GRAFTON
MEDICAL PARTNERS

NEW PATIENT REGISTRATION FORM

DATE: _____

SURNAME: _____ **FORENAME(S):** _____

TITLE: _____ **DATE OF BIRTH:** _____ **MARITAL STATUS:** _____

TELEPHONE NUMBER: _____ **MOBILE NUMBER:** _____ **EMAIL ADDRESS:** _____

MAIN LANGUAGE SPOKEN: _____

DO YOU REQUIRE AN INTERPRETER? YES | NO

DO YOU LIVE IN A NURSING HOME? YES | NO

NAME OF NEXT OF KIN _____

RELATIONSHIP _____

ADDRESS _____

CONTACT NUMBER _____

We need your permission to contact you

The law is changing and we must get explicit permission from patients when using their data. This is to protect your right to privacy and we may ask you to provide consent to do certain things, like contact you. You have the right to withdraw your consent at any time.

Please tick ❑ to provide your explicit consent to be contacted by the Practice.

WHAT IS YOUR ETHNICITY?

A	**White**	(9i0) British ❑ (9i1) Irish ❑ (9i2) Any other white background ❑
B	**Mixed**	(9i3) White and Black Caribbean ❑ (9i4) White and Black African ❑ (9i5) White and Asian ❑ (9i6) Any other mixed background ❑
C	**Asian or Asian British**	(9i7) Indian ❑ (9i8) Pakistani ❑ (9i9) Bangladeshi ❑ (9iA) Any other Asian background ❑
D	**Black or Black British**	(9iB) Caribbean ❑ (9iC) African ❑ (9iD) Any other black background ❑
E	**Other ethnic groups**	(9iE) Chinese ❑ (9iF) Other ethnic category ❑ (9iG) Not stated ❑

DO YOU WORK? YES | NO

IF SO, WHAT IS YOUR OCCUPATION? _____

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

DO YOU HAVE A CARER? YES | NO

IF YES, WHO? _____

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

ARE YOU A CARER FOR SOMEONE WHO IS DISABLED OR ELDERLY? YES | NO

IF YES, WHO? _____

ARE YOU ALLERGIC TO ANY DRUGS?

YES _____ | NO

ARE YOU ALLERGIC TO ANYTHING ELSE?

YES _____ | NO

DO YOU TAKE ANY REGULAR MEDICATION?

_____

_____

_____

HAVE YOU EVER SUFFERED FROM:

HEART ATTACK	YES (Date: _____)	NO
STROKE	YES (Date: _____)	NO
HIGH BLOOD PRESSURE	YES (Date: _____)	NO
DIABETES	YES (Date: _____)	NO
ASTHMA	YES (Date: _____)	NO
EPILEPSY	YES (Date: _____)	NO

DO YOU HAVE ANY SIGNIFICANT FAMILY HISTORY OF ANY SPECIFIC ILLNESSES?

_____

_____

_____

FEMALES ONLY – ALL FEMALES TO COMPLETE

WHEN WAS YOUR LAST CERVICAL SCREENING? (MM/YYYY)

_____

WHAT WAS THE RESULT?

_____

IF YOU HAVE NEVER HAD A CERVICAL SCREENING, PLEASE TICK HERE ❑

ACCESSIBLE INFORMATION STANDARD

We want to get better at communicating with our patients. We want to make sure you can read and understand the information we send you. If you find it hard to read our letters or if you need someone to support you at appointments, please let us know.

WE WANT TO KNOW IF YOU NEED INFORMATION IN BRAILLE, LARGE PRINT OR EASY READ.

BRAILLE ❑ LARGE PRINT ❑ EASY READ ❑

WHAT IS YOUR PREFERRED METHOD OF CONTACT?

TELEPHONE (LANDLINE) ❑ MOBILE ❑ EMAIL ❑

POST ❑

WE WANT TO KNOW IF YOU NEED AN INTERPRETER.

YES ❑ NO ❑

IF YES, LANGUAGE REQUIRED: _____

WE WANT TO KNOW IF WE CAN SUPPORT YOU TO LIP-READ OR IF YOU USE A HEARING AID.

DO YOU LIP-READ? YES ❑ NO ❑

DO YOU USE A HEARING AID? YES ❑ NO ❑

PRINT NAME:

_____

SIGNED:

_____

DATED:

_____

ELECTRONIC PRESCRIBING SERVICE (EPS)

The Electronic Prescription Service (EPS) is an NHS service. It gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from.

What does this mean for you?

If you collect your repeat prescriptions from your GP you will not have to visit your GP practice to pick up your paper prescription. Instead, your GP will send it electronically to the place you choose, saving you time. Your medicines can be collected from a pharmacy near to where you live, work or shop. You may not have to wait as long at the pharmacy as there will be time for your repeat prescriptions to be ready before you arrive.

How can you use EPS?

You need to choose a place for your GP practice to electronically send your prescription to. This is called a *nomination.*

Can I change my nomination or cancel it and get a paper prescription?

Yes you can. If you don't want your prescription to be sent electronically, let us know.

Is EPS reliable, secure and confidential?

Yes. Your electronic prescription will be seen by the same people in GP practices, pharmacies and NHS prescription payment and fraud agencies that see your paper prescription now.

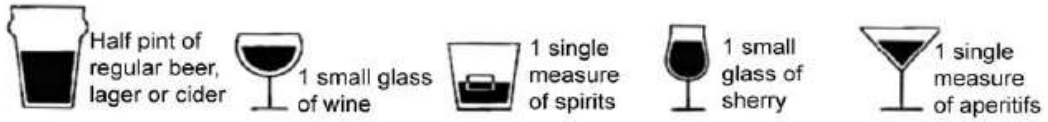
The following local pharmacies offer EPS. Tick to nominate your preferred pharmacy or, alternatively, provide the name and address of an alternative dispenser here:

Kamsons Pharmacy	86 Clapham Manor St, Clapham, London SW4 6DZ	☐
Superdrugs	156-158 Clapham High St, London SW4 7UG	☐
Boots	174-180 Clapham High St, London SW4 7UG	☐
Orbis Pharmacy	148 Clapham High St, London SW4 7UH	☐
Pearl Pharmacy	31 Clapham High St, London SW4 7TR	☐
Boss Pharmacy	85, Bedford Rd, London SW4 7RD	☐
Queens Pharmacy	12 Queens town road, Battersea SW8 3RX	☐
Fairless Queenstown Pharmacy	26 Queenstown road, Battersea SW8 3RX	☐
Springfield Pharmacy	110 Union Road, SW8 2SH	☐
Abc Pharmacy	123 Lavender Hill, London SW11 5QL	☐
Halls Pharmacy	240 Wandsworth Road, Battersea SW8 2JS	☐
Superdrug	452-456 Brixton Road, London SW9 8AE	☐
Pulse Phamacy	310 Clapham Road, London SW9 9AE	☐
Harfleur Pharmacy	219 Clapham Road, London SW9 9BE	☐
Abc Drugstore	299-303 Battersea Park Road, London SW11 4LX	☐
Day Lewis Pharmacy	110 Brixton Hill, London SW2 1AH	☐

THE ALCOHOL USE DISORDERS IDENTIFICATION TEST

Because alcohol can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an **x** in one box that best describes your answer to each question.

This is one unit of alcohol...



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

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 increased or higher-risk drinking.
An overall total score of 5 or above is AUDIT-C positive.

DO YOU SMOKE?

YES | NO

IF 'YES',
HOW MANY A DAY?

APPLICATION FOR ONLINE ACCESS

DATE: _____

SURNAME: _____ **FORENAME(S):** _____ **DATE OF BIRTH:** _____

FULL ADDRESS:

_____

EMAIL ADDRESS: _____ **TELEPHONE NUMBER:** _____ **MOBILE NUMBER:** _____

THIS IS A REQUEST FOR ACCESS TO (TICK ALL THAT APPLY)**:**

BOOK APPOINTMENTS ❑

REQUEST REPEAT PRESCRIPTIONS ❑

ACCESS MY MEDICAL RECORD ❑

I wish to access my medical record online and understand and agree with each statement:

I will be responsible for the security of the information that I see or download ☐

If I choose to share my information with anyone else, this is at my own risk ☐

I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement ☐

SIGNED: _____

IT IS ESSENTIAL THAT YOU PROVIDE PHOTO ID AND PROOF OF RESIDENCE TO ACCESS THIS FACILITY

FOR PRACTICE USE ONLY:

Identity verified by (initials)

Vouching ☐

Vouching with information in record ☐

Photo ID and proof of residence ☐

Authorised by (GP's initials) **Date**