

DR MANICKAM & PARTNERS

New Patient Registration Pack

Name:

Address:

Date of Birth: Mobile Phone Number.....
(we may use this to send text messages/appointments confirmations etc)

Other Telephone Number (if applicable)

Who is your next of kin?.....

Relationship to patient and contact number

(Under 16's) Who has parental responsibility?.....

Have any of your close family members (*i.e. mother, father, siblings, grand parents, aunts, uncles*) suffered from, or have a history of, any of the following:

	<i>Family Member</i>	<i>Age at diagnosis</i>
Heart disease	Yes/No	0-50 /50-60/ 60+
High Blood Pressure	Yes/No	0-50 /50-60/ 60+
High Cholesterol	Yes/No	0-50 /50-60/ 60+
Strokes	Yes/No	0-50 /50-60/ 60+
Diabetes	Yes/No	0-50/ 50-60/ 60+
Asthma or emphysema	Yes/No	0-50/ 50-60/ 60+
Kidney/Renal disease	Yes/No	0-50/ 50-60/ 60+
Epilepsy	Yes/No	0-50/ 50-60/ 60+

Are you taking any regular medication?

Yes

No

If you are taking regular medication you will need to arrange an appointment with the GP who will add your medication onto the clinical system.

Please note for safety reasons, repeat medication will not be issued until we have received this information.

Are you allergic to anything including any medications, if so list below?

Do you have a Nominated Pharmacy for your repeat prescriptions? Which one?

Service Families and Military Veterans: Are you a Military Veteran? Yes/No

Are you currently serving in the Regular/Reserve Forces ? Yes/No

Are you married to a member of the Regular/Reserved Forces/Military Veteran? Yes/No

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Do you smoke? Yes/No
 If so how many per day?
 If you have stopped how long ago?
 Are you interested in being referred to a local Service for Smoking Cessation advice? Yes/No

Do you drink alcohol? Yes/No
 If so, how many units per week?
1 unit = 1 spirit measure or ½ pint beer or 1 glass wine

Please also complete attached Audit C Form

Height:

Weight:

Do you wish to attend for a New Patient's Health Check? YES/NO

Ethnic Origin: *Please tick*

British White	.....	Other ethnic non mixed	.....
White African	.....	Other ethnic mixed	.....
White	.....	Irish Traveller	.....
Black Caribbean	.....	Vietnamese	.....
Black African	.....	Chinese	.....
Black non-mixed origin	.....	Polish	.....
Black mixed	.....	Bulgarian	.....
Indian	.....	Russian	.....
Pakistani	.....	I do not wish to give my ethnic origin	.....
Bangladeshi	.....	

What is your first language?(please indicate)

Do you have any other preferred communication methods? (please indicate)

Need an interpreter	YES/NO
Use a hearing aid	YES/NO
Use sign language	YES/NO
Use lip reading	YES/NO
Use deafblind communicator	YES/NO

Do you need communication by letter/email/other methods

Do you have a Carer? If so, please provide details below:

Do you care for somebody? If so, please provide details below:

Name: Relationship:

Address:

Contact No:

Do you give permission for a third party to discuss your details in your medical records? Yes/No

If Yes, please complete the relevant form which is available from Reception

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AUDIT – C Questionnaire - Page1

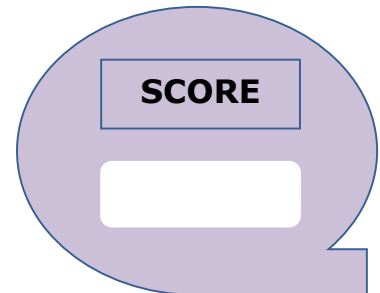
If you score between 0-4 – please just complete this page.

If you score 5 or over please also complete the other side of this sheet →

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.



This is one unit of alcohol...

Read Code: 38D4



Half pint of
"regular" beer,
lager or cider



Half a
small
glass of
wine



1 single
measure
of spirits



1 small
glass of
sherry



1 single
measure of
aperitifs

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



Pint of
"regular"
beer, lager or



Pint of "strong" or
"premium" beer,
lager or cider



Alcopop or a
275ml bottle of
regular lager



440ml can of
"regular"
lager or cider



440ml can of
"super
strength"



250ml glass of
wine (12%)



75cl Bottle of
wine (12%)

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AUDIT – C Questionnaire – Page 2

Only complete this page if you have scored 5 or more on the other side of this sheet.

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other 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	

Scoring: 0–7 Lower risk, 8–15 Increasing risk, 16–19 Higher risk, 20+ Possible dependence

Over 5 – please make a routine appointment to see any of the GP's

Read Code: 38D3

TOTAL

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ONLINE SURGERY ACCESS

Through Patient Access and other online services providers, including the NHS app the surgery offers:

- Viewing of medical records
- Appointments and prescription requests
- Non-urgent messaging

Whether you are at home or work, you can quickly log on to view, book and cancel appointments via the internet or the app on your smart phone.

Available 24 hours a day, it is especially useful when the Practice is closed or the telephone lines are busy.

You can register for this service directly on our website and following either of the links to register (**over 16s only**).

<https://www.drmanickam-hednesford-valley.nhs.uk/online-services-patient-access/>

<https://www.nhs.uk/nhs-services/online-services/nhs-app/>

Alternatively, please complete and return the application forms and we will send the registration details to you in the post:

*Please note if applying for Patient Access, photo ID must be produced
If using the nhs app this is uploaded online instead.*

Please note that due to the current COVID-19 situation, all appointments with the GP are telephone/video consultations in the first instance.

The GP will invite you to the surgery to be seen face to face if it is necessary.

Due to this, telephone appointments cannot be booked via an online account. Please call the surgery to arrange if needed.

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Access to GP Online Services Form

THE PATIENT: (person whose records are being accessed)

Surname			
First name			
Date of birth			
Address			
Postcode			
Email address			
Telephone number		Mobile number	

I wish to have access to the following online services (tick all that apply):

1. Online appointments booking	<input type="checkbox"/>
2. Online prescription management	<input type="checkbox"/>
3. Accessing the full coded record	<input type="checkbox"/>

Application for online access to my medical record

I wish to access my medical record online and understand and agree with each statement (please tick)

I/we understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:

1. I have read and understood the information provided by the practice on the reverse of this form.	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download.	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk.	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my agreement.	<input type="checkbox"/>
5. If I/we see information in the record that is not about me or is inaccurate, I will log our immediately and will contact the practice as soon as possible.	<input type="checkbox"/>

Signature/s of patient:	Date:
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Important Information – Please read before returning this form

If you wish, you can now use the internet/mobile phone to book appointments with a GP, request repeat prescriptions for any medications you take regularly, look at your test results, Immunisations and medical records all online. Also, you can still call the surgery for any queries regarding the above services. It's your choice.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If for any reason you cannot do this, we recommend that you contact the practice so that they can remove your online access until you are able to reset your password.

If you print out any information from your records, it will be your responsibility to keep this safe and secure. If you are at all worried about keeping printed copies safe and secure, we recommend that you do not make copies at all.

Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of the following happening are very small, you will be asked if you have read and understood the following before you are given login details from our Staff Member.

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstanding Medical Information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

Further Information

For more information about keeping your healthcare records safe and secure please visit our website:

<https://www.drmanickam-hednesford-valley.nhs.uk/health-services/medical-record-viewer/>

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Please return this Pack to:

*Dr Manickam & Partners
Hednesford Valley Health Centre
Station Road
Hednesford
WS12 4DJ*

Telephone: 01543 395655

Website: <https://www.drmanickam-hednesford-valley.nhs.uk/online-services-patient-access/>

<https://www.nhs.uk/nhs-services/online-services/nhs-app/>

Email: escrettt.street@nhs.net

For Practice Use only:

Identity verified by (Name)	Date	Method of verification Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Staff Name Authorising Access:		

	Checked By (Initials)
Registration Form completed and signed	
Ethnicity completed	
Alcohol Screening Questions completed	
Smoking Status completed	
New Patient Screening appt made	
Check if requesting online access and if so sign to say you have seen ID	