

**Female**

**Brixton Hill Group Practice  
APPLICATION TO REGISTER WITH GP**

SURNAME:.....FORMER SURNAME:.....

FIRST NAME(S):.....DATE OF BIRTH:.....

ADDRESS: .....

.....POSTCODE: .....

TELEPHONE NUMBERS:

HOME: ..... MOBILE: .....WORK: .....

\*Please note: There are occasions when it might be necessary to contact you by telephone. For example, when a clinic is cancelled at short notice or an important test result arrives in surgery. Also, if we do need to contact you and there is no answer on your phone we may leave a message.

PLEASE TICK HERE  IF YOU WOULD LIKE TO RECEIVE SMS TEXT MESSAGE REMINDERS (code 9NdP).

PLEASE TICK HERE  IF YOU DO NOT WISH TO RECEIVE SMS TEXT MESSAGES (code 9NdQ)

PREVIOUS ADDRESS:.....

(Last U.K. address where you were registered with a G.P.)

POST CODE:.....

NAME AND ADDRESS OF PREVIOUS G.P. ....

.....NHS NO: .....

PLACE OF BIRTH (TOWN/BOROUGH, COUNTRY): .....

DATE YOU FIRST CAME TO LIVE IN U.K. : .....

IF PREVIOUSLY RESIDENT IN U.K. GIVE DATE YOU LEFT: .....

NEXT OF KIN IN UK (Name & contact number) .....

What is their relationship to you (i.e. husband, partner, friend) ?.....

DATE OF LAST SMEAR: MONTH ..... YEAR:.....

SMEAR RESULT:  NEGATIVE  OTHER(if other please give details) .....

RECALL DATE (If known):.....

PLACE WHERE SMEAR TAKEN:  GP  OTHER  NOT TAKEN

**HIV TESTING**

All new patients at Brixton Hill Group Practice are being offered a HIV test.

If you would like to be tested please tick this box  and you will be given a blood test form and information leaflet when you register at reception

For Staff only -Test requested -form given

Test declined

**HEALTH CHECK** All new patients aged over 40 are being offered a Health Check with the Practice Nurse

If you would like a Health Check please tick this box  and you will be given an appointment

For Staff only -Appointment made for Health Check

Health check declined

Patient allocated & informed of named accountable GP ( 9NN60 & 67DJ) Usual GP.....

WHAT DO YOU CONSIDER TO BE YOUR NATIONAL IDENTITY? .....

WHAT IS YOUR COUNTRY OF BIRTH? .....

WHAT IS YOUR MAIN SPOKEN LANGUAGE? .....

I NEED AN INTERPRETER OR TRANSLATOR. YES  NO

WHAT LANGUAGE DO YOU PREFER TO READ? .....

I CAN READ ENGLISH YES  NO

Someone helped me to fill in this form, as I do not read any language. Yes  No

WHAT IS YOUR RELIGION? Please write in or tick the box if this question does not apply to you.

RELIGION ..... Religion none

Please tell us your ethnic group. Please choose **one section only** from A to E. In that section ✓ tick the most relevant  box. If you ✓ tick a  box marked **other**, please write your ethnic group in the space given.

**A. Asian or Asian British**

- Bangladeshi
- Indian
- Pakistani
- Other Asian background *please tick and*

*write in below*

.....

**D. Mixed Background**

- White & Asian
- White & Black African
- White & Black Caribbean
- Any other Mixed background *please*

*tick and write in below*

.....

**B. Black or Black British**

- African
- Caribbean
- Any other Black background *please tick*

*and write in below*

.....

**E. White**

- British
- Irish
- Any other White background *please*

*tick and write in below*

.....

**C. Chinese or Other Ethnic Groups**

- Chinese
- Any other ethnic group *please tick and*

*write in below*

.....

The information you provide will be treated in the strictest confidence and will not breach the Data Protection Act.

Signature of Patient (or patient's parent or guardian).....

Where/how did you hear about us? Friends/family  Internet  Phone directory

Patient Liaison Services  Other (please state) .....

Name..... (please print)

Date of Birth .....

**This is one unit of alcohol** .....



Half-pint of Regular beer, lager or cider



1 small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs

**..... and each of these is more than one unit**



**2 units** pint of regular Beer/Lager/Cider



**3 units** pint of premium Beer/Lager/Cider



**1.5 units** Alcopop or can/bottle of Regular Lager



**2 units** Can of Premium Lager or Strong Beer



**4 units** Can of Super Strength Lager



**2 units** Glass of Wine (175ml)



**9 units** Bottle of Wine

TABLE 1 QUESTIONS	SCORE					Your Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or Less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost Daily	
<b>TOTAL Table 1</b>						
<b>Score 0 – 4 Lower Risk, no further action</b> <b>Score 5 – 7 Higher Risk – Please Table 2</b>						

TABLE 2 QUESTIONS	SCORE					Your Score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than Monthly	Monthly	Weekly	Daily or almost Daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost Daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost Daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or 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 or almost Daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down	No		Yes, but not in the last year		Yes, during the last year	
<b>TOTAL Table 2</b>						
<b>TOTAL Table 1 &amp; 2</b>						

**Score 8 – 15 Increasing Risk**  
**Score 16 – 19 Higher Risk**  
**Score 20+ Possible Dependence**

## SMOKING SURVEY QUESTIONNAIRE

We need to collect this information to update our records and we would be grateful if you could complete the following questionnaire:

*Please tick the relevant box:*

I have never smoked (137I)	<input type="checkbox"/>	I have smoked but stopped (137K)	<input type="checkbox"/>
I am still smoking (137R)	<input type="checkbox"/>	Amount per day	<input type="checkbox"/>
Smoking cessation advice offered (8CAL)	<input type="checkbox"/>	Smoking cessation advice declined (8IAj)	<input type="checkbox"/>

## INFORMATION SHARING

### SUMMARY CARE RECORD DATA SHARING

Your doctor may have to share information with other health care providers in order to make sure that you receive the relevant treatment when you need it. In order to do this, could you please indicate below that you are happy for other healthcare professionals to have access to your data via the Summary Care Record.

I consent to my data being uploaded to the SCR system (9Ndm)

I do not consent to my data being uploaded to the SCR system (9Ndo)

For further information please visit [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk)

### LOCAL CARE RECORD DATA SHARING

To enable information to be shared more quickly and to improve care patients received *locally*, a new process has been put in place in Southwark and Lambeth. This will join-up care records from local hospital organisations (Guys & St. Thomas', King's College Hospital, and South London and Maudsley NHS Foundation Trust) with GP Practice information through existing computer systems. It is called the **Local Care Record**.

It allows practice staff to view certain details in the hospital record and vice versa. Information such as medication and discharge summaries – NOT CONSULTATION NOTES OR FREE TEXT. It is no different to staff sending and receiving paper documentation as they do now, it is just quicker.

Information is only shared when it is needed to make care and treatment safer, easier and faster and is shared only with those people directly involved in the patients care.

If you would like to opt-out for this, please ask at reception for a **Local Care Record Opt-out Form**