

Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

Mr Mrs Miss Ms Surname
 Date of birth First names
 NHS No. Previous surname/s
 Male Female Town and country of birth
 Home address
 Postcode Telephone number

Please help us trace your previous medical records by providing the following information

Your previous address in UK Name of previous GP practice while at that address
 Address of previous GP practice

If you are from abroad

Your first UK address where registered with a GP
 If previously resident in UK, date of leaving Date you first came to live in UK

Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: Regular Reservist Veteran Family Member (Spouse, Civil Partner, Service Child)
 Address before enlisting:

Postcode
 Service or Personnel number: Enlistment date: Discharge date: (if applicable)
 Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

I live more than 1.6km in a straight line from the nearest chemist
 I would have serious difficulty in getting them from a chemist

*Not all doctors are authorised to dispense medicines

Signature of Patient Signature on behalf of patient
 Date ____ / ____ / ____

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

White: British Irish Irish Traveller Traveller Gypsy/Romany Polish
 Any other white background (please write in):
Mixed: White and Black Caribbean White and Black African White and Asian
 Any other Mixed background (please write in):
Asian or Asian British: Indian Pakistani Bangladeshi
 Any other Asian background (please write in):
Black or Black British: Caribbean African Somali Nigerian
 Any other Black background (please write in):
Other ethnic group: Chinese Filipino
 Any other ethnic group (please write in):
Not stated:
 Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

NHS England use only Patient registered for GMS Dispensing

Bloxham & Hook Norton Surgeries

Bloxham Surgery
Godswell Lodge, Church Street, Bloxham, Banbury, OX15 4ES
Tel: 01295 722788 email: bloxham.reception@nhs.net

Hook Norton Surgery
The Bourne, Hook Norton, Banbury, OX15 5PB
Tel: 01608 737302

NEW PATIENT REGISTRATIONS

Welcome to Bloxham & Hook Norton Surgery, we are pleased that you have chosen to register with our surgery. We aim to offer a caring and friendly service to all our patients and to offer continuity of care which we believe is the essence of General Practice. With the ever-increasing demands on our time and the increase in number of consultations the only way we can maintain our service if for our patients to respect this and use our service appropriately.

We feel it is important for us to hi-light a few points to you prior to your registering with us so you can make a decision as to whether we are the surgery for you.

Appointments are 10 minutes long- although we don't specify that it is one problem/one appointment we ask that you are mindful of what can be achieved in 10 minutes.

At times we appreciate that patients need more than 10 minutes and we try to give these patients the time they need, when they need it, consequently sometimes our surgeries may run late but we endeavour to keep you informed regarding this.

Medication – we prescribe 28 days medication and prescribe drugs as per local guidelines which are evidence based. This doesn't mean that we prescribe 'cheaper' medication, it does mean however that if moving into the area, you might currently be prescribed medication which doesn't fall within our formulary and we would need to discuss with you the changes which we would need to make to be able to offer ongoing medication to you.

- We believe that as patients you should play your part in looking after yourself, smoking and obesity are the biggest causes of chronic illness and hence utilization of NHS resources.
- We don't expect patients to attend with viral illnesses and minor complaints that can be dealt with following advice from the pharmacist.
- We expect patients who have booked appointments to turn up to them.
- We expect patients who we have referred to hospital for appointments, to turn up to them.
- Our Receptionists are her to help you and we wont tolerate any unacceptable behaviour towards them.
- Certain patient services/ requests fall outside of NHS funding, a list of charges applicable are on our website and are available when you enquiry at Reception.
- Should you wish to discuss or would like us to clarify any of these points with you prior to your registration, please do just ask at reception. I have read and understand the above information and am aware that should the doctors feel that I have not behaved in accordance to the above, it could result in me being asked to leave the Practice.

Name: Signature: Date:

Partners:- Dr Tim Hurst ❖ Dr Sanjay Ramani ❖ Dr Catherine Rose
Dr Jenny McGillivray ❖ Dr Kiran Kommu

Bloxham & Hook Norton Surgery

01295 722788

www.bloxhamsurgery.co.uk**New Patient Questionnaire**

Surname		Title (e.g. Mr, Mrs, Ms)	
First name(s)		Date of birth	
Marital status		Occupation	
Home Telephone Number		Mobile number	
Preferred Contact Number	Mobile/Home/Alternative	Alternative Contact Number	
Can messages be left on answerphone/voicemail?	YES/NO	Email Address	
Consent for Text Messaging	YES/NO		

CARER STATUS

Are you cared for by someone on a full or part-time basis?	YES / NO
	If YES name of carer
	Full or Part time?
Do you care for someone on a full or part-time basis?	YES / NO
	If YES name of person you support
	Full or Part Time?

SPECIAL REQUIREMENTS

Do you have any special needs?	
Do you require a Language Interpreter?	YES / NO
If YES please specify which Language	
Do you require a Sign Language Interpreter?	YES / NO
If you need letters or information in an alternative format, for example, large print	

NEXT OF KIN**NEXT OF KIN DETAILS:**

Name:	Address:
Relationship:	Tel. No:
Are any other family members registered with the Practice? YES/NO If YES, please provide details & relationship of other family members:	

ARMED FORCES

Have you served in HM Armed Forces?	YES/NO
If Yes, have you ever been in a conflict situation/operational deployment?	YES/NO
If so, where and when?	
Do you suffer from any of the following as a consequence of this deployment?	
Physical injury	YES/NO
Mental illness	YES/NO
PTSD	YES/NO
Any other	YES/NO If YES, please give details.

PAST MEDICAL HISTORY

Please list any significant illnesses, accidents or operations which you have had in the past, or for which you are still receiving treatment, with the name of the hospital, if appropriate:		
Date	Condition	Hospital

WOMEN ONLY

Date of last Cervical smear	
Date of last Breast screening x-ray (mammogram)	

ALLERGIES

Are you allergic to anything, especially medications?
If so, what happens?

YES / NO

MEDICATIONS

Are you currently taking any drugs or medicine prescribed by a Doctor?
If YES, please give details below

YES / NO

If YES please make a routine appointment with a GP after you have been registered (which takes 5 days) so your repeat prescription(s) can be set up before they are due.

FAMILY HISTORY

Is there any history of disease in your family?

(If YES, please state relationship, including paternal and maternal relationship.)

Cancer – please state type	YES/NO	
Diabetes Mellitus	YES/NO	
Heart disease	YES/NO	
High blood pressure (Hypertension)	YES/NO	
Strokes (CVA)	YES/NO	
Other major diagnoses	Please state	

HEIGHT AND WEIGHT

What is your height? _____ cm

What is your weight? _____ Kg

If you don't know metric values please enter imperial measurements

EXERCISE

How much exercise do you take? *Please tick as appropriate*

Inactive (none)

Moderate
(brisk walking, swimming, gym etc)

Gentle (some exercise but not structured, *Vigorous (hill walking, rowing etc)*
not the recommended 30mins, 5 times per week)

SMOKING

If you currently smoke:

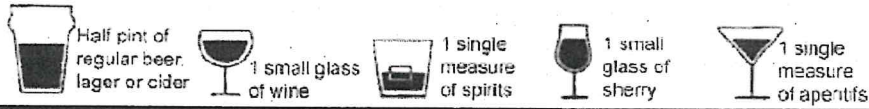
When did you start?	Date:
What do you smoke? E.g. Cigarettes, Cigars, Pipe, Roll ups	
How many/much do you smoke a day?	
Do you use e-cigarettes?	YES/NO

If you don't currently smoke:

Have you ever smoked?	YES / NO
If YES, when did you give up?	Date:

ALCOHOL INTAKE

This is one unit of alcohol...



...and each of these is more than one unit



<i>Please tick the appropriate box</i>	
How often do you have a drink that contains alcohol?	<input type="checkbox"/> <i>Never</i> <i>Monthly or less</i> <input type="checkbox"/> <i>2-4 times per month</i> <i>2-3 times per week</i> <input type="checkbox"/> <i>4+ times per week</i>
How many standard measure alcoholic drinks do you have on a typical day when you are drinking?	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-8 <input type="checkbox"/> 10+
How often do you have 6 or more standard drinks on one occasion?	Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily <input type="checkbox"/>
How many units do you drink per week?	
Are you an ex-drinker?	YES / NO
If you are an ex-drinker when did you stop?	Date:
Are you a lifelong teetotaler?	YES / NO

CONFIDENTIAL

New Patient Questionnaire

ETHNIC GROUP QUESTIONS

The Practice has been asked by the Department of Health and Social Care (DHSC) to collate information about the ethnic origin of all new patients joining the practice. The information will be used to ensure non-discrimination and equal outcomes. The information provided on this form will not affect the care you receive.

If you do not wish to provide us with this information tick this box

Please tick/provide information in the table below re your ethnic group?

White	
British	
English	
Irish	
Welsh	
Gypsy or Irish Traveller	
Polish	
Indian	
Any Other White Background please describe	
Pakistani	
Asian/Asian British	
Indian	
Bangladeshi	
Chinese	
Pakistani	
Any other Asian background, please describe	
Mixed/Multiple ethnic groups	
White & Black Caribbean	
White & Black African	
White & Asian	
Any other mixed/multiple ethnic background, please describe	
Black/African/Caribbean/Black British	
African	
Caribbean	
Any other Black/Caribbean/African background please describe	
Other ethnic group	
Arab	
Any other – please write in box	

What is your first language?.....

Patient Name (Please print)

Signed

Date

Summary Care Record and Oxfordshire Care Summary – your choice

Please note that these records are **NOT CONNECTED** with the Health and Social Care Information Centre (HSCIC) single database care.data project, and will be used **only** for the purpose of enabling informed care to be supplied directly to you as an individual.

Your patient record is held securely and confidentially on the electronic system at your GP practice. If you require treatment in another NHS healthcare setting such as an Emergency Department or Minor Injury Unit, those treating you would be better able to give you appropriate care if some of the information from the GP practice were available to them.

This information can now be shared electronically via:

1. **The Summary Care Record:** used nationally across England
2. **The Oxfordshire Care Summary:** used locally across Oxfordshire

In both cases, the information will be used **only by authorised health care professionals directly involved in your care**. Your permission will be asked before the information is accessed, unless the clinician is unable to ask you and there is a clinical reason for access.

A parent or guardian can request to opt out children under 16 but ultimately it is the GP's decision whether to create the records or not, because of their duty of care to the child. If you are the parent or guardian of a child under 16 and feel that they are able to understand, then you should make this information available to them.

Are you happy for us to share this electronic information with clinicians in other NHS organisations who are involved in your care? If you would rather we didn't, we will put an entry on your record which will prevent your information from being shared.

Please select **ONE** option in **BOTH** tables below and complete patient details overleaf.

Your choice for <u>SCR</u>	Please tick <u>one box only</u>
I would like my information shared through the Summary Care Record	
I do not want my information shared through the Summary Care Record	
I would like a Summary Care Record with additional information added **	

Your choice for <u>OCS</u>	Please tick <u>one box only</u>
I would like my information shared through the Oxfordshire Care Summary	
I do not want my information shared through the Oxfordshire Care Summary	

It is important to complete and return this form, as your new practice cannot make a decision for you. Without your direction, we cannot guarantee that your wishes will be met, even if you have previously made a similar choice in another practice.

Patient details (please write in CAPITAL LETTERS)			
Title:		Forenames:	
Surname/Family name:			
Address:			
Phone number(s):			
Date of birth:		NHS number (if known):	
If the person signing below is not the patient, please also enter the signatory's name and relationship to the patient, e.g. PARENT, GUARDIAN, ATTORNEY			
Full name:		Status:	
Signature:		Date:-	

Differences between the Oxfordshire Care Summary and the Summary Care Record		
	Oxfordshire Care Summary	Summary Care Record
Shared	<ul style="list-style-type: none"> Across Oxfordshire Across health care settings, including urgent care, community care and outpatient departments With GPs, and with clinicians employed by Oxford Health NHS Foundation Trust and Oxford University Hospitals Trust 	<ul style="list-style-type: none"> Across England Across health care settings, including urgent care, community care and outpatient departments With GPs, and with clinicians employed by any NHS Trust or organisation involved in your care across England
Information source	<ul style="list-style-type: none"> GP record Other medical records held by different NHS organisations in Oxfordshire 	<ul style="list-style-type: none"> GP record
Content	<ul style="list-style-type: none"> Your current medications Any allergies you have Any bad reactions you have had to medicines Your medical history and diagnoses Test results and X-ray reports Your vaccination history General health readings such as blood pressure Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls Care / management plans Correspondence such as referral letters and discharge summaries. 	<ul style="list-style-type: none"> Your current medications Any allergies you have Any bad reactions you have had to medicines <p>**Additional information includes:</p> <ul style="list-style-type: none"> - Significant problems (past and present) - Significant procedures (past and present) - Anticipatory care information - End of life care information – as per EOLC dataset ISB 1580 - Immunisations <p>Further information can be added (upon request to your GP)</p>
For more information, visit:	<ul style="list-style-type: none"> http://www.oxfordshireccr.org.uk/your-health/oxfordshire-care-summary/ 	<ul style="list-style-type: none"> www.nhs.uk/summary-care-record/ http://www.nhs.uk/summary-care-record/summary-care-record-information/index.html http://www.oxfordshireccr.org.uk/your-health/summary-care-record/