

Observatory Medical Practice

New Patient Registration Form

Title (Mr, Mrs, Miss, etc):	Surname:
Forename:	Previous surname(s):
Middle name(s):	Known as:
Date of birth:	Male / Female / Other (please specify)
Address:	
Postcode:	Home phone:
Mobile number:	Work phone:
Email address:	
By providing us with your contact details you are giving us consent to contact you using them. If you would like to revoke this consent at any time please inform Reception. It is your responsibility to make sure that you update your contact details with us if they change.	
Next of kin / emergency contact	Name:
	Contact number:
	Relationship:
Ethnicity:	Place of birth:
First language:	If not English – do you require an interpreter?
About Me – please tick any boxes that apply to you, and provide further information in the space below (please continue on a separate sheet if required)	
<input type="checkbox"/> I am a carer	<input type="checkbox"/> I have a carer
<input type="checkbox"/> I require / prefer communication in an alternative format	<input type="checkbox"/> I have an assistance dog
<input type="checkbox"/> I have an autistic spectrum condition	<input type="checkbox"/> I have a mental health condition that affects my ability to access care

So that we can safely provide you care, we ask that you answer the following questions about yourself.

Medical problems I have been diagnosed with (please circle)		
Asthma	Heart problems	Depression
COPD	High blood pressure	Anxiety
Other respiratory (breathing) condition	Stroke	Eating disorder
Cancer	Diabetes (please specify type 1 or 2)	Other mental health problem
Other condition / further information (please continue on a separate sheet if required):		
I am allergic to		
<input type="checkbox"/> Penicillin	<input type="checkbox"/> Other food:	
<input type="checkbox"/> Other medication:	<input type="checkbox"/> Latex	
<input type="checkbox"/> Peanuts	<input type="checkbox"/> Plant:	
<input type="checkbox"/> Eggs	<input type="checkbox"/> Other:	
Medication I take that I am prescribed (please attach a list from your previous GP practice if necessary) – you will need an appointment before we issue your first prescription		
Name	Dose	
Medication / drugs I take that are not prescribed		
Name	Dose	

Family History – someone in my close family (parent, sibling, grandparent) has had		
Problem	Who?	Age diagnosed
<input type="checkbox"/> Coronary heart disease		
<input type="checkbox"/> Stroke		
<input type="checkbox"/> High blood pressure		
<input type="checkbox"/> Raised cholesterol		
<input type="checkbox"/> Angina		
<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Glaucoma		
<input type="checkbox"/> Breast cancer		
<input type="checkbox"/> Colon cancer		
<input type="checkbox"/> Other disease of note:		

Women aged 25-65 please complete the following:	
Have you ever had a cervical smear / screening / pap test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, was your last result	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal – please provide details below
Where was your last smear done?	
If you had your last smear abroad please provide us with a copy of the result	
Have you had a hysterectomy?	<input type="checkbox"/> No <input type="checkbox"/> Yes – please provide details below
Are you on any birth control?	<input type="checkbox"/> No <input type="checkbox"/> Contraceptive pill <input type="checkbox"/> Coil <input type="checkbox"/> Implant <input type="checkbox"/> Other (please specify):
Further information:	

Healthy Lifestyle – please answer the questions below as accurately and honestly as you can. You can do your height, weight and blood pressure for free on the machines in the waiting room.				
Height		cm	ft&in	
Weight		kg	stone/lbs	
Blood pressure (if over 140/85 please take three readings)	/			
/	/			
Please tell us the type and amount of physical activity involved in your work. Please tick one box that is closest to your present work from the following five possibilities:				
I am not in employment (e.g. retired, retired for health reasons, unemployed, full-time carer etc.)				
I spend most of my time at work sitting (such as in an office)				
I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)				
My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)				
My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)				
During the last week, how many hours did you spend on each of the following activities?				
	None	Less than 1 hour	Between 1 and 3 hours	3 hours or more
Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.				
Cycling, including cycling to work and during leisure time				
Walking, including walking to work, shopping, for pleasure etc.				
Housework/Childcare				
Gardening/DIY				
Please circle your usual walking pace:	Slow (less than 3mph)		Brisk pace	
	Steady average pace		Fast pace (over 4mph)	
Do you currently smoke?	<input type="checkbox"/> Yes	If yes, what and how many per day?		
	<input type="checkbox"/> No	If no, did you used to smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Smoking cessation advice can be found at www.smokefreelifeoxfordshire.co.uk				

Do you drink alcohol?	<input type="checkbox"/> Yes – please answer the questions below <input type="checkbox"/> No					
What do you drink in the average week?	Pints of beer:			Glasses of wine:		
	Measures of spirits:			Other:		
Score	0	1	2	3	4	Your score
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
A score of 5 or more indicates possibly harmful drinking. If you have scored 5+ please complete the further questions below.					Total score:	
Score	0	1	2	3	4	Your score
How often in the last year have you found you were not able to stop drinking once you had started?	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	
How often in the last year have you needed an alcoholic drink in the morning to get going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
Have you or someone 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/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes but not in the last year		Yes, during the last year	

Sharing your medical information – your healthcare, your choice

Your patient record is held securely and confidentially on an electronic system controlled by your GP Surgery.

If you need treatment in another NHS healthcare setting, such as an Emergency Department, Out-of-Hours GP or Minor Injury Unit, the professionals treating you can give you safer care if medical information from your GP Surgery is available to them. Your information will be viewed **only by authorised healthcare professionals directly involved in your care**. You will be asked for your permission before the information is accessed, unless the health professional is unable to ask you and there is an important clinical reason for accessing it.

If you do not want your information shared, we will put an entry on your record which will prevent this. It is important to note that if you make this choice, the health professionals using these systems will not be able to view your health information in an emergency, even if you give them permission to do so at the time.

A parent or guardian can ask to opt out children aged under 16 but ultimately it is the GP's decision whether to do this, because their duty of care to the child has top priority. If you care for a child under 16 and feel that they are able to understand this decision, then you should make this information available to them and seek their view.

Your choices:		I wish to share my information	I do <u>NOT</u> wish to share my information
Summary Care Record (national NHS system) <i>Please tick one of these boxes:</i>			
Summary Care Record with Additional Information* (see next page) <i>Please tick one of these boxes:</i>			
Oxfordshire Care Summary and the Out-of-Hours GP records sharing system (local NHS system) <i>Please tick one of these boxes:</i>			
Signature:		Date:	
FOR PARENTS, GUARDIANS and ATTORNEYS ONLY			
Full name:		Status:	
Signature:		Date:	

	Out-of-Hours GP Records Sharing	Oxfordshire Care Summary	Summary Care Record
Access	<ul style="list-style-type: none"> • Only available for patients registered with GP Surgeries located in Oxford (including Kennington) • The patient's electronic GP record is shared securely with GPs and clinicians working in the Out-of-Hours (urgent care) GP service, which is provided by Oxford Health NHS Foundation Trust 	<ul style="list-style-type: none"> • Available across Oxfordshire • Across health care settings, including urgent care, community care and outpatient departments • Information is shared with GPs and clinicians working for Oxford Health NHS Foundation Trust, Oxford University Hospitals Trust, and South Central Ambulance Trust 	<ul style="list-style-type: none"> • Available across England • Across health care settings, including urgent care, community care and outpatient departments • Information is shared with GPs and clinicians working for Oxford Health NHS Foundation Trust, Oxford University Hospitals Trust and South Central Ambulance Trust
Information source	<ul style="list-style-type: none"> • Your GP record 	<ul style="list-style-type: none"> • Your GP record • Other medical records held by different NHS organisations in Oxfordshire 	<ul style="list-style-type: none"> • Your GP record
Content	<ul style="list-style-type: none"> • Your current medications • Allergies and bad reactions you have had to medicines • A more complete medical history including details of consultations at your GP Surgery • 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 added to your record, such as referral letters, clinic letters and discharge summaries. 	<ul style="list-style-type: none"> • Your current medications • Allergies and bad reactions you have had to medicines • A summary of 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 • Allergies and bad reactions you have had to medicines • Additional information (upon request to your GP) - further information is available here: http://systems.hscic.gov.uk/scr/gppractices/additional/index.html <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 info visit:	<ul style="list-style-type: none"> • www.OxFed.uk 	<ul style="list-style-type: none"> • www.oxfordshireccg.nhs.uk/your-health/oxfordshire-care-summary/ 	<ul style="list-style-type: none"> • www.nhscarerecords.nhs.uk • www.oxfordshireccg.nhs.uk/your-health/summary-care-record/