**OVER 16 REGISTRATION STATUS FORM**

Tel: 01332 340381 [www.macklinstreetsurgery.co.uk](http://www.macklinstreetsurgery.co.uk)

Thank you for applying to join Macklin Street Surgery. We would like to gather some information about you and ask that you fill in the following questionnaire. You don’t have to supply answers to all of the questions but what you do fill in will help us give you the best possible care.

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes.

**Fields marked with a \* and highlighted yellow are mandatory, failure to complete these sections may result in your registration not being processed.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*Title \*Surname | | |  | \*First names | | |
| \*Any previous surname(s) | | |  | \*Date of Birth | | \*Age |
| \*Male Female | | |  | \*NHS No. | | |
| \*Town and country of birth | | |  | \*Home address | | |
| \*Home telephone No. | | |  |
| Work Telephone No. | | |  | \*Postcode | | |
| \*Mobile telephone No. (If you have one) | | |  |
| **Your previous address** | | |  | **Previous doctor’s details** | | |
| \*Previous address in the UK (Except Scotland) | | |  | \*Name of previous doctor | | |
|  | Address of previous doctor | | |
| \*Postcode | | |  |
| **If you are from abroad** | | |  |  | | |
| \*Have you lived abroad in the last 5 years? Yes / No | | |  | \*If previously a resident in the UK, date of leaving/date of returning | | |
| \*If yes where; | | | \*Date you first came to live in the UK if applicable | | |
| \*Your first UK address including post code where you registered with a GP if you were previously living abroad (Including Scotland) | | |  | \*Do you require an interpreter: Yes / No  If you have answered Yes please state which language: | | |
|  | | |  | \*Do you have any communication/information needs relating to a disability, impairment or sensory loss, and if so, what are they?; | | |
| **If you are returning from the Armed Forces** | | |  |  | | |
| Address before enlisting | | |  | Service or Personnel No. | | |
| Postcode | | |  | Enlistment date | | |
| **Additional details about you** | | | | | | |
| What is your ethnic group | | | | | | |
| **White** | British | Irish | | |  | |
| **Black** | Caribbean | African | | |  | |
| **Asian** | Indian | Pakistani | | | Chinese | |
| **Mixed** | White + Black Caribbean | White + African | | | White + Asian | |
| **Other** | Please specify: |  | | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Height ft in | | | | | | | |  | | **(for women only)** Have you had a cervical smear?  Yes No (please circle) | | | | | | | | | | |
| Weight st lb | | | | | | | |  | |
| Waist measurement in | | | | | | | |  | |
|  | | | | | | | |  | |  | | | | | | | | | | |
| \*Do you consent to the shared NHS Summary Care Record (SCR)?  Yes No (please circle) | | | | | | | |  | | Many patients find it useful for us to contact them by text and email.  \*Do you consent to receiving text & emails?  Yes No (please circle) | | | | | | | | | | |
| **More details concerning the Summary Care Record and what it means to you can be found by visiting:**  **www.nhscarerecords.nhs.uk** | | | | | | | |  | | Email address | | | | | | | | | | |
|  | | | | | | | |  | |  | | | | | | | | | | |
| Do you have a Carer? Yes / No  If yes, what is their name and contact number?  Do you consent for your carer to be informed about your medical care? Yes / No | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | |  | | | | | | | | | | |
| Are you a Carer? Yes / No  If yes, do you look after someone who is a patient of Macklin Street Surgery? Yes No Don’t know (please circle)  If yes, what is their name?  Are they a: Relative Friend Neighbour | | | | | | | | | | | | | | | | | | | | |
| **Next of kin** | | | | | | | |  | |  | | | | | | | | | | |
| Name of next of kin | | | | | | | |  | | Relationship to you | | | | | | | | | | |
| Next of kin telephone number(s) | | | | | | | |  | | Next of kin address (if different to above) | | | | | | | | | | |
| **Patient Access** | | | | | | | |  | |  | | | | | | | | | | |
| Once your application to join our practice has been accepted you’ll be able to order your repeat medications, book appointments and view certain aspects of your medical record via the internet. This service is called **Patient Access**.  To access this service you will need a password – ask at reception to register and receive your password. | | | | | | | | | | | | | | | | | | | | |
| **Medical details** | | | | | | | |  | |  | | | | | | | | | | |
| **In order to continue to receive your repeat medications you’ll need to make an appointment with the GP at least one week before your next prescription is due.** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | |  | | | | | | | | | | |
| \*Are you allergic to any medicines? Yes / No (if yes please specify) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | |  | | | | | | | | | | |
| \*List other allergies (pollen, animal hair or certain foods. Please mark “none” if you have no other allergies that you know of) | | | | | | | | | | | | | | | | | | | | |
| **Have you ever had any of the following condition?** | | | | | | | |  | |  | | | | | | | | | | |
|  | | | Yes/No | | Year | | |  | |  | | | | | | | Yes/No | | | Year |
| Epilepsy | | |  | |  | | |  | | Rheumatoid Arthritis | | | | | | |  | | |  |
| High Blood Pressure | | |  | |  | | |  | | Mental Illness | | | | | | |  | | |  |
| Heart Attack | | |  | |  | | |  | | Diabetes (type 1 or type 2) | | | | | | |  | | |  |
| Angina (stable / unstable) | | |  | |  | | |  | | Asthma | | | | | | |  | | |  |
| Stroke | | |  | |  | | |  | | COPD (or Emphysema) | | | | | | |  | | |  |
| Transient Ischaemic Attack | | |  | |  | | |  | | Osteoporosis / Bone Fractures | | | | | | |  | | |  |
| Cancer | | |  | |  | | |  | | Peripheral Vascular Disease | | | | | | |  | | |  |
| List any serious illnesses / operations / accidents / disabilities (women: any pregnancy related problems) & the year they took place: | | | | | | | | | | | | | | | | | | | | |
| Have you ever been screened for TB? (Tuberculosis): Yes / No | | | | | | | | | | | | | | | | | | | | |
| **Do you have family history of any of the following?** | | | | | | | | | | | | | | | | | | | | |
|  | | Yes/No | | Relationship | | | |  | |  | | | | | Yes/No | | | | Relationship | |
| **High Blood Pressure** | |  | |  | | | |  | | **DVT / Pulmonary Embolism** | | | | |  | | | |  | |
| **Ischaemic Heart Disease**  Diagnosed aged >60 yrs | |  | |  | | | |  | | **Breast Cancer** | | | | |  | | | |  | |
| **Ischaemic Heart Disease**  Diagnosed aged <60 yrs | |  | |  | | | |  | | **Any Cancer**  Specify type: | | | | |  | | | |  | |
| **Raised Cholesterol** | |  | |  | | | |  | | **Thyroid disorder** | | | | |  | | | |  | |
| **Stroke / CVA** | |  | |  | | | |  | | **Epilepsy** | | | | |  | | | |  | |
| **Asthma** | |  | |  | | | |  | | **Osteoporosis** | | | | |  | | | |  | |
| **Please tell us about your smoking habits** | | | | | | | | | | | | | | | | | | | | |
| \*Do you smoke? Yes / No  If yes, what do you primarily smoke:  Cigarettes / Cigar / Pipe (please circle) | | | | | | | |  | | Are you an ex-smoker? Yes / No  When did you quit?  How many did you smoke a day? | | | | | | | | | | |
| How many do you smoke a day?  Would you like advice on quitting? Yes / No | | | | | | | |  | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Please record any additional information about you that you think is important for us to know** | | | | | | | | | | | | | | | | | | | | |
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| **Have you ever been in the armed forces? Yes No** (please circle) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | |
| **\*Please tell us about your alcohol consumption** | | | | | | | | | | | | | | | | | | | | |
| **Questions** (please circle your answers) | | | | | | | **Unit scoring system** | | | | | | | | | | | | | |
| **0** | | | | **1** | | **2** | | | **3** | | | | **4** |
| 1. How often have you had 6 or more units (if female), or 8 or more units (if male) on a single occasion in the last year? | | | | | | | Never | | | | Less than monthly | | Monthly | | | Weekly | | | | Daily or almost daily |
| **Only answer the following questions if the answer above is Monthly (1) or Less than monthly (2).** | | | | | | | | | | | | | | | | | | | | |
| 1. 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 |
| 1. 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 |
| 1. Has a relative or friend, doctor or 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 |
| **Depending on your answers above you may be asked to complete an additional alcohol questionnaire.** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Scoring System** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | **Your Score** | | | | | | | | | | |
| **Question 1** | | | | | | | | | |  | | | | | | | | | | |
| **Question 2** | | | | | | | | | |  | | | | | | | | | | |
| **Question 3** | | | | | | | | | |  | | | | | | | | | | |
| **Question 4** | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | **1 UNIT** | | **1.5 UNIT** | | | **2 UNITS** | | | | | | **3 UNITS** | | **9 UNITS** | | | | **30 UNITS** | |  |
| **C:\Users\rebecca_moore\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\H2058IQD\PngMedium-glass-water-2750[1].gif**  **Normal beer half pint (284ml) 4%** | | **C:\Users\rebecca_moore\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JT760Z0Q\02W_wineglass[1].jpg**  **Small glass of wine(125ml) 12.5%** | | | **C:\Users\rebecca_moore\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\H2058IQD\PngMedium-glass-water-2750[1].gif**  **Strong beer half pint (284ml) 6.5%** | | | **C:\Users\rebecca_moore\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JT760Z0Q\02W_wineglass[1].jpg**  **Medium glass of wine (175ml) 12.5%** | | | **C:\Users\rebecca_moore\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\H2058IQD\8231335526_41a5314de9_z[1].jpg**  **Strong beer large bottle/can (440ml) 6.5%** | | C:\Users\rebecca_moore\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JT760Z0Q\wine-bottle-blank-label-1367688305Akc[1].jpg  **Bottle of wine (750ml) 12.5%** | | | | **C:\Users\rebecca_moore\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\EZS4X44Q\Dewars-highlander-honey[1].jpg**  **Bottle of spirits (750ml) 40%** | |
| **C:\Users\rebecca_moore\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JT760Z0Q\whiskey-large[1].jpg**  **Single spirit shot (25ml) 40%** | | C:\Users\rebecca_moore\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JT760Z0Q\wine-bottle-blank-label-1367688305Akc[1].jpg  **Alcopops bottle (275ml) 5.5%** | | | **C:\Users\rebecca_moore\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\H2058IQD\8231335526_41a5314de9_z[1].jpg**  **Normal beer large bottle/can (440ml) 4.5%** | | |  | | | **C:\Users\rebecca_moore\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JT760Z0Q\02W_wineglass[1].jpg**  **Large glass of wine (250ml) 12.5%** | |  | | | |  | |
|  | |  | | |  | | |  | | |  | |  | | | |  | |

**Once you are registered**

If there are any problems with your registration we’ll contact you to clarify any issues.

**On-line Services**

You will be able to register with our on-line service provider and access appointments, prescriptions and some sections of your medical record via the internet. All of the details that you need for this are available on our practice website at [www.macklinstreetsurgery.co.uk](http://www.macklinstreetsurgery.co.uk) on the ‘appointments’ and ‘prescriptions’ pages.

**Patient Participation Group (PPG)**

The practice has an active group of patients that meet on a regular basis and work with the practice to improve our care and service.

Would you like to join this group? Yes No (please circle)

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Signed** | |  | **\*Date** |
|  | |  |  |
| **Signed on behalf of patient** (if applicable)  (e.g. adults lacking capacity) | |  | **FOR OFFICE USE ONLY**  **PHOTO ID TYPE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (aged 16 and over only)  **ADDRESS ID TYPE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |

\*I**Please view our privacy notice on our website; www.macklinstreetsurgery.co.uk**