**Brunswick**Surgery

Registration Form 2020/21please provide proof of address and photo ID

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| Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth:\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_  Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  POSTCODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
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| EMAIL: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Main Spoken Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you need an interpreter? Yes / No | | | | | | | | | | | | | | | | | Are you a former member of the armed forces? Yes / No  If yes please circle:  Army / Royal Navy / Royal Air Force | | | | | | | | | | | | | | |
| Next of Kin details:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you a carer? Yes / No | | | | | | | | | | | | | | | | | Do you have a carer? YES/NO  If yes, please complete:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Blood Pressure: \_\_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_\_\_  How many units of alcohol do you drink per  week: \_\_\_\_\_\_\_\_  *1 large glass of wine, 1pt of Beer or cider = 3 units Small measure of spirits = 1 unit* | | | | | | | | | | | | | | | | | Have you ever smoked? YES / NO  Do you smoke now? YES / NO  What do you smoke? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How many do you smoke? \_\_\_\_\_\_ per day  Do you want help to stop? YES / NO  Visit: [www.kick-it.org.uk](http://www.kick-it.org.uk) | | | | | | | | | | | | | | | |
| Do you have any pre-existing medical conditions including allergies? | | | | | | | | | | | | | | | | | Do you give us consent to use your telephone number & email address to contact you regarding health campaigns?  Yes / No | | | | | | | | | | | | | | | |
| Would you like to be part of our virtual patient participation group?  Yes / No | | | | | | | | | | | | | | | | | Would you like access to your records online?  Yes / No | | | | | | | | | | | | | | | |

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| **AUDIT-C Screening Toolkit** | 0 | 1 | 2 | 3 | 4 | SCORE |
| How often do you have a drink that contains alcohol? | Never | Monthly or less | 2-4 times a month | 2-3 times a week | 4+ times a 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 |  |
| **If you have a score of 5 or more, please book an appointment with a nurse once you have registered.** | | | | **TOTAL SCORE** | |  |

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| If you are on regular medication, which pharmacy would you like your prescriptions to be sent to?   1. **Paydens**Surbiton Health Centre, 2. **Newman Chemist**99 Ewell Road,   3.**Shan Pharmacy** 106 Ewell Road 4. **Boots Surbiton** 19 Victoria Rd,  5.**Ritechem Pharmacy** 22 Victoria Road 6. Other …………………………………… |
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| **Patient’s NHS Data Sharing**  **Information and Preferences - Kingston** | | |
| **Kingston GP Chambers & other**  **Local** Initiatives | Local Data Sharing with Kingston GP Chambers enables your local NHS Kingston care providers, to view the relevant clinical information about you, when they are treating you in a consultation, and so give you the best possible care. These include Evening, Weekend and Bank Holiday GP services when your surgeries are closed. Its also in the local Specialist Clinics you may be referred to. This data sharing also enables immediate access for your own GP, on treatment and advice you have received elsewhere. | I am happy with and agree tolocal data sharing  *(No action needed)*  Or I want to:  Opt out of local services sharing  *(EMIS sharing consent)* |
| **Connecting Your Care**  **South West London**  (Soon to expand to include other London hospitals). | Connecting Your Care is a recently completed Interoperability Project which created a portal to link up all your medical records that are held with Hospitals, Community Care and your GP Practice. This data sharing is only available to the organisations that you are treated by. It is invaluable to clinicians to have access to your full history in one place when they need it. For more information go to:  <https://www.swlondon.nhs.uk/ourwork/connectingyourcare/>  If for any reason you would like to find out more or to opt out of the data sharing you should contact the Connecting Your Care Team:  Email: [connectingyourcare@swlondon.nhs.uk](mailto:connectingyourcare@swlondon.nhs.uk)Phone:  0203 668 3100  Post: Freepost – SWL CONNECTING YOUR CARE | |
| **Summary Care Record**  *also known as*  ***SCR***    **National** Initiative | Having a **basicSummary Care Record - SCR**, enables health care providers, to view your   * medication (last 12m) * bad reactions to medicines * allergies   when you’re admitted to hospital, or when treating you in an emergency, around the country.  **Additional Information SCR**  Having this allows for more details of your significant medical history and specialist needs, to be included in your SCR. This is particularly important, if you have long term conditions, or have specialist needs or instructions for your care. It can also include next of kin details. The SCR is used by hospitals and ambulance services around the country.  <https://digital.nhs.uk/services/summary-care-records-scr/summary-care-records-scr-information-for-patients> | I want to have a  Summary Care Record.  *(No action needed unless opted out before)*  I want a Summary Care Record with medication, allergies**, and**  **Additional Information**  *(Emis sharing SCR)*  I do **not** want to have a Summary Care Record.  *(Emis sharing SCR)* |
| **National** Initiative  **National NHS Data**  *Data required for general medical research and NHS management, but not related to providing you with direct care.* | **Research and planning**  Confidential patient information might also be used to plan and improve health and care services, research and develop cures for serious illnesses  **Your choice**  You can stop your confidential patient information being used for research and planning. If you’re happy with your confidential patient information being used for research and planning, you do not need to do anything. Any choice you make will not impact your individual care. See nhs website for more information:  <https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/> | |

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| **Patient / Carer/ Guardian Signature:** | **Date** |

*Office use only:*

*Date of application:*

*Received by:*