

**Instructions for filling out the registration forms please read before completing.**

Please fill in every section of this form. We require all sections to be completed before registration.

Please bring the completed form to reception with 1 proof of address dated within the last 3 months (utility bill, bank statement, tenancy agreement or council tax bill).

It is essential we have a UK based emergency contact; this can be a family member, a friend or even a colleague who we can contact on your behalf in an emergency.

**WE WILL NOT ACCEPT REGISTRATIONS WITH MISSING DOCUMENTS OR INCOMPLETE FORMS**

**Additional instructions for existing NHS patients**

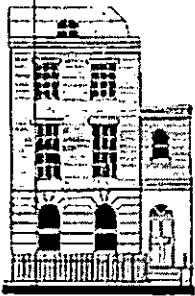
You will need to give us full details of your current GP and your NHS number (available from your current/previous GP) before we can request your medical records to be transferred to us. We will also need your previous address in the UK.

**Additional instructions for NEW NHS patients**

If this is your first time registering with a GP, you will need to complete the 'date you first came to live in the UK' section on the GMS1 form (Purple & White form). You will not have an existing NHS number yet; you will be assigned an NHS number within a few weeks once your forms have been submitted. Please leave this section and previous doctor section empty. Once registered with us you are allocated a named accountable general practitioner.

Date received	
Form of address	
Staff signature	

**ADMIN USE ONLY - Complete upon receipt of forms**



## **St. Peter's Street Medical Practice**

16½ St. Peter's Street  
Islington  
London  
N1 8JG

### **Partners**

Dr Sarah Haughey  
Dr Karen Summerfield  
Dr Caroline Cattell  
Dr Olga Gorodetskaia  
Dr Anthony Kerman  
Dr Anup Patel

### **Salaried GP**

Dr Sofia Faircloth  
Dr Caitlin Trask  
Dr Rebecca Hammett-Burke  
**GP Registrar**  
Dr Laura Sparks

### **Practice Charter**

Our aim is to provide you with prompt quality care for all your health needs.

### **Our Commitment To You**

- You will be greeted politely and treated with respect & courtesy by all members of our health care team.
- You will be offered an appointment with a doctor within 48 hours.
- You will be offered a same-day emergency appointment if you need to see a doctor urgently.
- You have the right to see your health records, subject to limitation in the law. These are kept confidential at all times.
- All information disclosed to us remains confidential.
- Suggestions, comments and complaints will be dealt with promptly.

### **Your Responsibility To US**

- Please treat staff with respect & courtesy at all times.
- Please inform us if you wish to cancel or postpone an appointment.
- Only one appointment per patient
- Only one medical topic per appointment.
- Respect our premises and other patients using our services.
- You are largely responsible for your own health and it is up to you to take advice and action recommended to you.
- Please advise us of any change of name, address or telephone number.

### **Patient Profiling**

This practice, in line with other healthcare providers and all other statutory services, collects profiling information about our patients, which includes ethnicity. This information will help us learn more about the health needs of our local community and allow us to plan services to meet those health needs competently.

If you have any queries about completing this form then please ask a member of staff. All information we receive will be used and treated in the strictest of confidence.

Thank you for reading. We hope our standard of service meets your satisfaction

<b>Title &amp; Name</b>	
<b>D/O/B (date of birth)</b>	
<b>Email Address</b>	
<b>Occupation</b>	

<b>Emergency Contact in UK (Family, Partner or Friend)</b>	<b>Name</b>	
	<b>Number</b>	
	<b>Relationship</b>	

<b>Do you have a carer</b>	<b>YES/NO</b>
<b>Name:</b>	
<b>Contact number:</b>	
<b>Address (if different from yours)</b>	
<b>Are they your full time carer</b>	<b>YES/NO</b>

<b>Do we have permission to speak to them on your behalf (please sign and date if YES)</b>	
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<b>Are you a carer?</b>	
<b>If so who do you care for?</b>	
<b>Name:</b>	
<b>Contact number:</b>	

<b>Do you have any communication needs (i.e hard of hearing, sign language etc)</b>	<b>YES/NO</b>
<b>If yes, how can the surgery help with these needs? Please see attached leaflet for information.</b>	

<b>Preferred Language</b>			
<b>Ethnic Origin (Tick One)</b>			
<b>British or Mixed British</b>	<input type="checkbox"/>	<b>Other Mixed</b>	<input type="checkbox"/>
<b>Irish</b>	<input type="checkbox"/>	<b>Indian</b>	<input type="checkbox"/>
<b>Other White</b>	<input type="checkbox"/>	<b>Pakistani</b>	<input type="checkbox"/>
<b>Caribbean</b>	<input type="checkbox"/>	<b>Bangladeshi</b>	<input type="checkbox"/>
<b>African</b>	<input type="checkbox"/>	<b>Other Asian</b>	<input type="checkbox"/>
<b>Other Black</b>	<input type="checkbox"/>	<b>Other, Please Specify Below</b>	
<b>Chinese</b>	<input type="checkbox"/>		
<b>White &amp; Asian</b>	<input type="checkbox"/>		

<b>Medical History</b>					
<b>Please Tick if you or a direct relative have had any of the following</b>					
	<b>YOU</b>	<b>FAMILY</b>		<b>YOU</b>	<b>FAMILY</b>
<b>High Blood Pressure</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Diabetes</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Heart Disease</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Angina</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Epilepsy</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Stroke</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Asthma</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Cancer</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do any other illnesses run in your family (please give details below)</b>					

<b>Please give details of any other illness, accidents, hospital admissions, investigations or operations you have had</b>	
<b>DATE</b>	<b>DETAILS</b>

### MEDICATIONS

Please list any regular medication and Dosage (Including Contraceptive Pill )

Please note you will need to see the GP for your first repeat prescription to be issued

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Are You Allergic to Any Medications?  
Please specify.

### Women Only

Date of last Cervical Smear		Result		Location Taken	

### Men Only - (Optional) please tick

Do you have any problems getting or maintaining an erection?

Yes

No

If you ticked Yes, we will aim to contact you within 1 week to book a routine appointment with a Doctor

If you do not feel comfortable ticking this form, but want to talk to a doctor about erectile problems, please give at least 48 hours for registration to be completed before booking an appointment.

### Exercise, Height & Weight

<b>Do you take Regular Exercise?</b> (Please Circle One)	None	Light	Moderate	Heavy
<b>Height</b>				
<b>Weight</b>				

### Are You A Current Smoker?

IF YES		IF NO	
<b>How Many Per Day?</b>		<b>Have You Ever Smoked?</b>	
<b>Would You Like Help To Stop?</b>		<b>How many did you smoke per day?</b>	
<b>We offer Smoking Cessation Appointments; please ask at Reception for details.</b>		<b>When did you Stop Smoking?</b>	

### Alcohol Intake

<b>Do you drink Alcohol?</b>	<b>YES / NO</b>	<b>1 Unit of Alcohol Is Equal to:</b> <b>Half a Pint of Beer/Lager</b> <b>(Normal Strength)</b>  <b>1 Small Glass of Wine</b>  <b>1 Single Spirit</b>
<b>If Yes, How Many Units Per Week?</b>		

<b>Questions</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Your Score</b>
<b>How often do you have a drink containing alcohol?</b>	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
<b>How many units of alcohol do you drink on a typical day when you are drinking?</b>	1-2	3-4	5-6	7-9	10+	
<b>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?</b>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>How often during the last year have you found that you were not able to stop drinking once you had started?</b>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>How often during the last year have you failed to do what was normally expected from you because of your drinking?</b>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?</b>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>How often during the last year have you had a feeling of guilt or remorse after drinking?</b>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>How often during the last year have you been unable to remember what happened the night before because you had been drinking?</b>	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?</b>	No		Yes, but not in the last year		Yes, during the last year	
<b>Have you or somebody else been injured as a result of drinking?</b>	No		Yes, but not in the last year		Yes, during the last year	

**Total Score:**



## Summary Care record

TO BE COMPLETED BY ALL NEW PATIENTS BEFORE REGISTRATION AT THIS PRATICE

Before completing the form, if you have any questions about Summary Care Records, please speak to a member of staff who will ensure you have the further information available.

1.  I **do want** to have Summary Care Record: I **am happy** for my records to be sent to it.

2.  I **do not want** a Summary Care Record: I **am not happy** for my records to be sent to it.

Surname:

Forename(s):

Date of birth

Address:

Postcode:

Patient/Parent/Guardian/Carer Signature:

Date:

Thank you



## Summary Care Record – your emergency care summary

The NHS in England is introducing 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.

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, healthcare staff treating you will have immediate access to important information about your health.

As a patient you have a choice.

New patients at this practice – must complete the attached 'Summary Care Record Choice' form when registering. Please complete the form and hand it to a member of the GP practice staff.

Patients already registered at this practice – it is assumed that you want a Summary Care Record uploaded unless you opt out:

- Yes I would like a Summary Care Record – do nothing and a Summary Care Record will be created for you
- No I do not want a Summary Care Record – you must complete an opt out form and return it to your GP practice

If you need more time to make your choice you should let the GP Practice know.

For more information talk to our practice staff, visit the website [www.islington.nhs.uk](http://www.islington.nhs.uk) or [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk), or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020

Copies of an opt out form can also be collected from the GP practice, printed from the website [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk) or requested from the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

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.

## **NATIONAL DATA OPT-OUT**

The National Data opt-out allows patients to register their decision that they do not want their **confidential patient information** to be used for purposes beyond their individual care and treatment, with patient's options stored on a separate database on the spine.

Please follow this link to read and choose if you would like to opt-out.

**[www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters)**

If you do not have access to the internet then please speak to one of our receptionist and we will be able to help you view this.

**Many thanks**

Introducing



# Patient access

online services



## Book your next appointment

You can view, book and cancel appointments at your convenience.

- Quick and easy to use
- Avoid busy telephone lines
- Access out of practice hours
- Electronic management of your appointments.



## Request repeat prescriptions

Access a list of your repeat medication and request a repeat prescription.

- Minimise your trips to the practice – only one visit is needed to collect the prescription
- Your request is authorised online by the practice, so you know when it's ready to collect
- Avoid queues and busy telephone lines.



## Contact your practice

The secure messaging service allows you to send messages to the practice for general enquiries such as opening times or flu vaccination reminders. Messages are handled by the practice staff during working hours, and the service is best used for queries that require a non-urgent reply. If you have an urgent query, please telephone the practice or emergency service as normal.



## Update your personal details

You can update your address and contact details online. Changes made through this service are then approved by practice staff.



## Patient.co.uk

Patient Access contains links to [www.Patient.co.uk](http://www.Patient.co.uk), a trusted comprehensive source of GP-authored health information leaflets for patients.



## How to register

To register, ask at reception for details or go to [patient.co.uk/access](http://patient.co.uk/access)



## Mobile app

The free Patient Access app provides greater convenience for patients who are away from a desktop PC or laptop, with access to a Smartphone\*.

Download at [patient.co.uk/accessapp](http://patient.co.uk/accessapp)

\*Available on the Android and iOS platforms.



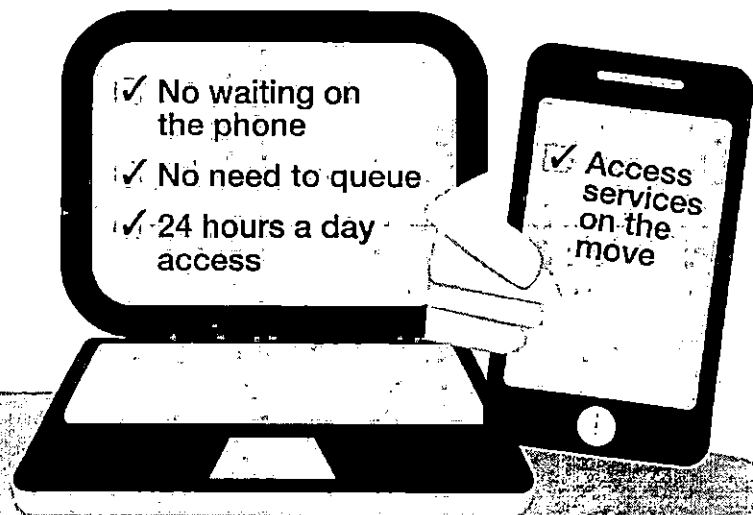
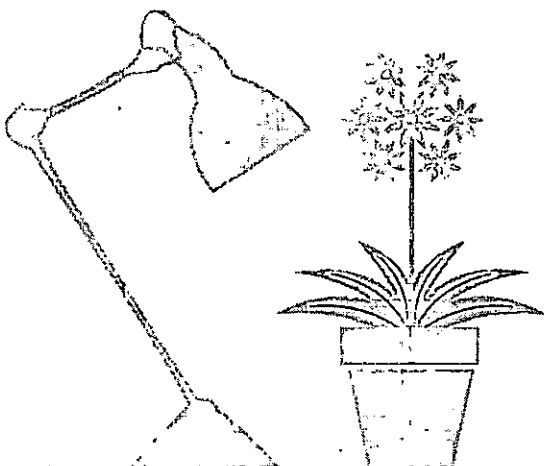
## Safe and secure

All data contained within Patient Access is protected using the highest standard internet security so you can be sure all your personal information is safe and secure.

**Please Note:** Your practice may not offer every Patient Access feature, so please ask at reception to find out which services are available to you.

emis

 Patient.co.uk



## **ACCESSIBLE INFORMATION STANDARD**

**THE ACCESSIBLE INFORMATION STANDARD STARTED ON 1ST APRIL 2016.**

The accessible Information Standard is a new law to make sure that people who have a disability, impairment or sensory loss are given information they can easily read or understand.

The Accessible Information Standard tells NHS and adult social care organisations they must make sure people get information in different formats such as:

- Easy read
- Braille
- Advocate
- British sign language
- Large print
- Email

### **THESE ARE 5 REQUIREMENTS OF THE STANDARD THAT WE MUST DO:**

- Ask people if they have any information or communication needs and how to meet these.
- Record those needs clearly and in a set way
- Highlight or flag the persons file or notes so it is clear they have communication needs and how to meet these needs.
- Share information about people's information or communication needs with other providers of NHS and adult social care when they have consent or permission to do so
- Take steps to make sure people receive information which they can access, understand and receive communication support if they need it.

**For further information please go to:**

**<https://www.england.nhs.uk/ourwork/patients/accessibleinfo/>**

<http://www.easyonthei.nhs.uk/news/are-you-ready-for-the-accessible-information-standard>

or contact the surgery.