

PATIENT ONLINE ACCESS:

If you wish to, you can use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online.

Being able to see your record online might help you to manage your medical conditions as you will be able to see information such as test results, immunisations and referrals made or letters received. If you decide not to join in or wish to withdraw, this is your choice.

Would you like to be registered for online access via your preferred contact method provided on this form (to allow you to order medication, book appointments?)

Yes No

Do you want to have access to your medical records online?

Yes No

If you answer yes to either of the above, a member of our admin team will contact you by telephone in the first few weeks of registration to ask three security questions and set this up for you.

Thank you for taking the time to complete this questionnaire.

Please hand your completed registration forms back to a receptionist to check we have all the relevant information to process your registration.

Like and follow our Facebook page for updates

For Office Use Only:	
Nurse Appointment How Long / which nurse?	
Dr Appointment	
Refer to Midwife Base—Queens Park Leisure Centre 01246 206161	
Named Allocated GP	

Chatsworth Road Medical Centre

Dr E. Riches
Dr D. Rash
Dr L. Scriven
Dr S. Lewis
Dr A. Galley
Dr S. Rackham
Dr A. Allaway



"Compassionate, Respectful Medical Care"

Storrs Road
Chesterfield
Derbyshire
S40 3PY

Tel: (01246) 568065
Fax: (01246) 567116

www.chatsworthroadmedicalcentre.nhs.uk

New Patient Information

We would like to take this opportunity to gather some basic background information about your health. This will enable us to assess any treatment you may need in the near future.

Any other medical history will be transferred from your medical records when we receive them from your previous GP.

On the basis of this information you may be invited to attend an appointment for a registration medical with one of our Practice Nurse's or GP's.

PLEASE NOTE: WE WILL NOT BE ABLE TO PROCESS YOUR REGISTRATION WITHOUT ALL OF THE QUESTIONS BEING COMPLETED

NAME:	
DOB:	
NHS NUMBER:	
STAFF INITIALS :	DATE CHECKED :

DATA SHARING:

*The NHS is moving into a new era of information sharing.
Locally we have two areas of information sharing which require
a decision from you as a patient.*

- **Summary Care Record (SCR)**
- **Enhanced Data Sharing Model (eDSM)**

*Information leaflets relating to the above data sharing areas are
included in your "New Patient Information Pack"*

PLEASE READ THESE CAREFULLY TO HELP YOU MAKE THE RIGHT DECISION FOR YOU

The Summary Care Record (SCR)

You may recall receiving a letter on the subject of the National Summary Care Record (SCR). Your SCR contains up to date information relating to your medications, any allergies and adverse reactions you have, only. You will always be asked by the clinical staff for your permission to view your SCR. (You may have already opted out of this service).

You will automatically be set up with a standard version SCR unless you opt out.

I consent to opt into the Enhanced SCR

(this will include all the above plus significant medical history, anticipatory care, communication needs, immunisations and end of life care information.)

I have decided to opt out

Accessible Information Standards:

Do you have any learning disabilities? Yes () No () *If yes please give brief details below:*

Do you have a significant hearing impairment? Yes () No ()

Do you need to have a hearing loop during consultations? Yes () No ()

Are you registered blind? Yes () No ()

Are you registered partially sighted? Yes () No ()

Is there any other way we can make information more accessible to you? For example, large print, Braille, easy read, contact via carer. *If yes please give details below:*

Do you have a carer? Yes () No ()

If yes please give details:

Are you a carer? Yes () No ()

If yes who for?

Are they registered at Chatsworth Road Medical Centre? Yes () No ()

Please ask at reception for our 'Carers Leaflet' - you may be entitled to a free annual influenza vaccination

Height: _____ **Weight:** _____

When was the last time you had your blood pressure checked? DATE:

Latest BP reading if known: _____ / _____

Have you ever had high blood pressure? Yes () No ()

Do you suffer from any of the following medical conditions:

Asthma () COPD () Diabetes () Anti-coagulation (INR) () Cardiovascular Disease ()
Epilepsy () Mental Health () Rheumatology () Hypertension () Substance Misuse ()
Other () *If 'Other' please give details:*

Family History:

Have your parents, brothers or sisters developed any of the above conditions under the age of 65? Yes () No () *If yes please give details below:*

If you have recently entered the country, please ensure that you provide details of your past medical history including your vaccinations. This will enable us to check that you are up to date.

Do you take any regular medication? Including creams/inhalers as well as tablets.

Yes () No ()



PLEASE NOTE:

IF YOU TAKE ANY REGULAR MEDICATION YOU WILL NEED TO SEE A GP BEFORE ANY MEDICATIONS ARE ISSUED.

If yes please give details:

Are you allergic to any medication? Yes () No ()

If yes please give details:

Electronic Prescription Service (EPS / ETP)

On registration we need you to provide us with your preferred pharmacy so we can register you for electronic prescribing as we have now moved to a paperless system. This will mean you collect your medication directly from the pharmacy rather than the practice. Without this information we will not be able to process your regular prescription or future prescriptions.

PLEASE NOTE: *If you had a nominated pharmacy at your previous surgery please make sure this is a local pharmacy as your prescriptions will automatically be sent to your current/previous nominated pharmacy which may no longer be convenient for you to collect from.*

PATIENT'S CHOSEN PHARMACY.....(must be completed)

SMOKING STATUS:

Smoker () how many per day?.....

Cigarettes () Cigars ()

Ex-Smoker () when did you quit?.....

Never Smoked Tobacco ()



If you are a 'current smoker'

- are you interested in advice to help you stop smoking? Yes () No ()

ALCOHOL CONSUMPTION:

	0	1	2	3	4	SCORE
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 - 9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

2 UNITS

Pint of beer/
lager/cider



1.5 UNITS

Alcopop or
Bottle of lager



2 UNITS

Glass of wine
(175ml)



1 UNIT

Single measure
of spirit



9 UNITS

Full bottle of
wine



Females Only

Are you currently pregnant?

Yes () No ()

Which method of contraception do you use?



Address:

Postcode:



Home Tel:

Work Tel:



(OPTIONAL)



Mobile Tel:

CONSENT TO RECEIVE SMS REMINDERS:

Email Address:

Sex: M  () F  ()

Marital Status:

Ethnic Origin: (Please tick)

First Language: _____

White: British () Irish () Other ()

Mixed: White & Black Caribbean () White & Black African () White & Asian () Other ()

Asian/Asian British: Indian () Pakistani () Bangladeshi () Other ()

Black/Black British: Caribbean () African () Other ()

Other Ethnic Groups: Chinese () Any Other ()

Not Stated ()

Next Of Kin

Name:

Relationship:

Address (if different to yours):

Tel no:

Are they registered at Chatsworth Road Medical Centre? Yes () No ()

Preferred Contact Method:

POST



EMAIL



SMS



*PLEASE NOTE: if you choose to have your preferred method of contact recorded as Email
—your appointment reminders will also be sent via email not SMS.*

Enhanced Data Sharing Model (eDSM)

This is a local information sharing initiative for Healthcare units using the same computer system as your GP Practice (SystemOne). With your permission it allows services such as District Nurses, Physiotherapy and some hospital departments, to share your **detailed** GP record. It also allows the GP to view what other units record about you, with your consent.

We have two questions for you.

Are you happy for - Information on our computer system to be seen by Clinicians treating you in other health care settings who use the same system?

YES

NO

Are you happy for - This practice to view the information recorded about you at other healthcare settings who use the same system?

YES

NO

DATA SHARING DECLARATION:

(PRINT NAME)

DOB:

ADDRESS: _____

I have read the information given to me regarding my data being shared and understand my decision to opt in / out of the two Data Sharing areas outlined in the previous section.

SIGNED: _____

DATE: _____