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Miss Furiha Chaudry

**NEW PATIENTS REGISTRATION FORM
PATIENTS 16 YEARS AND OVER**



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Mattock Lane Health Centre
78 Mattock Lane
Ealing, London
W13 9NZ

Tel: 020-8799 5699

www.gordonhouse.nhs.uk

OUR MISSION 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.
2. 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 more than 10 minutes 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 THREE COMPLETE WORKING DAYS 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 non-refundable.
- 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 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



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

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<i>If you have more relatives, please attach on a separate page with this form</i>																																																																																																																																																																																																																																																																																									



5	EXERCISE & DIET		
	What types of weekly exercise, do you do? <input type="checkbox"/> No exercise <input type="checkbox"/> Gentle exercise <input type="checkbox"/> Moderate exercise <input type="checkbox"/> Vigorous exercise	What type of diet do you have? <input type="checkbox"/> Healthy diet <input type="checkbox"/> Poor diet <input type="checkbox"/> Vegan diet <input type="checkbox"/> Vegetarian diet <input type="checkbox"/> Average diet	Height _____ m Weight _____ kg
6	SMOKING AND ALCOHOL		
	Smoking status: Alcohol intake: Alcohol consumption is measured in units, which is explained in the diagram below. Please indicate the units per week This is one unit... <div style="display: flex; justify-content: space-around; align-items: flex-end; margin-top: 10px;"> <div style="text-align: center;"> Half pint of regular beer, lager or cider</div> <div style="text-align: center;"> One very small glass of wine</div> <div style="text-align: center;"> One single measure of spirits</div> <div style="text-align: center;"> One small glass of sherry</div> <div style="text-align: center;"> One single measure of aperitifs</div> </div> <p style="margin-top: 10px;">...and each of these is more than one unit...</p> <div style="display: flex; justify-content: space-around; align-items: flex-end; margin-top: 10px;"> <div style="text-align: center;"> A pint of regular beer, lager or cider 2</div> <div style="text-align: center;"> A pint of premium beer, lager or cider 3</div> <div style="text-align: center;"> Alcopop or a can/bottle of regular lager 1.5</div> <div style="text-align: center;"> 440ml can of premium lager or strong beer 2</div> <div style="text-align: center;"> 440ml can of super strength lager 4</div> <div style="text-align: center;"> 175mm glass of wine 2</div> <div style="text-align: center;"> Bottle of wine</div> </div>	<input type="checkbox"/> Smoker <input type="checkbox"/> Never smoked tobacco <input type="checkbox"/> Ex-cigarette smoker <input type="checkbox"/> Wants to stop smoking <input type="checkbox"/> NA <input type="checkbox"/> Never <input type="checkbox"/> up to 5 <input type="checkbox"/> up to 10 <input type="checkbox"/> up to 15 <input type="checkbox"/> up to 20 <input type="checkbox"/> up to 25 <input type="checkbox"/> up to 30 <input type="checkbox"/> up to 35 <input type="checkbox"/> up to 40 <input type="checkbox"/> up to 45 <input type="checkbox"/> up to 50 <input type="checkbox"/> more than 50	
	How often do you have a drink containing Alcohol?	<input type="checkbox"/> NA <input type="checkbox"/> Never <input type="checkbox"/> Monthly or less <input type="checkbox"/> 2-4 times a month <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> 4 or more times a week	
	How many units of alcohol do you drink on a typical day when you are drinking?	<input type="checkbox"/> NA <input type="checkbox"/> 1 to 2 <input type="checkbox"/> 3 to 4 <input type="checkbox"/> 5 to 6 <input type="checkbox"/> 7 to 8 <input type="checkbox"/> 10 or more	
	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?	<input type="checkbox"/> NA <input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily	
7	WOMEN ONLY		
	What is the date of your last <i>Smear test</i>? (Also known as a <i>PAP</i> or <i>Cervical smear</i>)	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Result:
	Was this at your GP Surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please specify who processed your <i>Smear test</i> <input type="checkbox"/> NHS <input type="checkbox"/> Private <input type="checkbox"/> Abroad
	Date of last <i>Mammogram</i> (if applicable):	Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	Result:

