave a message about any aspect of my medical treatment with:

Name.....

To make life a little easier we can leave messages on your phone (either home or on your mobile). You should be aware that your messages may be picked up by another person at home or if you don't keep us informed of a number change. We will NEVER leave personal information in a message

Their relationship to you

Their contact no:

DISCLAIMER - *if you agree to the practice contacting you via your mobile phone or fixed landline number, we agree to adhere to the following;*

1. The mobile number/fixed landline number will only be used by the practice and will not be passed on to any other parties
2. If at any time you would like to opt out of the above services, please make a personal request to the practice and you will be opted out of the service within 2 working days. You may also like to include your reason for opting out to help us review and improve the service in future.
3. Your mobile phone number will solely be used by the practice in relation to the healthcare services offered by the practice. You will not be contacted in relation to any other products or services.