

NEW PATIENTS REGISTRATION FORM PATIENTS 16 YEARS AND OVER

Gordon House Surgery Mattock Lane Health Centre 78 Mattock Lane Ealing, London W13 9NZ

Tel: 020-8799 5699 www.gordonhouse.nhs.uk

OUR MISSON IS TO PROVIDE AN EXCELLENT EXPERIENCE OF HIGH-QUALITY HEALTHCARE.

CODE OF BEHAVIOUR FOR PATIENTS & VISITORS

"THE PRACTICE AIMS TO GIVE ITS PATIENTS HIGH QUALITY CARE IN A SECURE ENVIRONMENT. WHILST YOU ARE IN OUR CARE OR VISITING OUR PREMISES YOU HAVE THE RIGHT TO EXPECT COURTESY AND CONSIDERATION FROM OUR STAFF AND FROM OTHER PATIENTS AND VISITORS, AND THEY HAVE THE RIGHT TO EXPECT THE SAME COURTESY AND CONSIDERATION FROM YOU"

Dear Patient,

There are seven key principles that guide the NHS in all it does:

- 1. The NHS provides a comprehensive service, available to all
- 2. Access to NHS services is based on clinical need, not an individual's ability to pay
- 3. The NHS aspires to the highest standards of excellence and professionalism
- 4. The patient will be at the heart of everything the NHS does
- 5. The NHS works across organisational boundaries
- 6. The NHS is committed to providing best value for taxpayers' money
- 7. The NHS is accountable to the public, communities and patients that it serves

They are underpinned by core NHS values: Working together for patients, Respect and dignity, Commitment to quality of care, Compassion, Improving lives & Everyone counts.

We believe that the practice and patients both have rights and responsibilities to ensure a friendly, courteous and efficient service provided under a safe environment. Below are some responsibilities that patients and the practice should always follow.



PATIENTS AND THE PUBLIC – YOUR RESPONSIBILITIES THE NHS BELONGS TO ALL OF US. THERE ARE THINGS THAT WE CAN ALL DO FOR OURSELVES AND FOR ONE ANOTHER TO HELP IT WORK EFFECTIVELY, AND TO ENSURE RESOURCES ARE USED RESPONSIBLY

- 1. Please recognise that you can make a significant contribution to your own, and your family's, good health and wellbeing, and take personal responsibility for it.
- Treat NHS staff and other patients with respect and recognise that violence, or the causing of nuisance or disturbance on NHS premises, could result in prosecution. You should recognise that abusive and violent behaviour could result in you being refused access to NHS services.
- 3. Provide accurate information about your health, condition and status. Please keep appointments or cancel within reasonable time. Receiving treatment within the maximum waiting times may be compromised unless you do.
- 4. Follow the course of treatment which you have agreed and talk to your clinician if you find this difficult.
- 5. Participate in important public health programmes such as vaccination.
- 6. Ensure that those closest to you are aware of your wishes about organ donation.





PATIENT RESPONSIBILITIES:

- You have the right to explanations of your illness and any investigations relevant to that illness. If you require referral to a specialist you will be offered a choice, in accordance with the NHS 'Choice and Booking' agenda.
- You should treat ALL practice staff and other patients with courtesy and respect at all times.
- As this is a busy practice, please be patient if the Clinician is running late. If you arrive up to 10 minutes late for your appointment, we will endeavor to retain your appointment slot and send you in to see the Doctor/Nurse as soon as possible, you may have to wait if others patients attend on time for their appointments.
- If you arrive <u>more than 10 minutes</u> late for your appointment your turn may be lost you will have to rebook your appointment.
- All repeat medication should be ordered within a MONTH prior to medication running out. Please allow <u>THREE</u>
 <u>COMPLETE WORKING DAYS</u> before collecting the prescription. Repeat medication will only be issued when due, in accordance with dose indicated by your clinician.
- Please ensure a single appointment is for ONE person and ONE problem only. If you have more than one medical problem please request a longer appointment.
- Please note that the first seven days of any sickness a self-certificate is sufficient. However, if requested a private certificate may be issued and appropriate fee charged.
- All Non-NHS services will incur charges depending on the service requested, please confirm the agreed fee with staff before proceeding with your request. Any private report etc. is provided on the basis of your medical conditions and fees are charged in respect of time spent preparing such reports, therefore fees are nonrefundable.
- Talk to us about complaints, suggestions and feedback. We are always looking to develop and support out patients.

PRACTICE TEAM RESPONSIBILITIES:

- We aim to treat all patients and staff with respect and courtesy, irrespective of his/her ethnic origin, religious beliefs, personal attributes, or the nature of health problem
- We will maintain your right to privacy and confidentiality and will not discuss your illness with other staff members on an unprofessional basis.
- Help you make an informed decision about your health and advise on treatment in a timely manner
- Keep up to date with the developments in the community and in line with our local CCG's aim and objectives
- Treat you with compassion and dignity at all times
- Appointments options include Face to face, video and telephone consultation. We offer 24/7 Online consultation via eConsult via our website www.gordonhouse.nhs.uk
- Receptive to feedback both positive and negative about your experiences and the treatment and care you
 have received, including any adverse reactions you may have had. You can often provide feedback anonymously
 and giving feedback will not affect adversely your care or how you are treated. If a family member or someone
 you are a carer for is a patient and unable to provide feedback, you are encouraged to give feedback about their
 experiences on their behalf. Feedback will help to improve services for all.

WE OPERATE ON A ZERO TOLERANCE POLICY TO ABUSE IN THE NHS. PATIENTS WHO DISPLAY UNACCEPTABLE BEHAVIOUR OR VIOLENCE TOWARDS STAFF OR OTHER PATIENTS WILL BE REMOVED FROM THE LIST IN LINE WITH NHS ENGLAND GUIDANCE ON ACCEPTABLE BEHAVIOUR.

Please sign below if you accept these terms and conditions.

Name	Signature
Date / / /	





NEW PATIENT REGISTRATION FORM (ADULT: 16 AND OVER)

Instructions for completing this form

- 1. Complete a separate form for each family member to be registered
- 2. Complete in BLOCK CAPITALS and tick the boxes as appropriate

1	YOUR DETAILS											
	NHS Number	Gender: Male Female										
		Other:										
	Title: Mr Mrs Miss MS Other:	Date of Birth:										
	First Name(s):											
		Harrist and a set of										
		Home tel. number:										
	Surname:											
		Mobile tel. number:										
	Previous Surname:	Text messaging service enables us to get in touch with you by										
		sending text messages to your mobile phone (e.g. text										
	Current Address:	appointment reminders).										
		If you do not want to receive text messages from your practice										
		tick here:										
		IF YOU CHANGE YOUR MOBILE NUMBER, PLEASE UPDATE THE SURGERY AS SOON AS POSSIBLE.										
	Postcode:											
Ì	E-mail address:	Country of birth:										
		Town of birth										
	Please indicate your first choice of contact method:	Borough (*If born in London):										
	Letter SMS Text Phone											
1	NEXT OF KIN (PLEASE PROVIDE TWO CONTACTS)											
i	[1] Next of Kin Name:	[2] Next of Kin Name:										
	Relationship to Patient:	Relationship to Patient:										
	Relationship to Patient.	Relationship to Fatient.										
	Novt of Kin contact tall numbers	Nove of Vin contest to Laurehou										
	Next of Kin contact tel. number:	Next of Kin contact tel. number:										
	In your Next of King registered hour? Yes No	La year Newtof King registered hour 2 Vec Ne										
	Is your Next of Kin, registered here? Yes No	Is your Next of Kin, registered here? Yes No										
1	Please list other Family/Relatives living at above address	who are registered with us										
	riease list other railily/kelatives living at above address	, who are registered with us:										
J	[1] Polationship	[2] Palatianskin										
	[1] Relationship:	[2] Relationship:										
	Name:	Name:										
	Date of Birth:	Date of Birth:										
	If you have more relatives, please atto	ach on a separate page with this form										





2	LOOKING AFTER SOMEONE
	Are you looking after someone? Let us know if you are looking after someone who is unwell, frail, disabled or has mental health and/or emotional support needs, or substance misuse problems.
	Is someone looking after you? Let us know if, a family member, friend or neighbour looks after you. If yes, are they your carer? No Yes IF YES, PLEASE COMPLETE CONTACT DETAILS, BELOVE. You're welcome to invite your carer to accompany you when to visiting the practice. Carer's Name: Carer's Relationship to you:
	Carer's Name: Carer's Relationship to you: Carer's Telephone number
3	EMPLOYMENT STATUS
	Full-time Part-time Self-employed
	If you are not employed, please indicate which best describes you:
	☐ Retired ☐ Student ☐ Homemaker ☐ Unemployed
	If returning from the Armed Forces please state which below: Army Royal Navy Royal Air force
4	YOUR RELIGION (PLEASE TICK)
	C of E Other Christian Hindu
	Sikh *PS ■ Muslim
	☐ Catholic ☐ Jehovah's Witness ☐ No religion
	☐ Jewish ☐ Buddhist ☐ Other religion *PS
	YOUR ETHNIC ORIGIN (PLEASE TICK ONE)
	☐ White (UK) ☐ Indian/British Indian ☐ Bangladeshi /
	☐ White (Irish) ☐ Arabic British Bangladeshi
	White (Other) □ Other Mixed Background □ Chinese
	□ Black Caribbean/British □ Pakistani □ Other Asian Background
	Black African / British British Pakistani Other
	Other Black Background Ethnic Category Refused
	Do you speak English? Yes No Do you need an Interpreter? Yes No Miles is seen as a least least an all and the seen as a least least an all and the seen as a least least an all and the seen as a least least an all and the seen as a least least an all and the seen as a least least an all and the seen as a least least an all and the seen as a least least an all and the seen as a least least an all and the seen as a least leas
	What is your main spoken language? If Yes, Which language:
	DO YOU NEED HELP WITH MOBILITY/HEARING/SPEAKING? (TICK ALL THAT APPLY)
	Wheelchair Walking aid Hearing aid British sign language (BSL)
	Lip reading Large print Braille Other *PS
-	Are you currently?
-	Please list countries, outside of the UK, that you have visited/lived in for more than 6 months during the past 5 years
-	Countries Dates/Year (If known):
	5





5	EXERCISE & DIET		
	What types of weekly exercise, do you do?	What type of diet do you have?	
	No exercise	Healthy diet	Heightm
	Gentle exercise	Poor diet	
	Moderate exercise	Vegan diet	Weight kg
	Vigorous exercise	Vegetarian diet	
	VIgorous exercise	Average diet	
6	SMOKING AND ALCOHOL	Average triet	
١	SIVIORING AND ALCOHOL		
			Smoker
	Smoking status:		Never smoked tobacco
			Ex-cigarette smoker
			Wants to stop smoking
	Alcohol intake:		
	Alcohol consumption is measured in units, whi	ch is explained in the diagram	NA
	below. Please indicate the units per week	ch is explained in the diagram	Never
	·		up to 5
	This is one unit		up to 10
			up to 15
			up to 20
	Half pint of One very One single One small	all One single	up to 25
	regular beer, small glass measure glass o lager or cider of wine of spirits sherry		up to 30
			up to 35
	and each of these is more than one unit		up to 40
			up to 45
	2 3 1.5	2 4 2	up to 50
	A pint of A pint of Alcopop or 440ml car	n of 440ml can of 175mm glass Bottle of	more than 50
	regular beer, premium beer, a can/bottle premium l lager or cider lager or cider of regular lager or strong l	ager super strength of wine wine	
	lager of cluer lager of cluer of regular lager of strong t	Jeel lagel	
			NA
			Never
	How often do you have a drink containing Alex	hall	Monthly or less
	How often do you have a drink containing Alco	noir	2-4 times a month
			2-3 times a week
			4 or more times a week
			□ NA
			☐ 1 to 2
			☐ 3 to 4
	How many units of alcohol do you drink on a ty	pical day when you are drinking?	5 to 4 5 to 6
			7 to 8
			10 or more
			∐ NA
			∐ Never
	How often have you had 6 or more units if fem	ale, or 8 or more it male, on a	Less than monthly
	single occasion in the last year?		Monthly
			Weekly
			Daily or almost daily
	WOMEN ONLY		
7	What is the date of your last Smear test? Dat	te:	Result:
	(Also known as a <i>PAP</i> or <i>Cervical smear</i>)		
	V. 130 Kilowii as a l'Al oi celvicul silicul j		
	Ple	ase specify who processed your	NHS
	Was this at your GP	ear test	Private
	Surgery?		Abroad
	Date of last Mammogram (if applicable): Dat	to.	Result:
	Date of last Mullimogram (if applicable).		nesuit.





	MEDICAL BACKGROUND																																		
Γ	Do you or any of your family, have any of the following medical conditions, for example parents, grandparents,																																		
	siblings? Tick all that apply <u>and</u> state family members:																		-			-													
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	Have	e y	ou	had	an	y o	pera	rations in the last 2 years?													_	Da	ite d	of o	per	atio	n/	s:							
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	2																								7										
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Please lists any, medicines, or treatments you are currently undertaking:																																			
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		We can now send your prescriptions electronically to the pharmacy of your choice. Consent given for Electronic Prescription Service Declined consent for Electronic Prescription Service															\neg																		
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If you would like us to do this, please give the name, address and post														031	l	C 01	(11	C pi	laii	IIa	Cy I		Ξ.	1	1	T	1								
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	The patient will be asked to give their record sharing consent at each organisation at which they receive care.															_	on	sent	at	eac	ch c	orga	nisa	atic	on a	t w	hic	h t	hey	/ re	ceiv	e c	are	•	
		-	The patient's consent can be changed at any time.									d at	any	y tiı	me.																				
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	PATIENT PARTICIPATION GROUP (PPG)									
10	The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better. You will help us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice. Patient education forum updates are sent via SMS.									
	ONLINE SERVICES									
11	You can now do the following online or via the System C	Online APP:								
	Book and cancel appointments, order repeat prescriptions, view your Medical Record and results. AS THE PATIENT (OR THAT STATED IN SECTION 12) IT IS YOUR RESPONSIBITE TO KEEP YOUR LOGIN DETAILS AND PASSWORD SAFE AND SECURE. IF YOU KNOW OR SUSPECT THAT YOU'RE RECORD HAS BEEN ACCESSED BY SOMEONE OTHER THAN YOURSELF, PLEASE NOTIFY THE SURGERY IMMEDIATELY.									
	<u>Yes,</u> I would like to register for online services	<i>No,</i> I do not wan	t to register for online services							
4.5	OTHER INFORMATION									
12	Do you have a "Living Will" or "Advanced Directive"? (A statement explaining what medical treatment you would not want in the future)?	Yes No	If "Yes", can you please provide a copy for your Medical record?							
ĺ	Have you nominated someone to speak on your	Address:								
	behalf (e.g. a person who has Lasting Power of									
	Attorney)?									
	If "Yes", please state									
	Name:	Phone number:								
	NHS (CHARGES TO OVERSEAS VISITORS) REGULATIONS 2	2015 SELF DECLARAT	TION							
13										
	I am a British resident and entitled to full NHS care									
	For more information on your entitlement to NHS care a	and charges which	any bo applicable places refer to very							
	practice leaflet explaining the rules and entitlements for	•								
		F								
	NHS HEALTH CHECK FOR PATIENTS AGED 40-74 YEARS O	LD ("HEALTH M.O.T	")							
14		•	-							
	The NHS Health Check is a health check-up for adults in stroke, kidney disease, heart disease, type 2 Diabetes, o developing one of these conditions. An NHS Health Check If you are in the 40-74 age group without a pre-existing of the the past five years you are distible for an appointment.	r Dementia. As we gook helps find ways to condition and you h	get older, we have a higher risk of blower this risk.							
	for the past five years you are eligible for an appointment									
	Please tick if you would like the surgery to contact you for	or a free NHS Healtl	n Check appointment?							





CHECK LIST									
Please check you have completed all sections where possible.									
Please ensure that you bring the following with you to the s	urgery to complete your registration:								
	_								
1. Completed & Signed New Patient Registration Form.									
2. Completed & Signed GMS1 Form.									
3. You're previous GP and your NHS Number.									
4. If relevant, you're Repeat Medication List, available fro	m previous GP or Pharmacy.								
DECLARATION AND SIGNATURE									
I CONFIRM THAT I HAVE COMPLETED THIS FORM AS ACCURA	ATELY AS POSSIBLE AND WOULD LIKE TO REGISTER AS A								
PATIENT AT THIS PRACTICE.									
PRINT FULL NAME	PRINT FULL NAME								
PATIENT SIGNATURE:	SIGNATURE IF SIGNING ON BEHALF OF PATIENT:								
DATE:	DATE								

Thank you for completing this form

For more information about the services we offer, please refer to our practice leaflet or see our website www.gordonhouse.nhs.uk

OFFICE USE ONLY

APPOINTMENT INFORMATION									
NHS Health Check (over 40).	Date :		_ Clinician						
(· ·						
Care Plan (over 60).	Date :	_ Time:	_ Clinician						
New Patient's Medical.	Date :	_ Time:	Clinician						
NOMINATED GP Patient a	idvised								
STAFF DETAILS									
Received and checked by STAFF NAME:		Date received:	M / Y E A R						