

# LANGLEY MEDICAL PRACTICE

Oakhill Health Centre  
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Tel (020) 8390 9996 Fax (020) 8390 4057  
[www.langleymedicalpractice.co.uk](http://www.langleymedicalpractice.co.uk)

## Welcome to Langley Medical Practice.

### Applying to register

We currently have a 'open' list, which means we are taking on new patients (provided you are eligible for NHS treatment). However, there are a few requirements which need to be met for us to be able to accept your registration

- Please complete the following forms as fully as possible
- Your **NHS number** is required. This can be obtained by contacting your old GP. Having this number allows us to access your old notes as quickly as possible.
- We require all new patients attend a **New Patient Registration Check** with one of our practice nurse. We feel that this check is very important in detecting the early signs of some increasingly common diseases (eg diabetes and high blood pressure). For those of you that may have one of these common diseases, it allows us the opportunity to review your current treatment.
- We require a **proof of address** when you submit your registration papers eg a current utility bill, driving licence etc

Many Thanks

**Partners: John Dalzell Sarah Benney Caroline Aldous  
Siyana Shaffi Dan Fish**

Whilst we are waiting for your full medical records from your last doctor, it would help us if you could take the time to complete the questionnaire below. This questionnaire is part of a brief 'medical check' that we offer to all patients on joining the practice.

**Please bring a urine sample when you come for your first appointment with either the nurse or the doctor.**

Name:	
Date of birth:	
Address:	
Home phone:	Business phone:
Mobile phone:	E-mail:
I consent to be contacted by email (please tick)	<input type="checkbox"/>
I consent to be contacted by sms text messaging (please tick)	<input type="checkbox"/>
Please list your current or past medical problems (including any operations):	
Please list any medication you are taking (if possible please list doses):	
Are you allergic to any medicines? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please give name(s):	
Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>	Current Height : (if known)
If yes how many a day?	Current Weight: (if known)
How many units of alcohol do you drink in an average week? (1 unit = 1 glass of wine, 1 pub measure of spirits or half a pint of beer)	
Are there any illnesses that run in your family? Yes <input type="checkbox"/> No <input type="checkbox"/> (for example, diabetes, heart disease or high blood pressure)	
If yes please list:	
Are you up to date with your vaccinations? Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>	
<b>For women only:</b> Have you had a cervical smear test in the last 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Contraception (if appropriate): if you use any of the following methods of contraception please indicate which by circling: Condoms The Pill Minipill Coil (IUD) Diaphragm (cap) Sterilisation	
<b>Name and contact number of Next of Kin:</b>	

Collection of Smoking and Ethnicity Data

As part of your health care, it is important that your doctor has your current smoking status recorded on your files. The Department of Health has requested that we collect ethnicity data to ensure that everyone has equal access to health care. Simply tick the appropriate box and hand back in to reception.

First Name	Surname	DOB

Smoking Status		Please tick	For Office Use
<b>Never Smoked</b>			1371.
<b>Current Smoker</b>	0 - 9 cigarettes a day		1373.
	10 - 19 cigarettes a day		1374.
	20 - 39 cigarettes a day		1375.
	40+ cigarettes a day		1376.
<b>Current Smoker</b>	Pipe smoker		137H.
<b>Current Smoker</b>	Cigar smoker		137J.
<b>Ex-smoker</b>			137S.

<b>Trying to give up smoking</b>	137G.
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If you would like help & advice to stop smoking, please tick this box:

Ethnic Category		Please tick	For Office Use
<b>White</b>	British		9S10
	Irish		9S11
	Other White		9S12
<b>Mixed</b>	White & Black Caribbean		9SB5
	White & Black African		9SB6
	White & Asian		9SB2
	Other Mixed		9SB4
<b>Asian/Asian British</b>	Indian		9S6
	Pakistani		9S7
	Bangladeshi		9S8
	Other Asian		9SH
	Sri Lankan		13ef
	Korean		13ee
<b>Black/Black British</b>	Black Caribbean		9S2
	Black African		9S3
	Other Black		9SG
<b>Other Ethnic</b>	Chinese		9S9
	Other Ethnic Category		9SJ
<b>Not Stated</b>	Not stated		9SE

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**Patient's details**

Please complete in BLOCK CAPITALS and tick  as appropriate

Mr  Mrs  Miss  Ms Surname

.....

Date of Birth       First names

NHS No.       Previous surname/s

Male  Female Town and country of birth

.....

Home address

.....

Postcode Telephone number

**Please help us trace your previous medical records by providing the following information**

Your previous address in UK Name of previous doctor at that address

.....

Address of previous doctor

.....

**If you are from abroad**

Your first UK address where registered with a GP

.....

If previously resident in UK, date of leaving Date you first came to live in UK

**If you are returning from the Armed Forces**

Address before enlisting

.....

Service or Personnel number Enlistment date

**If you are registering a child under 5**

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

**If you need your doctor to dispense medicines and appliances\***

I live more than 1 mile in a straight line from the nearest chemist

I would have serious difficulty in getting them from a chemist

\* Not all doctors are authorised to dispense medicines

Signature of Patient  Signature on behalf of patient Date

**NHS Organ Donation registration**

I would like to join the NHS Organ Donation Register as someone whose organs may be used for transplantation after my death. Please tick as appropriate.

Kidneys  Heart  Liver  Corneas  Lungs  Pancreas  Any part of my body

Signature confirming consent to organ donation Date

.....

For more information, please ask for the leaflet on joining the NHS Organ Donor Register

**NHS Blood Donor registration**

I would like to join the NHS Blood Donor Register as someone who may be contacted and who would be prepared to give blood.

Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register Date

.....

For more information, please ask for the leaflet on joining the NHS Blood Donor Register. My preferred address for donation is: (only if different from above e.g. Your place of work)

..... Postcode: .....

**To be completed by your doctor**

Doctors Name HA Code

.....

I have accepted this patient for general medical services

For the provision of contraceptive services

I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above HA Code

I am on the HA CHS list and will provide Child Health Surveillance to this patient **or**

I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above HA Code

I will dispense medicines/appliances to this patient subject to Health Authority's

I am claiming rural practice payment for this patient. Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An Audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Authorise Signature Practice Stamp

Name Date

# Patient/Carer Factsheet

## Your Medical Records - Your Decision

### What is happening?

A new NHS computer system is coming to this area soon, called the Summary Care Record (SCR). The Summary Care Record is meant to help emergency doctors and nurses help you when you contact them when the surgery is closed. Initially, it will contain just your medications and allergies. However, later on as the computer system (known as the "NHS Spine") develops, many other people who work in the NHS will be able to access it and much more: eg information from hospitals, blood tests, x-rays and specialists' letters.

The information will be sent from practices such as ours and held on NHS databases. As with all new systems there are pros and cons; when you speak to an emergency doctor you might overlook something that is important and if they have access to your medical record it might avoid mistakes or problems. On the other hand, there is not much evidence that these sorts of systems dramatically improve care. Having all your personal medical information in one place increases the risk of other people accessing it without permission (known as 'hacking') or it getting lost.

The purpose of this factsheet is not about whether you should have your data on the Summary Care Record or not. It is about **your right to control** what's happening to **your care records**. Connecting for Health, the government agency responsible for the Summary Care Record have agreed with doctors' leaders that patients registering with this practice should have absolute control over whether or not their records are available on the Summary Care Record. However, for patients already registered with the practice **it is assumed you want a Summary Care Record unless you actively opt out**. This practice believes everyone should have the same control. The British Medical Association also believes patient medical records should not be uploaded without explicit patient/carers consent.

### What are my options?

- 1) I do want to have a Summary Care Record, I am happy for my records to be sent to it
- 2) I do not want a Summary Care Record, I am not happy for my records to be sent to it
- 3) I don't know whether I want a Summary Care Record, I will decide later

### What happens next?

- If you choose option 1) we will set our system to create a SCR for you
- If you choose option 2) we will set our system to *not* create a SCR for you (you will be able to have one created at a later date if you wish)
- If you choose option 3) we will also set our system to *not* create a SCR for you. You will be able to have one created at a later date
- These three options give you complete control over what happens to your records. You can change a previous decision but it is important to remember that if you have a Summary Care Record and it has ever been viewed, then thereafter, whilst you can stop any further information being added to it, you will not be able to have the previous data deleted.

Please turn over

## Where can I get more information?

Information from Connecting for Health, the government agency that is responsible for the Summary Care Record, is being posted to you by your local Primary Care Trust during the next few weeks.

Additional information can be found at: [www.nhscarerecords.nhs.uk/summary](http://www.nhscarerecords.nhs.uk/summary) ; [www.tiny.cc/optout383](http://www.tiny.cc/optout383)

Alternative views from people who have concerns about centrally-managed computer systems can be found at: [www.thebigoptout.com](http://www.thebigoptout.com)

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# 'Opt in/Opt out' Form

Please tick *one* of the options below, complete your personal details, sign, date and hand to reception

- 1) I do want to have a Summary Care Record, I am happy for my records to be sent to it
- 2) I do not want a Summary Care Record, I am not happy for my records to be sent to it
- 3) I don't know whether I want a Summary Care Record, I will decide later

Surname	
Forename(s)	
Date of birth	
Address	
	Postcode
Patient/parent/guardian/carer signature	
Date	