



THE ADAM PRACTICE

Reception: Please hand letter back to patient after receipt of completed form

Dear New Patient

Welcome to The Adam Practice and thank you for choosing to register with us.

As one of the largest GP Practices on the South Coast, The Adam Practice strives to provide high quality, readily accessible medical and preventative health care within a well organised, efficient, up-to-date, friendly and caring environment. This is achieved by making the best possible use of its resources and by taking a proactive role with new health care strategies.

As a new patient we would ask that you complete our New Patient Questionnaire fully 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.

It is preferred for all new patients to provide photographic proof of ID (e.g. passport or a UK photo driving licence) and proof of residency (e.g. current utility bill, recent bank statement or letter from host family/college). Please note your registration cannot be accepted until the New Patient Questionnaire form is completed in full.

All information provided is treated in the strictest confidence. We would also ask that you return to the surgery a week after registering with us to use our 'Pod' to complete a New Patient Check to enable us to complete your registration fully.

Appointments*

We operate an appointment system where we endeavour to offer an appointment with the next available healthcare professional within the next 48 hours. 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 are not making arbitrary decisions about your healthcare, but have been instructed to do so by the doctors to help us, help you. You are able to pre-book routine and follow up appointments up to 6 weeks in advance with any clinician.

****Please note due to the Covid-19 Pandemic our services are currently working differently, please contact your registered surgery to find out how to access our services.***

Prescriptions

Patients on regular medication do not always need to see or speak to a doctor for a repeat of their medicines. **THREE working days** are required to process your prescription. Repeat requests should be ordered Online (via our SystemOnline service), via a Pharmacy posted or brought to the surgery. Prescriptions can be posted back to you if you provide a stamped addressed envelope. Requests are not accepted over the telephone to avoid errors and avoid pressure on telephone lines.

Online Access

We are able to offer an online facility called **SystemOnline**. This service allows patients to order prescriptions, book/cancel appointments and view medical records all securely ONLINE. This facility is available 24 hours a day, seven days a week! If you would like to sign up for this service, please tick YES at this section of the new patient questionnaire (attached), and speak to a member of staff.

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

Yours faithfully,
Service Delivery Manager

HAMWORTHY SURGERY

306 Blandford Road
Hamworthy
Poole
Dorset BH15 4JQ

Tel: 01202 679234
Fax: 01202 667127

DR. S. NEAVE
DR. A. MOWBRAY
DR. E. SAUNDERS
DR. T. OWEN
DR. F. CHIMBWANDA
DR. E. NEVILLE-SMITH

POOLE SURGERY

117 Longfleet Road
Poole
Dorset BH15 2HX

Tel: 01202 676111
Fax: 01202 667126

DR. B.A. OXLEY
DR. D. WEBB
DR. C. STEAD
DR. L. BARRON
DR. V. MULLHOLLAND
DR. L. HAMILTON GREY

UPTON SURGERY

Upton Cross
Poole
Dorset BH16 5PW

Tel: 01202 622339
Fax: 01202 621513

DR. C.E. POWELL
DR. J.A. RAY
DR. P.A. MOORE
DR. C. POON
DR. M. MANICKAVASAGOM
DR. N. GREEN

HEATH COTTAGE SURGERY

40 High Street
Lytchett Matravers
Dorset BH16 6BG

Tel: 01202 632764
Fax: 01202 621498

DR. N. BRITTON
DR. R. CARRON
DR. S. CHAPMAN

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Do you have any special communication needs? Yes No

If YES, please state what is need i.e. sign language or **LARGE PRINT**

If you have stated that you have any special communication needs on this form, we will do our best to accommodate your needs. Should your needs change please inform us.

PERSONAL DETAILS

Surname:

Given Names:

Date of Birth :

NHS Number :

Middle name(s):

Known as:

Former Surname:
(where applicable)

Title:

Marital Status:

Gender:

Male

Female

Prefer not to specify

Town + Country of Birth

Ethnicity:

British

African

Bangladeshi

Caribbean

Irish

Other Asian

W&B Caribbean

Other White

Indian

Other Black

Other Mixed

White Asian

Chinese

Pakistani

W&B African

Refuse to Divulge

Main Language:

Interpreter Required?

Yes

No

Home Address:

Post Code:

Telephone Number:

Mobile:

Work Number :

Please state which number you would prefer to be contacted on in the first instance:

Home

Mobile

Work

Email Address:

PLEASE HELP US TRACE YOUR PREVIOUS MEDICAL RECORDS BY PROVIDING THE FOLLOWING :

Previous address in the UK:

Post Code:

Name & Address of last GP:

Post Code:

IF YOU ARE FROM ABROAD: (Please Complete APPENDIX 1 - 'PATIENT DECLARATION') :

First UK address where
registered with a GP:

If previously resident in UK,
date of leaving:

Date you first came
to live in the UK:

IF YOU ARE RETURNING FROM THE ARMED FORCES :

Address before enlisting:

	Post Code:
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Service or Personnel No.

Service:

Enlistment Date:

Date of Leaving:

CARERS :Are you a Carer ? YES NO

If YES I care for (Name) :

Relationship to you:

Would you like to be added to the Practice's register to receive information:

 YES NO**PATIENT CONTACTS:**

Next of Kin:

Relationship to you:

Contact No. :

Registered at the

Adam Practice?

 YES NO**ALLERGIES :**

Do you have any Allergies?

 NO YES

Please state:

(e.g. antibiotics, food, bee sting, latex)

HEALTH INFORMATION:

Height : (ft\" or metres)

Weight: (st\lbs or Kgs)

LADIES : Are you currently pregnant? NO YES

Estimated delivery date:

SMOKING STATUS: I am a smoker I have never smoked I am an ex-smoker

Date stopped smoking :

 User of Electronic cigarettes Ex user of Electronic cigarettes**DRINKING:**

Number of Alcohol Units consumed per week:

Please complete the following questions:

Scoring:	0	1	2	3	4	Total
How often do you have 8 (Men) or 6 (women) or more drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	

ONLY ANSWER THE FOLLOWING 3 QUESTIONS IF YOUR SCORE IS 2,3 OR 4

ALCOHOL FAST TEST Scoring:	0	1	2	3	4	Total
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
Has a relative/friend/clinician been concerned about your drinking/advised you to cut down?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	

ALCOHOL 'FAST' SCREENING TEST DECLINED **Total**

CURRENT MEDICATION:

IF YOU HAVE A REPEAT MEDICATION SLIP FROM YOUR PREVIOUS GP PLEASE ATTACH TO THIS FORM

Electronic Prescription Service:

The practice can send your prescription to your preferred pharmacy electronically. Please inform us if you have nominated a pharmacy in another area and you now wish to change to a local pharmacy

Nominated Pharmacy:

PRACTICE SERVICES / PATIENT GROUPS:

Would you be interested in joining our **Patient Participation Group (PPG)**? NO YES

Do you wish to register for the **SystemOnline** Service? NO YES

(Online prescriptions, appointment booking, view summary care record)

DECLARATION: In accordance with the Data Protection Act, the Practice needs consent from any Patient 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 by the practice. Also by completing and signing this form you are agreeing to abide by the details in the Adam Practice (Patient Contract and Zero Tolerance Policy (copies of which can be found on the practice website or requested from Reception)

If any of the details on this form change in the future please inform us.

Please tick here if you **DO NOT** give us permission to **TEXT** you, or leave you a **VOICEMAIL**

The Adam Practice may wish to contact you via email regarding your results, appointments or other medical related issues. Please tick here if you **DO NOT** give us permission to **EMAIL**

SIGNED :

DATE:

Should you require any further information about the Practice please refer to the Practice Website:

www.adampractice.co.uk or speak to Reception

NHS DONOR REGISTRATION:

English organ donation law has changed. You still have a choice - please visit www.organdonation.nhs.uk for more information, thank you

RECEPTION ONLY :

Type of ID Seen:

Initials of GP Allocated :

Patient informed: NO YES

Online Service printed : YES

Actions completed and checked by:

Data Sharing

To make an informed decision, please make sure you read our leaflet '**How we use your Health Records**' carefully. Please complete the information below with your choices on sharing your data, and hand to Reception

Name: _____

Date of Birth: _____

Address: _____

_____ **Post Code** _____

Data for Research

To Opt-out of 'National Data' please visit

www.nhs.uk/your-nhs-data-matters/manage-your-choice

Please ask a member of staff for your NHS number, as you will need this to manage your choice.

Summary care Record (SCR)

I **do not wish** to have a Summary Care Record (SCR)
(N.B. this will mean NHS Healthcare staff caring for you may not be aware of your current medications, any allergies or reactions to previous medication.)

Dorset care Record (DCR) To opt-out of the DCR, please visit :

<https://news.dorsetforyou.gov.uk/dorset-care-record/opt-out/>

OR ask at Reception for '*DCR opt-out form*'

TPP SystemOne

I **agree** to information about me being shared with other services using TPP medical systems

I **do not agree** to information about me being shared with other services using TPP medical systems

I **agree** to the practice seeing information recorded at other services using TPP systems.

I **do not agree** to the practice seeing information recorded at other services using TPP systems.

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PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Surname
Date of birth				First names
NHS No.				Previous surname/s
<input type="checkbox"/> Male <input type="checkbox"/> Female				Town and country of birth
Home address				
Postcode			Telephone number	

SUPPLEMENTARY QUESTIONS

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK. Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges. More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a) I understand that I may need to pay for NHS treatment outside of the GP practice
- b) I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- c) I do not know my chargeable status


I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:		Date:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a <u>non-UK</u> EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p style="font-size: small; margin-top: 5px;">If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</p>	Country Code: <input type="text"/>	
	3: Name	<input type="text"/>
	4: Given Names	<input type="text"/>
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	<input type="text"/>
	7: Identification number of the institution	<input type="text"/>
	8: Identification number of the card	<input type="text"/>
	9: Expiry Date	DD MM YYYY
	PRC validity period (a) From:	DD MM YYYY

Please tick if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff.**

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.