

Your appointment details ADULT:

Name:

Registration Date:

Registration Time:

With:

It is very important that you arrive on time for registration. We will not be able to register you if you are late.

What you need to bring to your appointment:

1. Completed purple 'GMS1' form
2. Completed new patient questionnaire
3. Any medication you are taking
4. Official photographic ID
5. An original copy of a utility bill dated within the last 3 months
6. Urine sample

If you are unable to attend this new appointment please cancel it in advance. Patients who do not attend will not be offered another appointment.

If you are phoning on a Saturday please call 07532 035077

If you need this form in large print, different format, easy read or via email please let us know at reception and we can sort this out for you.

Dr B Palmer, Dr M Heardman, Dr K Bisset, Dr L Duncan, Dr L Longworth

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Email: west.road@nhs.net www.westroadmedicalcentre.co.uk

Dear Patient,

Welcome to the West Road Medical Centre. We would like to provide you with a high standard of care whilst you are registered with us.

- Attached you will find a practice booklet and a health status questionnaire. The practice booklet provides you with all the information you need to know about the practice and the services we offer including opening times and the procedure for ordering repeat prescriptions.
- You **MUST** complete the attached health questionnaire and bring it to your appointment. This information is vital and will provide us with the necessary knowledge to plan your health care appropriately prior to receiving your patient records from your previous practice (if this applies). Please also complete the online access form and we will provide you with online access to prescriptions and appointments.
- In this pack is a urine sample bottle. Please bring this to your appointment.
- If you are currently taking any medication, please bring them with you to your appointment.
- Please inform us if you are living with or moving to an address with someone who is already registered with us.
- Please tell us if you are a carer for somebody or if somebody cares for you.
- You must provide proof of identity such as a passport, driving licence, previous medical card etc. We will be unable to process your registration further until these are provided. If you are homeless and have no proof of address please let us know.
- If you need an **interpreter/translator** please let us know as quickly as possible and we can book this in.
- Please remember this appointment is for you only. If you also wish another member of your family to be registered please contact our Reception Staff.
- The practice is participating in Summary Care Record. If you choose to have a summary care record you do not need to do anything, this will happen automatically. If you choose not to have a summary care record then you need to let us know by filling in an opt-out form which you can collect from reception.
- The practice is compliant with National Data Opt-Out. You do not need to do anything if you are happy about how your confidential patient information is used. If you do not want your confidential patient information to be used for research and planning, you can choose to opt out securely online by visiting nhs.uk/your-nhs-data-matters or by calling 0300 303 5678.

The reception team are there to help you if you wish to clarify anything about the service we offer, please ask.

Yours sincerely,



Dr Palmer
Senior Partner

NEW PATIENT QUESTIONNAIRE

Welcome to West Road Medical Centre. You must complete all sections on this form and bring it to your new patient appointment along with the purple GMS1 form or medical card. If this form is not completed in full you will not be able to register at this practice.

Today's date:	Date of Birth:
Mr / Mrs / Miss / Ms / Other:	Male / Female:
Surname (family name):	First Name:
Address: Home Telephone Number: Mobile Number (we will use this to send appointments by text):	
Next of kin: Name: Address: Telephone number:	
Are you a carer/do you look after someone? (Name the person and the relationship) Do you have a carer? (Name the person and the relationship) Are you an Asylum Seeker? Are you a Failed Asylum Seeker? Are you a Refugee?	
Please detail any special needs that you have (eg disability, sensory loss or communication needs etc): Do you need any help with communication? Eg large print, easy read, sign language, braille etc...	
Have you, or are you suffering from any of the following? (please circle) If so, you must make an appointment to see the Practice Nurse. Stroke / Heart Attack / Blood pressure / Diabetes / Depression / Cancer / Epilepsy / Asthma / Angina / Thyroid problems / Lung Disease / Dementia	
Are you under the care of any hospital specialist at present? Yes / No Please detail:	
Have you had any serious illness, accidents or operations? Yes / No Please detail:	
Please detail any regular medications you are taking (either on prescription or bought over the counter) Please bring all boxes/bottles/packets of your medication to your appointment	
Name of medicine	Dose / Strength
How many times a day	
_____	_____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please detail any allergies that you suffer from:

Do you smoke? Yes / No / Ex-Smoker / Have never smoked tobacco

If yes, how many cigarettes do you smoke a day?

If ex-smoker, when did you give up?

Do you drink alcohol? Yes / No

If you answered yes, please complete the following:

Questions	0	1	2	3	4
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost monthly

Which word best describes you level of activity? Inactive / Gentle / Moderate / Vigorous

If a close relative (parent/brother/sister) has had any of the following please let us know which relative and how old they were when it happened:

Stroke: Yes / No	Relationship:	Age:
Heart Attack: Yes / No	Relationship:	Age:
Breast Cancer: Yes / No	Relationship:	Age:
Diabetes: Yes / No	Relationship:	Age:
Bowel Cancer: Yes / No	Relationship:	Age:
Asthma/COPD: Yes / No	Relationship:	Age:

What immunisations have you had?

For women only:

How many pregnancies have you had?

Have you ever had problems in pregnancy? Yes / No

If yes please detail:

Are you currently using birth control? Yes / No

If yes please select: Pill / Injection / Coil / Implant / Other

When was your last smear test?
Do you have a probation officer? Yes / No – if yes please supply name and telephone number (we may contact your probation officer to help us complete a risk assessment)
Do you have a social worker? Yes / No – if yes please supply name and telephone number
Do you have an advocate? Yes / No – if yes please supply name and telephone number
Are you a UK Armed Forces military veteran? Yes / No

Do you need an interpreter? Yes / No
 Which ethnic group do you belong to?
 What is your first language?
 What is your religion?

**Thank you for taking the time to complete this questionnaire.
 If you are unable to attend your new patient appointment please let us know as soon as possible.**

To be completed at your new patient appointment:

Height:	Weight:	Blood Pressure:

Patient Forum

Would you like to share and represent the views of patients with fellow patients and the Practice?

Would you like to:

- Attend monthly patient forum meetings?
- Discuss issues and put forward the views of patients?

Tick this box to join our Patient Forum

How Would You Like Us To Contact You?

Telephone Text (Mobile Number)

.....

Email Postal Letter

Other (Please specify)

.....

Ways to Wellness is open to anyone aged between 40 and 74 with one or more of these long-term conditions, Diabetes (Type 1 or 2), Heart disease, Asthma, COPD, Osteoporosis, Epilepsy. Ways to Wellness is about improving your wellbeing and helping you find solutions that are right for you. A link worker will spend time getting to know you and your situation so you can explore options that improve whatever matters to you most.

I would like you to pass my details onto Ways to Wellness (assuming I meet the referral criteria)

When returning this form you **MUST** bring photographic ID with you.

Application for online access to book appointments & order repeat prescriptions

Surname		Date of birth	
First name			
Address			
Postcode			
Email address			
Telephone number		Mobile number	

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
Signature or Patient / Parent or Guardian	Date

If you wish to have access to your medical record online, you can request this via the Online Account Management tab on your account homescreen.

For practice use only

Patient NHS number	Date
Identity verified by (Staff Member)	Method Photo ID <input type="checkbox"/>
Notes / explanation	

Identification

In order to request access to online services you will need to provide photographic evidence of identification (ID) in the form of:

- **Passport**
- **Driving licence**

If you cannot provide either of the above then a combination of two of the following will be considered as suitable forms of identification:

- Paid utility bills
- Local authority rent card
- Marriage certificate
- Birth certificate
- Papers from the Home Office or UK Borders Agency
- Bank/building society cards/statements
- Payslip / P45 / National Insurance number card
- Letter from Benefits Agency/benefit book/signing on card
- Photographic student card

We will not accept the following documents as proof of identification:

- Library card
- Video/DVD rental card
- Health club card