

## WELCOME PACK AND REGISTRATION DOCUMENTS

Thank you for choosing to join King George & Manor House surgeries.

We are a large well established practice with lots of health resources on site.

In addition our team of doctors, we have an experienced team of nurses, pharmacists, reception, dispensary and administration staff who work together to provide our patients with the best care possible.

Please complete **all** the attached documents and hand in at reception.

**If you already have an NHS number**, it would be helpful to your registration application if you could supply this (it is available from your previous GP surgery).

Please provide, where possible, proof of your current address. A photocopy of any of the following is acceptable:

- *utility bill, bank or credit card statement (dated within the last 3 months)*
- *HMRC or benefits agency letter (dated within the last 3 months),*
- *the current year's council tax bill*

Once documentation has been received, your application will be processed and we will be in touch to confirm your registration is complete. Please allow up to 14 days for this.

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*For more information please speak to our reception team or go to:*  
**[www.kinggeorgesurgery.co.uk](http://www.kinggeorgesurgery.co.uk)**

Welcome to King George & Manor House Surgeries. Please complete this New Patient Questionnaire as fully as possible. It will help us to build an accurate health record until your medical records arrive from your previous doctor.

## Personal Details

Surname: \_\_\_\_\_

First names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Information:

Home \_\_\_\_\_

Mobile \_\_\_\_\_

Work \_\_\_\_\_

**Please tick your preferred contact number.**

**By providing us with a mobile number you are confirming that the surgery can send you important and relevant information by text message e.g. appointment reminders.**

Email  
\_\_\_\_\_

Postcode \_\_\_\_\_

Next of Kin:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Number \_\_\_\_\_

Do you have any allergies to medication?

Yes  No

If yes, details please  
\_\_\_\_\_  
\_\_\_\_\_

Previous Doctors surgery details:

Name \_\_\_\_\_

Address  
\_\_\_\_\_  
\_\_\_\_\_

Are you Housebound and unable to attend the surgery?

Yes  No

Are you awaiting hospital treatment or referral?

Yes  No

If yes, details please  
\_\_\_\_\_

## Medical Details

If you are on any repeat medication and have a printout of it (FP10 repeat page from previous prescription) please attach it to this form.

Please note that you will need to provide this or book an appointment with your GP before medication can be issued.

Height:

Weight:

## Smoking Information

I am a current smoker     I have given up smoking     I have never smoked

**The surgery offers one-to-one smoking cessation service. If you are current smoker would you like advice or support to help you quit smoking?**

Yes     No

## Alcohol

If you are over 16 years of age, please complete the questionnaire below by circling the most relevant answer with regards to your alcohol intake.

Questions	0	1	2	3	4
How often do you have a drink that contains alcohol?	Never	Monthly or Less	2 – 4 times per month	2-3 times per week	4 or more times per week
How many alcoholic drinks do you have on a typical day when drinking?	1 or 2	3 or 4	5 or 6	7, 8 or 9	10 or more
How often do you have 6 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

## Family History

Please tick any boxes that are relevant to your family medical history. Your family medical history provides your GP with information about the risk of specific health concerns.

	<i>Mother</i>	<i>Father</i>	<i>Brother</i>	<i>Sister</i>
<i>Diabetes</i>				
<i>Stroke</i>				
<i>Heart disease (aged under 60yrs)</i>				
<i>Heart disease (aged over 60yrs)</i>				
<i>Cancer</i>				
<i>High Blood Pressure</i>				
<i>Kidney disease</i>				
<i>Mental illness</i>				

Any other please specify

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## Summary Care Record

The Summary Care Record (SCR) is an electronic copy of the key information from your GP record. Only healthcare staff that are directly involved in caring for you have access to your SCR. Your SCR helps improve the safety and effectiveness of your care; however, you can choose to opt out if you do not wish to have one.

**You can choose to have a Summary Care Record or you can choose to opt out.**

I give **CONSENT** to have a Summary Care Record

I would like to **DISSENT** from having a Summary Care Record

If you do not tick a box we will automatically assume you are giving **consent** to have a summary care record. You can change your decision at any time by informing the surgery in writing.

## Online Services

Registering for Online Services allows you to book appointments, order repeat medication and change your personal details and see sections of your medical record e.g. your summary care record via the NHS App.

Patients **must** present themselves to a member of the reception team with a form of identification and a confirmation of address from the criteria lists below:

- Valid passport
- Valid UK full photo card driving licence
- UK issued identification card
  
- Utility / Council Tax bill (less than 3 months old)
- Bank / Credit Card statement (less than 3 months old)
- HMRC / DWP letter of entitlement (less than 3 months old)

To register a child the parent / guardian must bring a form of photographic ID for themselves and for the child. If a child does not have photographic ID, then his / her birth certificate is accepted.

If you already have the NHS app, the app will sync with your record once you are registered. If you wish to have Systmonline access (online services via our Website) once we have registered you we will provide you with a username and password.

I would like to register for Online Services using the NHS app  or Systmonline

**For Systmonline - please select how you would like to receive your username & password:**

SMS (text message)  Email  Collect from the surgery (bring ID with you)  Posted

Surgery use only:

ID / confirmation of address seen

Type of ID seen \_\_\_\_\_

Type of address confirmation seen \_\_\_\_\_

Staff member \_\_\_\_\_ Signed \_\_\_\_\_

# Does someone rely on you?



## Do you look after someone?

- An adult or child who is ill?
- An elderly person?
- A disabled person?
- Someone who has mental health problems?
- Maybe someone who misuses drugs or alcohol?
- Are you a young person looking after a parent?

## You are a carer ...

... as well as being a friend or relative!

*Making carers count*

Mum? Husband? Dad?  
Son? Wife? Daughter?  
Partner? Relative? Friend?  
Neighbour? Carer?

## There's help for you too! ...

Information, advice and support, courses/workshops, arranging breaks/respite, local support groups, financial advice, health assessment for you ... Plus much more!

The surgery is keen to recognize the valuable contribution that carers make. We are currently working with a local organization, *Carers in Hertfordshire*, to identify carers and give them support. With your permission we can put you in touch with *Carers in Hertfordshire* who can offer information, support and regular free newsletters.

### ***The first step is to return this form to the Surgery***

Name: ..... Tel: .....

Person you care for: .....

Relationship to you.....

Once you are on the surgery's carers register, you will be able to ask for flexible appointments to fit in with your carers role.

## Recording of Ethnic Group

Name:

Date of Birth:

This practice, in line with other healthcare providers, is required to collect and submit data to the Department of Health. We are now required to include information about the ethnic group of patients. Please note we are not asking about citizenship or nationality.

This information can help the NHS plan to meet the needs of the community and ensure that everyone has equal access to the health care provided. All the information received will be used and treated with the strictest confidence.

Please complete the form below by ticking the box of ethnic group you feel you belong to. If you feel you are descended from more than one group please tick the one you feel you most belong to.

White	British	
White	Irish	
White	Any other white background	
Mixed	White and Black Caribbean	
Mixed	White and Black African	
Mixed	White and Asian	
Asian or Asian British	Indian	
Asian or Asian British	Pakistani	
Asian or Asian British	Bangladeshi	
Asian or Asian Black	Any other Asian background	
Black or black British	Caribbean	
Black or black British	African	
Black or black British	Any other Black background	
Other ethnic groups	Chinese	
Other ethnic groups	Any other ethnic group	
Mixed	Any other mixed background	
I do not wish to provide this information		

**Surgery use only**

Staff Initials .....

Date registered .....

