Dear New Patient

***Welcome to Bulkington Surgery and thank you for choosing to register with us.***

Our surgery exists to administer a good level of medical care to all patients who are registered with the practice and our aim is to provide an effective and helpful service. We offer a variety of special clinics and we stock leaflets and booklets on a number of topics including medical conditions, self-help etc. We work closely with our Health Visitors, Midwife and local Children’s Centre and ask you to look out for leaflets about children’s matters and on our website. We have a section for teens on our website. The surgery will liaise on your behalf with hospitals and community care. This information is also available via our website – www.bulkingtonsurgery.com and our practice leaflet which is available on our website

As a new patient we would ask that you complete our New Patient Questionnaire (where applicable) as this provides us with the information to arrange for your medical records to be transferred to us as well as giving us the opportunity to find a little bit about your medical background and your specific needs.

* **ID for under 15’s** (birth certificate or passport)
* **Proof of residency of family** (e.g. current utility bill, recent bank statement)
* **NHS NUMBER** (will show on repeat prescription/red book or available from previous surgery)

**Please note your registration cannot be accepted until fully completed**

We operate an appointment system where we will try to offer an appointment with the next available healthcare professional within the next 48hours. We recognise that this can sometimes cause problems for those patients who wish to book appointments with a specific GP; however we feel that this is the best approach under the current nationally directed guidelines. **Please remember that if you need to see the doctor on an urgent basis then we will always try to accommodate you, however do not be offended if the Receptionist asks you when the problem started and the nature of the problem. They have been instructed to do so by the doctors and it is not meant to be offensive in any way, it just helps us to help you.** You are able to pre-book routine appointments with other members of staff i.e. Practice Nurses and Healthcare Assistants. You will be registered with a specific doctor who is your ‘allocated GP’ but you are able to see any doctor at the practice when available.

The staff and doctors aim to be helpful, courteous and fair at all times, so please do not hesitate to ask a member of staff for help should the need arise. However, from time to time we may not always get it right and if you are unhappy with the service or have any suggestions for improvements, please do not hesitate to contact the senior receptionist or the practice manager who will be pleased to help in any way to resolve the problem. The surgery operates a complaints policy details of which are on our website or ask. Also we have a ‘Friends and Family’ survey form and box in the waiting room for your feedback. We do our utmost to provide an excellent service to patients within our financial parameters but, if there is anything that you feel we could be doing better please let us know. Patients who find using the surgery difficult for whatever reason are urged to discuss this with our senior receptionist who will try to accommodate your concerns and requests.

We hope that you will be happy with the service you receive from us and we look forward to a happy patient/practice relationship.

**ZERO TOLERANCE**

Our practice staff are here to help you. Our aim is to be as polite and helpful as possible to all patients. If you consider that you have been treated unfairly or inappropriately, please contact the practice manager, who will be happy to address your concerns.

However we strongly support the NHS policy on zero tolerance.

Anyone attending the surgery who abuses the GPs, staff or other patients be it verbally, physically or in any threatening manner whatsoever, will risk removal from the practice list. In extreme cases we may summon the police to remove offenders from the practice premises.

**‘Care.Data’**This is a service developed by NHS England.  Confidential information from your medical records will be extracted and used by those planning NHS services or carrying our medical research, using information from different parts of the NHS.  This information along with your postcode and NHS number (but not your name) is sent to a secure system where it can be linked with other health information from other services.  This will happen automatically unless you opt-out.  If you are happy for your information to be used in this way you do not have to do anything.  If you have concerns or wish to prevent this from happening please use the opt-out form below and hand /post it into the surgery.

More information can be found here:

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Pages/care-data.aspx>

<http://www.patient.co.uk/health/caredata-sharing-your-information>

[http://](http://www.patient.co.uk/health/caredata-sharing-your-information)[www.nhs.uk/caredata](http://www.nhs.uk/caredata)

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| **Medical History**: | | | | | | | | | | | | | | | | | | |
| **If under 5:** | | | | | | | | | | | | | | | | | | |
| Type of birth (e.g. natural,Caesarean) | | | | | |  | | | | | | | | | | | | |
| Birth weight (if known) | | | | | |  | | | | | | | | | | | | |
| Feeding (e.g. breast or bottle) | | | | | |  | | | | | | | | | | | | |
| Please note all details of children under 5 are passed to the Health Visiting Team for Child Health Surveillance | | | | | | | | | | | | | | | | | | |
| Has your child ever suffered from any important medical illness, operation or admission to hospital? If so please enter details: (please continue on separate sheet if needed) | | | | | | | | | | | | | | | | | | |
| Condition | | | | | Year Diagnosed | | | | | | | Ongoing? | | | | | | |
|  | | | | |  | | | | | | | Yes  No | | | | | | |
|  | | | | |  | | | | | | | Yes  No | | | | | | |
| Have any close relatives (mother, father, sister, brother) ever suffered from: | | | | | | | | | | | | | | | | | | |
| Heart Disease / Angina | | | | | Diabetes | | | | | | | Epilepsy | | | | | | |
| High Blood Pressure | | | | | Stroke/TIA | | | | | | | COPD | | | | | | |
| Asthma | | | | | Cancer | | | | | | | Hypothyroidism | | | | | | |
| Osteoporosis | | | | | Rheumatoid Arthritis | | | | | | | Dementia | | | | | | |
| High Cholesterol | | | | | Other  (please state): | | | | | | | | | | | | | |
| **Do you have any Allergies?**(e.g. antibiotics, food, bee sting, latex,) | | | | | | | | | | | Yes | | | | | | No | |
| If Yes please state: |  | | | | | | | | | | | | | | | | | |
| **Immunisations;** If known, please circle the immunisation received and complete the date received and supply child’s RED BOOK for copying when possible | | | | | | | | | | | | | | | | | | |
|  | | Date Received | | | | | |  | | | | | | Date Received | | | | |
| Whooping Cough | |  | | | | | | Polio | | | | | |  | | | | |
| Tetanus | |  | | | | | | HiB | | | | | |  | | | | |
| Measles | |  | | | | | | MMR | | | | | |  | | | | |
| BCG (TB) | |  | | | | | | Meningitis | | | | | |  | | | | |
| Booster: Tetanus | |  | | | | | | Booster: Polio | | | | | |  | | | | |
| Booster: Diptheria | |  | | | | | | Booster: MMR | | | | | |  | | | | |
| **Any others please list here:** | | | | | | | | | | | | | | | | | | |
| **Health Information**: | | | | | | | | | | | | | | | | | | |
| Weight (if known)  (st\lbs or Kgs) | | |  | | | | | | Height (if known)  (ft\” or metres) | | | | | |  | | | |
| **Current Medication**: | | | | | | | | | | | | | | | | | | |
| If you have a repeat medication slip from your previous GP please attach to this form. | | | | | | | | | | | | | | | | | | |
| **Practice Services\Groups**: | | | | | | | | | | | | | | | | | | |
| **Young Carers**: If you are a Young Carer would you like to be added to the Practice’s register to receive regular information and support | | | | | | | | | | | | | Yes | | | | | No |
| (If yes) I care for (name): | | | |  | | | | | | | | | | | | | | |
| Relationship to you: | | | |  | | | | | | | | | | | | | | |
| The person I care for has: | | | | Dementia | | | Physical Disability | | | Mental Illness | | | | | | Chronic Disease | | |
| **Other information\Patient Confirmation**: | | | | | | | | | | | | | | | | | | |
| **Care.Data:** Please see information on reverse of first page.  I wish to opt out of full data sharing with the HSCIC  I wish to opt out of the care.data programme (this means your data will not leave the practice) | | | | | | | | | | | | | | | | | | |

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| **Electronic Prescription Service:**  The practice can now send your prescription to your preferred pharmacy electronically (so no need to come into surgery to collect prescriptions). Please visit the pharmacy of your choice and register with them. If you have previously nominated a pharmacy in another area and you now wish to change to a local pharmacy or prescriptions will continue to go there. | | | | |
| If any of the details on this form change in the future please inform us.  In accordance with the Data Protection Act, the Practice needs consent from any Patient (or in the case of a child under 16 their parent or guardian) for us to leave a message, send a text or information regarding their medical treatment. By providing the information on this form you are consenting to be contacted about your medical needs.  Please note also – unless we are informed otherwise the contact numbers provided on this form will remain on the listed patient’s record after they turn 16. Therefore we advise that the records are updated after the Childs 16th birthday to provide full confidentiality.  By completing and signing this form you are also agreeing to abide by the details in Bulkington Surgeries Patient Contract and Zero tolerance Policy  (copies of which can be found on reverse of first page and our website ) | | | | |
| Name of person signing on behalf of Patient  (Must have parental responsibility, Copies taken of court orders if applicable ): | |  | | |
| Relationship to Patient: | |  | | |
| Signed: | |  | | |
| Date: | |  | | |
| Should you require any further information about the Practice please refer to the Practice Details on NHS Choices Website or speak to Reception. | | | | |
| |  |  |  | | --- | --- | --- | | **Reception Only**: | | **Checked postcode on website yes/ no** | | Type of ID Seen: | 1. 2. | | | Seen by (initial and surname): | Name: | | | Checked Parents Registered Here? | 🞏 YES Name(s): | | | Taken Copy or Immunisation Sheet FROM RED BOOK | 🞏 YES attached  🞏 NO not available | | | Verbally Invited to Appt with NURSE – not GP  (Only Patients with lots of medications or illnesses)? | 🞏 YES and Appointment booked  🞏 YES Will Book Apt Later  🞏 YES but patient has Refused to Attend  Apt time: | | | | | | |
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