For Moulton Surgery use only		
Accepted by:	***Registered by:***	***Patient Informed of Accountable GP:***
ID TYPE:		***ID NUMBER:***

TUN New Student Patient Registration Form

Welcome to Moulton Surgery. We are delighted that you have chosen us to help you manage your health and wellbeing. The information contained within the form is important to enable us to provide you with the highest level of care. Please complete it fully.

In line with NHS England requirements, you will need to bring 3 forms of identification into the practice together with the completed registration form. One needs to be a currently valid driving licence or passport with your photograph on. The other needs to confirm your address such as a bank statement or utility bill issued within the last 3 months, your student ID card and a BRP if you have one. **PLEASE NOTE: We cannot proceed with your registration without these forms of identification.**

PLEASE COMPLETE FORM IN BLOCK CAPITALS

BASIC DETAILS			
Title e.g Mr, Mrs, Miss etc.		☐ Male ☐ Female	
Surname			
Previous Surname			
Forenames			
Preferred name (if different to above)			
Date of Birth		**Town & Country of Birth**	
Your accommodation address including postcode			
Mobile phone number			
NHS number (if known)			
If you are from abroad:	DATE OF ARRIVAL TO UK? If **previous** resident of UK – Date of leaving UK? First UK Address where you were registered with a GP?		
Your home address Including postcode			
Home GP Name Address			
Are you a British forces veteran? ***(a veteran is someone who has served in the forces for at least 1 day)***	☐ No ☐ Yes If so, what year did you retire? If so do you have any health condition or disability related to your service? If yes, please state what. ☐ No ☐ Yes Condition/Disability:		
ETHNICITY AND LANGUAGE			

Ethnic Origin Knowing your ethnic origin is important for some of our tests and may affect which medicines work best for you.	☐ English/Welsh/Scottish/Northern Irish/British ☐ Irish ☐ Gypsy or Irish Traveller ☐ Any other White background ☐ White & Black Caribbean ☐ White & Black African ☐ White & Asian ☐ Any other Mixed/Multiple ethnic background ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Any other Asian background ☐ African ☐ Caribbean ☐ Any other Black/African/Caribbean ☐ Arab ☐ Any other ethnic group
First Language	

ONLINE SERVICES (for patients over the age of 16 only)	
E-mail address	
You are able to register to use our online service that can be accessed via our website. The service allows you to book and cancel some appointments on-line and also order your repeat medicines. ***We will require your email address in order to access this service. To JOIN tick this box*** ☐	

COMMUNICATION CONSENT
The practice could contact you by text or email for the purposes of health promotion, practice news or appointment reminders. If you DO NOT want us to do this please tick here. ☐

OTHER IMPORTANT INFORMATION	
Next of kin: Name: Relationship to you: **ARE THEY YOUR CARER YES / NO**	Address: Telephone Contact Number:
We would like to offer you further support should you become extremely unwell physically or mentally. We would be happy to contact your next of kin for you. Please give details above if you consent to this. (You can have this revoked at any time in the future).	
Do you or have you ever had a social worker involved with your family?	☐ No ☐ Yes If yes, when and who?
Special Circumstances Please tick if any of these apply to you	☐ Hearing impaired ☐ Visually impaired ☐ Housebound
Are you a Carer? **Do you look after somebody?**	☐ Yes ☐ No **If you have ticked yes please ask for our Carer's leaflet**.

DECLARATION

I declare that I am entitled to NHS services because I have been or intend to be ordinarily resident in the UK for a period of 6 months or longer and I wish to register with Moulton Surgery, Waterside Campus.

Signature: Date:

HEALTH AND LIFESTYLE

Smoking Status	☐ Never Smoked ☐ Ex-smoker – Date stopped: ☐ Cigarette Smoker: per day ☐ Cigar Smoker: per day ☐ Roll-ups: oz / g Per week ☐ Pipe: oz / g Per week
If you are currently smoking **Would you Like Help or Advice about stopping Smoking?**	Are you motivated to stop? ☐ No ☐ Yes If yes you can access further advice by - ☐ Ringing the NHS Stop Smoking Helpline on 0845 601 3116 for advice and support or visiting www.nhs.uk/livewell/smoking ☐ Seeing one of our Practice Nurses; speak to a receptionist to book an appointment ☐ Discussing over-the-counter treatment options with a Pharmacist **Yes / No**
Alcohol Use **Please complete if 16 year or over** How many units of alcohol do you drink in a typical week?	A unit of alcohol is approximately ½ pint standard (3.5%) beer / ⅓ pint of premium (5%) beer / 125 ml of wine / 25ml of spirits.

Alcohol Use Screening *Please circle your answer to each question*	**0**	**1**	**2**	**3**	**4**	**Your Score**
Men: How often do you have EIGHT or more drinks on one occasion? **Women:** How often do you have SIX or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily	
How often during the last year have you been unable to remember what has happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily	
How often during the last year have you failed to do what was normally expected of you because of drink?	Never	Less than monthly	Monthly	Weekly	Daily	
In the last year has a relative or friend or a doctor or other health worker be concerned about your drinking suggested you should cut down?	No	Yes – on 1 occasion *(score 2)*		Yes – on more than 1 occasion (score 4)		

Add up your alcohol use scores: if the total is THREE or more please book an appointment to see one of your doctors to discuss the results.

Allergies **Do you have any allergies?** If yes please tell us to what and the reaction.	☐ Yes ☐ No Reaction:

ABOUT YOUR MEDICAL HISTORY

Do you currently suffer from any medical problems / conditions / illnesses / diseases? Please give brief details and approximate dates.	Date	
Have you had any significant medical problems/ diseases / illnesses / operations in the past? Please give brief details and approximate dates.	Date	

Family History Please tick any of the following that apply to first degree relatives (parents, children, brothers & sisters)	☐ Heart attack/ angina (onset before age 60) ☐ Heart attack/ angina (onset after age 60) ☐ Stroke ☐ Diabetes ☐ Cancer: (type) ☐ Any other inherited condition:	Detail of who is affected

MEDICATION Are you on medication? ☐ No ☐ Yes
If yes please attach your repeat slip.

Name of Nominated Pharmacy for Electronic Prescribing:

NHS ORGAN DONOR REGISTER – PLEASE READ

FROM 20/05/2020 YOU ARE NOW AUTOMATICALLY CONSIDERED AS AN ORGAN DONOR AND YOUR DETAILS WILL BE AUTOMATICALLY SENT TO THE DONOR REGISTRATION DATA BASE. IF YOU DO NOT WANT TO BE A DONOR PLEASE CONTACT: 0300 123 2323 TO OPT OUT.

SHARING YOUR MEDICAL RECORDS - HOW WE USE YOUR INFORMATION

The information that we hold about you is confidential and is only by used to support the care that you receive. It is also important that the NHS can use certain information to plan and improve services for all patients. Below you will find information about the NHS Summary Care Record and the Care Data schemes. Please read this carefully. If you are happy for your information to be used this in this way you need not do anything. If you wish to opt out of either or both schemes please ask for an opt out slip at reception.

1. NHS Summary Care Record

In the interest of our patients we will share your summary care record with emergency care services, allowing them to view any drug sensitivities or allergies on your record. ***This is vital information in the event of an emergency.***

Are you happy with us to share your summary care record YES / NO

2. SystmOne Electronic Patient Record.

We are one of many clinical facilities that use a secure computerised medical record system called SystmOne. Each facility's records are separate, but because we are on the same system, we have the ability to share your record with other care teams in order to improve your care. These include Northampton Healthcare Foundation Trust services (physiotherapy, dietician, etc) and GP Out of Hours Service.

It is your choice whether we share your record with them, and if we can see their records. As your GP surgery, it's vital we keep as complete a medical record for you as we can so we can treat you with full knowledge of all of your medical information.

You will also be asked when you attend another SystmOne facility if you are willing to allow that facility to share their record with us.

Sharing out:

☐ Yes, I would like to share my medical record with other SystmOne healthcare professionals.

☐ No, I would not like to share my medical record with other SystmOne healthcare professionals.

Sharing in:

☐ Yes, I would like Moulton Surgery to see my medical record from other SystmOne units where I have agreed to allow Moulton Surgery to see my records.

☐ No, I would not like Moulton Surgery to see my medical record from other SystmOne units.

SIGNED: _____ **PRINT NAME:** _____

Moulton Surgery is adhering to GDPR 2018. A full copy of the Fair Processing Notice is available via our website at www.moultonsurgery.co.uk or from Reception.