



New Patient Registration Document

To help us to complete your registration please fill in our patient questionnaire in addition to the GMS1 form.
If you have children of school age please remember to complete the **Health Visitor Form**.

ONLINE ACCESS / NHS APP

You can book an appointment with your registered GP, order your repeat prescriptions and view your medical summary using an online service or download an App on your smartphone. To gain access to the online service (Patient Access or Evergreen) you need to register at reception and provide us with photographic ID e.g. Passport, new style driving licence, student card, disabled badge, NHS card. The first level of access is to GP appointments and medications. We can only grant access in person and we are unable to grant access on behalf of someone else or for children of 15 and under.

We will need to complete your new patients registration before we can offer you this facility so ideally speak to our Receptionists when you come for your new patients appointment (Due to the limitations of our clinical system this service is not available for patients who use our branch surgery at Newton Flotman to collect their medication).

NEW PATIENT APPOINTMENTS

We like to meet all new patients within one month of registration so please make an appointment with our receptionist. If you have a condition that requires regular medication you will need to have an appointment with your registered GP as well as our Health Care Assistant (Please make sure that you bring your repeat prescription request slip and any relevant letters along with you to show your doctor). If you are NOT on any medication you will need an appointment with our Health Care Assistant (HCA). In both instances, please hand in a urine sample to our HCA.

CONFIDENTIALITY

We have a responsibility and duty of care to respect and maintain patient confidentiality at all times. Please understand that we cannot divulge any of your information to a third party (e.g. registration status, appointment details or results). If you wish to share your information with a member of your family or friend so they can ring on your behalf, please complete section no **4. Consent**

If you need help in completing the following registration form, or if you have any other queries, please do not hesitate to speak to one of our reception team who will be happy to help.

For Office Use Only:

Action	Date	Initials
GMS1 form completed and signed	Form handed to reception:	
New patient appointment booked	Date of NPA: Nurse or GP name:	
Patient registered on EMIS Web Linked with Household if applicable	Date patient registered: Date Linked: N/A	
Consent to Receive Text Messages	Consent Recorded:	
Accessibility Information	Date Recorded: N/A	

In order to provide you with the best possible care we sometimes need to share your details with other organisations relating to your care. Please read our **Fair Processing Notice** which can be downloaded from our website, or requested at reception.

1. Patient Details

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other		
Surname:			
Forename(s):		Calling Name:	
Marital Status:			
Date of Birth:			
Home Telephone No:			
Mobile Telephone No:		Please see details below ** Tick for Consent <input type="checkbox"/>	
Work Telephone No:			
Email:			
What is your first language?		Religion:	

**** PLEASE READ:** We can send you information by text message to your mobile phone regarding appointments and health care. If you wish to register for this service please read the following statement and confirm your consent by ticking the consent box against your mobile number.

I consent to the practice contacting me by text message and/or email for the purposes of health promotion, practice news and for appointment reminders. I acknowledge that appointment reminders are an additional service and that they may not be sent on all occasions but that the responsibility for attending appointments or cancelling them still rests with me. I can cancel the text message facility at any time.

Please remember to keep your personal contact information up-to-date in case we need to get in touch with you urgently

2. Next of Kin

Forename and Surname:		Title:
Date of Birth:		Male <input type="checkbox"/> Female <input type="checkbox"/>
Relationship to Patient:		
Address:		
Home Telephone No:		
Mobile Telephone No:		
Work Telephone No:		

Can your next of kin be contacted in an emergency? Yes No

3. Carer/Carers

Are you a Carer: **YES / NO**

If applicable; Name and address of person you care for:

Do you have a Carer? **YES / NO**

If applicable; Name, address and telephone number of your carer:

4. Consent

I give consent for the Practice to discuss results, medication and any aspects of my healthcare with the following family member/carers/other named third party **YES / NO**

Contacts Name: _____ Telephone No: _____
 Address: _____
 Your Signature: _____ Date: _____

5. Ethnicity

As part of your doctor's contract they are asked to record ethnic origin for all new patients, please circle one of the following that describes your ethnic group

Ethnic Category	Office Use		Office Use
British or mixed British	9i0	Pakistani or British Pakistani	9i8
Irish	9i1	Bangladeshi or British Bangladeshi	9i9
Other White Background	9i2	Other Asian Background	9iA
White and Black Caribbean	9i3	Caribbean	9iB
White and Black African	9i4	African	9iC
White and Asian	9i5	Other Black Background	9iD
Other Mixed Background	9i6	Chinese	9iE
Indian or British Indian	9i7	Other	9iF
		Ethnic Category not Stated	9iG

6. Accessibility Information

It is our aim to meet the communication needs of all of our patients so we need to know if you need help to contact us, communicate well or to understand letters or health information.

Please complete this section so that we can provide information in the relevant format.

- **I have communication needs:** **Yes** **No**
 If yes, my communication needs are:

- **Carer/Parent/Guardian**
 If you have a carer/parent/guardian who has specific communication needs, please specify:

Please use this space for anything else you wish the surgery to be aware of (continue on a blank page if necessary)

Dispensing Repeat Medication

Where you have your medication dispensed is your choice. The practice can dispense your medications to you if you live more than one mile from a chemist. If you are within the mile your prescription can be sent electronically to your chosen pharmacy (EPS). You will need to nominate a pharmacy for this service. You can choose a pharmacy near to where you live, work or shop or a dispensing application contractor. Please speak to our Dispensary Team for more information or talk to your chosen Pharmacist.

If you are on regular medication please allow 72 hours (3 working days) for your prescription request to be processed.

We cannot accept orders over the phone, but you can order:

- Online – via the NHS App / Patient Access / Evergreen (this service is currently not available for those patients wanting to collect the medications from our Newton Flotman branch surgery)
- Newton Flotman patients can email requests to repeats.newton@nhs.net
- Hand the slip to the dispensary during working hours or put it through the letterbox if the surgery is closed
- Post in the request

Dispensary Opening Times

Long Stratton Monday to Friday from 8.15am – 6.00pm (closed daily between 1.00pm-2.30pm)

Newton Flotman Monday, Tuesday and Thursday from 8.15am – 6.00pm (closed daily 1.00pm-2.00pm)

Long Stratton & Newton Flotman Patient Participation Group (PPG)

Established in 2015, we are an independent group of patients who care about the way in which our practice is run and the services it can provide. We meet together with practice staff bi-monthly to discuss matters relating to the surgery.

We want the practice to work as well as it can for patients, doctors and staff so our aim is to:

- *Improve communication between the practice and the patients*
- *Exchange information and ideas*
- *Discuss recent or future developments which involve the practice and its patients*
- *Consider patient concerns, comments or suggestions*
- *Fundraise to improve the services provided by the practice*
- *Organise health information evenings*

We are still looking for more members to join the group so if you are interested please contact us by email at lsnfppg@nhs.net alternatively speak to Dawn Brighton, Teaching and Communications Co-ordinator at the practice or visit our website for more information.

Please remember if you book an appointment

Keep it or Cancel it, but please don't Waste it – Thank you