**Woolston and Chartwell Partnership**

To process your registration, we will require two forms of ID, one photographic (such as a passport or driver licence), and another confirming your address (this can be an official letter such as utility bill or bank statement). For anyone under 16, a copy of their birth certificate will suffice.

**IMPORTANT**

For us to provide you with your usual medication swiftly, it is important you ask your current surgery for:

1. Two months’ supply of your repeat medication, before you change GP surgeries.
2. A repeat prescription list of your current medications.

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| **1. For Practice use only** |

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| Identification seen: | |
| Verified by: | Date: |
| If aged under 18, is a parent or guardian registered here: | |

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| Registration processed by: | Date: |

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| **2. Personal Details (if under 16 to be completed by parent/guardian)** |

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| --- | --- |
| Title: Mr / Mrs / Miss /Master/ Mx / Dr / Other | Contact number: |
| Forenames: | NHS number: |
| Surname: | Date of Birth: Age: |
| Previous Surname(s): | Town and country of birth: |
| Gender: | Occupation: |
| Military Veteran  Family member of military  Armed forces reservist | Place of education (if aged under 18): |
| I consent to be contacted\* by SMS on this number: | |
| I consent to be contacted\* by email at this address: | |
| Address:  Postcode: | |

*\* It is your responsibility to keep us updated with any changes to your telephone number, email & postal address.*

*We may contact you with appointment details, test results, health campaigns or Patient Participation Group details*

*If you do not consent to being contacted by SMS or Email, please tick here:  SMS  Email*

Have you been registered with this practice before? Yes  No

Which is your preferred practice for attending appointments? Woolston Lodge Surgery  Chartwell Green Surgery

*Please use this section to record any next of kin and emergency contacts*

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| --- | --- | --- | --- | --- |
| **Name** | **Contact number** | **Relationship to patient** | **Yes or no, this person is:** | |
| **My next of kin?** | **My emergency contact** |
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| **3. Previous GP details** |

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| Your previous address:  (if different from  current address)  Postcode: | Name of previous GP practice while at this address:  Address of previous GP practice: |
| **If you are not from the UK**, your first UK address where registered with a GP: | If previous resident in UK, date of leaving:  Date you first came to live in the UK: |
| **Were you ever registered with an armed forces GP**  Address before enlisting: | Service or personnel number:  Enlistment date:  Discharge date: |

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| **4. Ethnic group** |

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| --- | --- |
| Main Language: | |
| Ethnicity:   * Asian or Asian British – Bangladeshi * Asian or Asian British – Indian * Asian or Asian British – Pakistani * Asian or Asian British – Other Background * Black or Black British – Caribbean * Black or Black British – African * Black or Black British – Other Background * Chinese | * Mixed – White / Asian * Mixed – White / Black African * Mixed – White / Black Caribbean * Mixed – any other mixed background * White – British * White – Irish * White – any other white background * Any Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If you or your child are not from the UK, this section MUST be completed.**  **We MUST see your/your child’s original passport and accompanying supporting documentation relating to yours/your child’s entitlement to NHS primary care services. Please note that until your status has been determined, you may remain liable for charges for all NHS treatment.** | |
| Date of entry into the UK: | How long do you intend to stay in the UK? |
| When does your Visa expire?: | |
| Have you been granted permanent residency?: Yes  No | |

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| Do you or your carer need to be communicated in an accessible format – *please give details* |
| Do you or your carer need any reasonable adjustments to make your visit to the GP surgery accessible - *please give details* |

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| **5. Communication** |

Do you require an interpreter? Yes  No

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| **6. Care status** |

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| If you are a carer or are cared for, we would like to hold this information in your medical record. This will help us provide support as necessary and have a better understanding of your needs. You may be a carer even if you are a family member.  Only add carer’s details if they give their consent to have these details stored on your medical record.  What type of carer are you? | |
| I **am** a younger carer, under 18 | I **am** an informal/unpaid carer |
| I **am** an occupational/paid carer |  |
| I care for: | GP Surgery: |
| Date of Birth: | Relationship (if any): |
| Contact Telephone: | Email: |
| Address:  Postcode: | I give consent for my details to be held as a carer, by Woolston and Chartwell Partnership and to be contacted about the named patient (if registered here) |
|  | |
| **I have a carer** |  |
| I am cared for by: | GP surgery: |
| Date of Birth: | Relationship (if any): |
| Contact Telephone: | Email address: |
| Address:  Postcode: | I give consent for the above carer to be contacted in regards to my health and medical needs and my details shared |

**Would you like information on carer organisations and how they can help?  They can support with things like:**

Carers assessments | Carers cards for identity and discounts | Personal guidance | Support groups | Advice and information | Monthly carers lunches with speakers | Emergency planning guidance

**I am** **a care leaver**

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| **7. Medical History** |

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| Height: | Weight: |

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| **Smoking** |
| * Never smoked * Ex-Smoker * Current smoker - How many / much per day? \_\_\_\_\_\_\_ If yes, would you like help to stop smoking? Yes No |
| **Alcohol** |
| How many units do you drink a week? \_\_\_\_\_\_\_\_\_\_\_\_ |
| *A unit of alcohol is a small wine glass / 1 shot of spirit / ½ pint beer or lager. The recommended weekly allowance of alcohol is no more than 14 units for a woman and no more than 21 units for a man. It is better that the weekly allowance is spread evenly over the week rather than all in one night.* |

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| Please indicate if you suffer from or have ever suffered from any of the following medical conditions: | |
| * Diabetes * Epilepsy * Asthma * Thyroid Disorder * Cancer * Raised Blood Pressure | * Chronic Kidney Disease * Strokes / TIA’s * COPD * Mental Health Problem * Heart Disease * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please indicate if you have any disabilities: | |
| * Registered blind or partially sighted * Hearing difficulty * Speech problems * Walking disability * Learning disability | * Sensory disability * Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Do you have any family history we should be aware of? *Please state condition, family member and age of onset.* |
| Do you have any allergies – *please give details* |
| Please list any serious illness or operations you have had with dates if possible. |

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| --- | --- | --- |
| Please list any regular medication, with the dose you are taking.  \*\* ***Please attach a copy of your repeat prescription from your previous surgery \*\**** | | |
| **Medication name** | | **Strength / Dose** |
|  | |  |
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| **Electronic Prescription Service**  If you would like your prescriptions to be sent electronically, please provide details of the pharmacy you would like to use | | |
| Nominated pharmacy: | | |
| **Women only** | | |
| Are you currently pregnant? Yes  No | If yes, estimated date of delivery: | |
| Do you have a coil or implant insitu? Yes  No | If yes, date inserted: | |

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| **8. Online Services** |

**NHS APP**

Owned and run by the NHS, the NHS app is a simple and secure way to access a range of NHS services on your smartphone or tablet, available on IOS and Android. To use it you must be aged 13 and over and registered with GP surgery in England.

With the NHS app, you can:

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| * Get health advice * Order repeat prescriptions * Book appointments | * View your medical record * Register your organ donation decision * Find out how the NHS uses your data |

Before you start using the NHS app, you’ll need to set up an NHS login. You can do this by downloading the App and following the onscreen instructions to help set you up an account. You will need an email address, a UK mobile number, and photographic identification.

If you do not have a smart phone or tablet, you can now access NHS App services on your laptop or computer. Please contact us for more information or assistance on setting up an account.

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| **9. Additional information** |

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| **Do you want important information from your GP record to be available to other health and care professionals?**  Your GP surgery needs permission to share important information from your GP record. This is called a Summary Care Record (SCR). Your SCR can only be shared with health and care staff across England who are providing you with direct care. It gives them access to vital information from your GP record. | |
|  | **Yes, share a Summary Care Record with additional information**  Includes details or your medicines, allergies, adverse reactions and additional information, which includes details of any significant illnesses and health problems, operations and vaccinations |
|  | **Yes, share a Summary Care Record without additional information**  Includes details of your medicines, allergies, and adverse reactions only |
|  | **No, do not share a Summary Care record**  Details of your medicines, allergies, adverse reactions and any additional information will not be shared with anyone involved in your direct care |

**10. Supplementary** **questions**

**Please fill out this section if you are not ordinarily resident in the UK.**

Anybody in England can register with a GP practice and receive free medical care from this practice. However, if you are not ‘ordinarily resident’ in the UK you may have to pay for NHS treatment outside of the GP practice. Being ‘ordinarily resident’ broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of ‘indefinite leave to remain’ in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

**You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.**

**The information you give will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.**

**Please tick one of the following boxes:**

1. I understand that I may need to pay forNHS treatment outside of the GP practice
2. I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge (“the Surcharge”), when accompanied by a valid visa. I can provide .documents to support this when requested
3. I do not know my chargeable status

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me**. A parent/guardian should complete this section on behalf of a child under 16.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date (DD MM YY): |  |
| Print name: |  | Relationship  to patient: |  |
| On behalf of: |  |

**Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK. NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS.**

|  |  |  |
| --- | --- | --- |
| Do you have a non-UK EHIC or PCR? | YES: NO: | If YES, please enter details from your EHIC or PRC below |
| Country Code: |  | |
| Name: |  | |
| Given Names: |  | |
| Date of Birth: |  | |
| Personal Identification Number: |  | |
| Identification number of the institution: |  | |
| Identification number of the card: |  | |
| Expiry date: |  | |
| PRC validity period: |  | |
| Please tick if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in anther EEA member state). Please give your S1 form to the practice staff. | | |

**How will your EHIC/PRC/S1 data be used?** By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GPappointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process. Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

A logo for a company

Description automatically generatedDr Nigel Jones

Dr Mark Casey

Dr John Gay

Dr Sophie Hughes

Dr David Iles

Dr Liz Willows

Dr Faizah Zeeshan

**IMPORTANT PRESCRIBING INFORMATION FOR NEW PATIENTS**

The doctors at Woolston and Chartwell Partnership are responsible for every prescription they sign.  They follow national approved prescribing guidelines.  *It does not matter whether you have received something previously from another doctor at another practice.*

**BENZODIAZEPINES (including diazepam, temazepam, zopiclone and zolpidem)**

Woolston and Chartwell Partnership follows RCGP guidelines on prescribing benzodiazepines.  The surgery does not support maintenance prescribing (repeat prescriptions) of diazepam, temazepam or similar sleeping tablets unless at the written request of a hospital specialist such as a consultant at the epilepsy clinic.  If you are not under a specialist, you will not be prescribed benzodiazepines.  If you register at this practice and you have been prescribed repeat benzodiazepines by your previous GP, you will be automatically reduced off, depending on the dose you take and your circumstances.

This practice does not support requests for benzodiazepines for holidays or travel.

**OPIATES (including morphine, oxycodone, dihydrocodeine and codeine, buprenorphine)**

Woolston and Chartwell Partnership follows national Opiate prescribing and Pain Society guidelines on prescribing opiates.  Opiates can be prescribed for cancer pain and palliative care.

Opiates are not recommended for chronic (long term) pain, chronic back pain or pain of uncertain origin.  Unless you are under a consultant and we have written confirmation, you should be on this medication, your opiates will be reduced with view to discontinuation.

**UNLICENCED, NON-FORMULARY or ‘Amber’ or ‘Red’ drugs**

Southampton ICB does not support the prescribing of certain drugs, although they may be available in other areas of the UK on an NHS prescription.   If you have been prescribed an ‘Amber’ Drug you must be under current review by a specialist.  Contractually, Southampton GPs can only prescribe these drugs if you are under current review.  If you have moved into the area, you may be prescribed such a drug on a short time basis, only until your care has been transferred to a local specialist.  The decision lies with the GP.  GPs in Southampton are not permitted to prescribe ‘Red’ drugs, regardless of whether you have received such medication elsewhere.

**Antibiotics**

The clinicians at Woolston and Chartwell Partnership follow National and Local prescribing guidelines and using tools such as the ‘Fever score.’  We do not support the use of inappropriate antibiotics.  If a doctor or nurse feels you do not need antibiotics, please respect their clinical decision.

I have read and understood the above information.

Name ……………………………………………………………………………

DOB ………………………………………….    Date ………………………