

WELCOME TO THE NORTH LONDON HEALTH CENTRE

www.thenorthlondonhealthcentre.co.uk

We currently register patients who reside within the practice boundary

To assist the **staff with your registration** please provide us with the following documentation between the hours of 11:00 am – 4:00 pm

1. NHS MEDICAL CARD (OR NHS number – available from previous GP)

2. GMS1 Registration form

3. Proof of Identity (Photo ID) & two Proof of Address – Acceptable documents:

- Utility bill (gas, electricity, TV, Telephone, Council Tax) dated within the last 3 months
- Hard copy of Bank or building Society Statement, dated within last 3 months
- Driving Licence(as long as it shows full address)
- Offer of Tenancy
- Birth Certificate
- Passport
- Solicitor's letter

Please note that we cannot accept utility bills in company names only. The patient must be named on all documents provided.

4. New Patient Questionnaire

5. All Children under 16 Years old: children should be accompanied by their parents. Please provide the red baby book or other vaccination records so we can ensure that your child's immunisation records are up to date.

All Practice Information can be found on our website:

www.thenorthlondonhealthcentre.co.uk

You can book appointments and request regular medication online. Please ask Receptionist for an online access application form.

If you have any queries in relation to the above please speak to one of our receptionists who will be happy to assist you.

For Office Use

ID & Proof of Address (Initial): Checked:Date: Initial:
Form checked (Initial):
Registered Computer: Date..... Signature: Emis No.:

NEW PATIENT HEALTH QUESTIONNAIRE

Title (Dr/Mr/Mrs/Ms/Miss) Forename _____ Surname _____

Male/Female D.O.B _____ Marital Status _____

NHS Number _____ Place of Birth _____

Address: _____

_____ Post Code: _____

Tel No: Home _____ Work _____ Mob _____

E-mail address _____

Please note that we sometimes use your email to send you information related to your health

Occupation _____

Next of kin 1: Name: _____ Relationship to you: _____

Can be contacted in Emergency? Yes/No Telephone: _____

Next of kin 2: Name: _____ Relationship to you: _____

Can be contacted in Emergency? Yes/No Telephone: _____

FOR CHILDREN, PLEASE PROVIDE BOTH PARENTS DETAILS. Please provide children

school: _____

Are you happy for us to discuss you records with Next Of Kin if necessary? Yes / No

Carer Details: Are you a Carer? Yes/No If yes please ask receptionist for a "Carer Form"

Do you have a Carer? If yes please complete the following details

Carers Name: _____ Telephone Number: _____

Relationship: _____ Address: _____

Please note that the above details will be held on our practice's computerised data system once consent has been received from the carer.

Summary Care Record: It is a summary of a patients' key health information that will be available to anyone treating them in the NHS across England. Please read the attached information leaflet and complete form

On Medication: Yes/No. If YES, please provide a list or print out from previous GP. Please book a GP app for medication review **BEFORE** your current medication runs out. This will assist with your repeat prescription requests. This also applies whenever you are given a new medication elsewhere.

Nominated Pharmacy for EPS: _____

Smoking Status: Do you smoke? YES/NO If Yes: What type: _____

How many/ day? _____ Would you like help to stop? Yes/ No

If ex-smoker? [] When stopped _____ Never smoked []

Allergies: Do you have any allergies? Please give details, whether food or Medication

Medical History: Chronic Diseases:

Do you suffer from any of the following? (Tick as appropriate)

Asthma []

Blindness/Glaucoma []

Cancer []

COPD []

Diabetes []

Depression []

Epilepsy []

Heart attack/Stroke []

High Blood pressure []

Any Past Operations []

Please state operation with dates _____

Family History:

Does anyone in your family suffer from any of the following? (Tick as appropriate)

1. Heart Disease/Stroke Yes / No Age _____

2. Diabetes Yes / No Age _____

3. Asthma Yes / No Age _____

4. Eczema Yes / No Age _____

5. Hypertension Yes / No Age _____

6. Cancer (which?) _____ Age _____

(State Mother, Father, Brother, Sister, Grandparent)

If you have any special requirements, please inform the reception team

ALCOHOL

For the following questions please circle the answer which best applies

1 drink = 1/2 pint of beer or one glass of wine or 1 single spirits

AUDIT – C

Questions	Scoring system					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	

Scoring:

A total of 5+ indicates increasing or higher risk drinking.

An overall total score of 5 or above is AUDIT-C positive.



What is your Ethnic group?

Choose One Section from A to E

Then click the appropriate box to indicate your ethnic group

A: White

† British

† Irish

† Any other White Background (Please write in) _____

B: Mixed

† White and Black Caribbean

† White and Black African

† White and Asian

† Any other mixed background (Please write in) _____

C: Asian or Asian British

† Indian

† Pakistani

† Bangladeshi

† Any other Asian background (please write in) _____

D: Black or Black British

† Caribbean

† African

† Any other Black Background (please write in) _____

E: Chinese or other ethnic group

† Chinese

† Any other (please write in) _____

F: I do not wish to disclose my ethnic origin † _____

What is your first spoken Language? _____

Do you need an Interpreter: Yes / No

Patient Signature: Date:

Thank you for taking the time to complete this questionnaire. **This information will only be used within the practice and will never be passed to other parties outside the NHS without your permission.** By completing this form you are agreeing for this information to be entered on a computer database held by the practice. When completed please bring it to the receptionist with your NHS card/GMS1 and make an appointment for a New Patient Health Check.

- **By submitting this registration form, you indicate your consent to receiving email or text messages only from us regarding your care and/ or other services. If you do not want to receive such messages, tick here**

Your emergency care summary

My Summary Care Record Choice

A. Please complete in BLOCK CAPITALS. If you are filling in this form on behalf of another person or child please ensure you fill their details in section A and your details in section B.

Title: _____ Surname/Family name: _____

Forename(s): _____

Address: _____

Postcode: _____ Date of birth: _____

NHS number (if known): _____

Signature: _____ Date: _____

B. If you are filling out this form on behalf of another person or child, their GP will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name: _____ Relationship to patient: _____

Your signature: _____ Date: _____

Summary Care Record Options (Please Tick One Box Only)	Please Tick
YES I would like a Summary Care Record containing details of my medications., allergies and any bad reactions to medications I have had	
YES I would like a summary care record containing details of my medications, allergies and any bad reactions to medications I have had AND any other information that I have agreed with my GP Practice to have included in my Summary Care Records	
NO I do not want a Summary Care Record	

If you do not return this form, a Summary Care Record will be created for you based on implied consent

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff treating you may not be aware of your current medications in order to treat you safely and effectively.

NHS healthcare staff may not be aware of any allergies/adverse reactions to medications and may prescribe or administer a drug/treatment with adverse consequences.

If you have any questions, or if you wish to discuss your choices or concerns, please telephone the NHS Summary Care Record Information Line on 0845 603 8510.

If you remain unsure about whether or not to have a Summary Care Record please contact your participating practice

Summary Care Record – your emergency care summary

The NHS in England introduced the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely. Also, if you specifically choose to do so, your Summary Care Record can hold other information you have agreed with your GP Practice to have included.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, the doctors treating you will have immediate access to important information about your health.

The North London Health Centre is supporting Summary Care Records and as a patient you have a choice:

- **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.
- **Yes I would like a summary care record** containing details of my medications, allergies and any bad reactions to medications I have had AND any other information that I have agreed with my GP Practice to have included in my Summary Care Records
- **No I do not want a Summary Care Record**

Please fill in the attached form to confirm your current choice.

For more information talk to practice staff, visit the website:

(<http://www.enfieldccg.nhs.uk/about-us/how-we-use-information-about-you-fair-processing-notice.htm>) or

(<https://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Pages/sharing-your-records.aspx>)

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.