

REGISTERING AS A PATIENT

Welcome to Newnham and Westbury Surgery
Tel: 01594 516241
Website: www.newnham-westburysurgeries.nhs.uk

This practice accepts patients who have moved into, or are living in, our catchment area. A map of our practice area and boundaries is available for viewing at reception.

Registration forms and proof of identity and address

To register as a patient you will need to complete a registration pack and also provide identification (passport, driving licence, visa etc) and evidence that you permanently live at an address in our practice area for a settled purpose (utility bill, council letter, bank statement etc). Individuals wishing to register with the practice temporarily, whilst away from their permanent UK address will also need to provide full details of their usual doctor and surgery. We may need to contact your usual doctor as part of any treatment we provide you with and will need to forward them details afterwards, to ensure your medical records remain up-to-date.

Please provide us with a daytime contact number in addition to your home telephone number as there may be times we need to make contact with you promptly during opening hours. It is a requirement that any changes in personal details such as name, address, contact telephone numbers etc are communicated to the practice promptly.

All newly registered patients will be seen by the practice for routine assessment, within the first 6 months of joining the practice.

If you move to an area outside the practice boundary you will need to register with a practice more local to your new address. Travelling distance and time for medical staff to provide home care visits for patients too ill to attend surgery must be kept to a minimum, to ensure as prompt a response as possible in meeting these needs.

Entitlement to NHS Treatment

Please note that this practice, and all Gloucestershire practices, strictly adheres to the following guidance:

Entitlement to free NHS treatment is on the basis of **residency** regardless of any previous national insurance or tax contributions and irrespective of whether you are a UK passport holder. Holding an NHS number does not indicate that NHS treatment is free of charge. **Proof of identity and address are required** (as described above).

UK residents:

If you have established a main residence within our practice area, you are entitled to request to be permanently registered with the practice.

UK citizens living abroad:

If you live abroad for most of the year you are not entitled to continue to be registered with this practice. Anyone leaving the UK with the intention of living abroad for a period of 90 days or longer must notify the practice of this in advance. If you fall ill when returning on a visit you are entitled to emergency care, if this is deemed necessary by the Practice. Please also see below if you are resident in an EEA country.

Insured EEA residents:

If you do not have a main residence within our practice area you are entitled to 'any necessary care' for chronic conditions including routine monitoring of existing conditions. This includes the following types of healthcare services for ongoing conditions – blood tests, blood pressure checks, routine maternity care, cholesterol checks, insulin, oxygen, renal dialysis and warfarin tests. Visitors will need to produce their European Health Insurance Card. For the purposes of this guidance, visitors from elsewhere in the United Kingdom can be included within this category.

Overseas Visitors (not EEA Residents):

If you do not have a main residence within our practice area you do not qualify for free NHS treatment and cannot register with the practice as an NHS patient. The only exception to this is if you need emergency or immediately necessary treatment, which is provided free of charge. The GP will decide if your condition falls into this category. You may always, however, be treated as a private patient.

EEA Member States (which also include EFTA countries) are:

Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Republic of Ireland, Romania, Slovakia, Slovenia, Spain, and Sweden. Switzerland also qualifies under the Insured EEA Residents category.

Registered Asylum Seekers:

Are entitled to free NHS services, subject to production of evidence, for the entire term of the application process, including any appeals. Any person who has achieved refugee status is also entitled.

Checklist for Patient Registration

Please tick the box to show you have provided all the relevant forms, if ALL the boxes are not ticked and forms not provided we will not be able to register you with this practice.

Permanent patients

- Identification i.e Passport, Driving Licence etc.
- ID to prove living at address in our area i.e. utility bill, bank statement etc.
- Application form fully completed and signed (purple form)
- New Patient Health Questionnaire completed
- Ethnicity form completed
- Carers form completed if appropriate
- Summary record form completed and signed

Temporary patients

- ID to prove current name i.e. Passport, Driving licence
- Temporary resident form completed (blue form)

Name of Practice

ADULTS NEW PATIENT HEALTH QUESTIONNAIRE

To register with the Practice please complete this questionnaire as fully as possible. Please let us have this back prior to your New Patient Check appointment with the Practice Nurse. Your answers will be treated in the strictest confidence but will allow us to ensure continuity of health care until your medical records arrive from your previous surgery.

Full Name : Date of Birth :






YOUR HEALTH

Your Height :		
Your Weight :		
Do you suffer, or have you ever suffered, from any of the following conditions? Please tick as appropriate		
	Yes	No
Asthma/COPD		
Diabetes		
Epilepsy		
Thyroid problems		
Stroke		
Mental Health problems		
Heart Disease/Attack		
High Blood Pressure		
Cancer		
Do you suffer from any of the following difficulties :		
	Yes	No
Visual (i.e. registered blind)		
Hearing (i.e. wear hearing aid)		
Mobility (i.e. use walking sticks/wheelchair/housebound)		
Learning (i.e. have a permanent Carer)		
ALLERGIES		
	Yes	No
Do you suffer from any allergies?		
If yes, please indicate below what sort of allergy/allergies		
Drug Allergy (e.g. penicillin, aspirin, codeine)		
Nuts		
Animal hair		
Bee or Wasp stings		
Other, if yes, what?		
QUESTIONS FOR WOMEN ONLY		
	Yes	No
Have you ever had a smear?		
If yes, what was the date of your last smear?		
Do you have an IUCD (coil) fitted?		
If so, when was your last coil check?		
Have you had a hysterectomy?		
If so, what was the date?		

LIFESTYLE

Please complete the following sections about your lifestyle. Your answers will help us to provide you with the most appropriate advice and ongoing health care.

ALCOHOL CONSUMPTION

Drinks					
Units	Pint of Regular Beer/Lager/Cider 2 UNITS	Alcopop or Can of Lager 1.5 UNITS	Glass of Wine (175 mls) 2 UNITS	Single Measure of Spirits 1 UNIT	Bottle of Wine 9 UNITS

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+ times per week
How many units do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+
How often do you have 6 or more units on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

SMOKING

I have never smoked

I used to smoke Cigarettes / Cigars a day oz. pipe tobacco a day
Date started Date stopped

I currently smoke Cigarettes / Cigars a day oz. pipe tobacco a day
Date started

Passive Smoking Does anyone in your home or at your place of work smoke? **YES / NO**

Giving up Smoking will greatly benefit your health - our Practice Nurses are all fully trained Smoking Cessation Advisers. Please tick here if you would like to give up smoking and will be happy to see a Practice Nurse for advice.

EXERCISE

	Yes	No
Do you take regular exercise?		
If yes, is the exercise		
Light?		
Moderate?		
Heavy?		
Is your work physically strenuous?		

Thank you for this information. Please return the form to the Practice before your New Patient appointment. When you attend for your appointment, please bring a sample of urine with you – bottles are available at the Reception Desk.

YOUR NAME: _____ DATE OF BIRTH: _____

Newnham and Westbury Surgery offers its patients the choice of having a Summary Care Record.

The new NHS Summary Care Record has been introduced to help deliver better and safer care and give you more choice about who you share your healthcare information with.

What is the NHS Summary Care Record?

The Summary Care Record contains basic information about:

- any allergies you may have,
- unexpected reactions to medications,
- and any prescriptions you have received.

The intention is to help clinicians in A & E Departments and 'Out of Hours' health services to give you safe, timely and effective treatment. Clinicians will only be allowed to access your record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious.

Children under the age of 16

Patients under 16 years will not receive this form, but will have a Summary Care Record created for them unless we are advised otherwise. **If you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf. Ask the surgery for additional forms if you want to opt them out.**

You do not have to have a Summary Care Record, although you are strongly recommended to consider this choice. If you are happy for a Summary Care Record to be set up for you then you need take no further action. If you want to opt-out now please tick the box below and return it to Reception as soon as possible.

Please tick the box and sign below if you do not want a Summary Care Record:

YES I would like a Summary Care Record or simply file this form

No I do not want a Summary Care Record Date _____

Signed _____

if you wish to "Opt-Out"

Hand this form in at your Surgery

HealthSpace information

In addition, patients over 16 can register on a secure website called HealthSpace for a 'Basic' account which gives you access to a Personal Health Organiser. Register at www.healthspace.nhs.uk to do this. If you go a stage further you can register for an 'Advanced' account which will entitle you to see a copy of your Summary Care Record once it has been created.

Complete the Advanced Registration application and print off the form and contact your Patients' Advice and Liaison Service (PALS) office to find out where you should go to register for an Advanced HealthSpace Account. You can do this by emailing community.pals@glos.nhs.uk or by telephoning the PALS on **0800 0151 548**. Advisers are available Monday to Friday from 9.00am to 5.00pm. When you register you must remember to bring along with you 3 items of identification, Passport and/or Driving Licence and 2 Utility Bills current within the last 3 months.

For more information visit either www.nhscarerecords.nhs.uk or www.nhsglos.nhs.uk/content/sc_record.html or 0845 603 8510.

NEWNHAM AND WESTBURY SURGERY

REGISTRATION INFORMATION - Ethnicity and Language

Please complete this form for each member of the family.
Parent or guardian please complete for your children. Thank you.

Your first name and surname.....
(To whom the information below relates)

✓ **Please tick your ethnic category**

- | | |
|---|--|
| <input type="checkbox"/> British (White) | <input type="checkbox"/> Bangladeshi (Asian or Asian British) |
| <input type="checkbox"/> Irish (White) | <input type="checkbox"/> Any Other Asian Background (Asian or Asian British) |
| <input type="checkbox"/> Any Other White Background (White) | <input type="checkbox"/> Caribbean (Black or Black British) |
| <input type="checkbox"/> White and Black Caribbean (Mixed) | <input type="checkbox"/> African (Black or Black British) |
| <input type="checkbox"/> White and Black African (Mixed) | <input type="checkbox"/> Any Other Black Background (Black or Black British) |
| <input type="checkbox"/> White and Asian (Mixed) | <input type="checkbox"/> Chinese (Other Ethnic Groups) |
| <input type="checkbox"/> Any Other Mixed Background (Mixed) | <input type="checkbox"/> Any Other Ethnic Group |
| <input type="checkbox"/> Indian (Asian or Asian British) | <input type="checkbox"/> Not Stated |
| <input type="checkbox"/> Pakistani (Asian or Asian British) | |

If other please state:.....

✓ **Please tick your first or preferred language:**

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Italian | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Japanese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> British Sign Language | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Chinese Yue | <input type="checkbox"/> Makaton | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> English | <input type="checkbox"/> Mandarin Chinese | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Parsi | <input type="checkbox"/> Patois/Creole | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> French | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> German | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Punjabi | |
| <input type="checkbox"/> Gujerati | <input type="checkbox"/> Russian | |
| <input type="checkbox"/> Non verbal communication | | |
| <input type="checkbox"/> Any Other Language | | |

If other language please state:.....

The ethnic category and languages used above are as defined by and collected at the request of the Department of Health, the Gloucestershire Primary Care Trust and are assured by the Information Standards Board for Health and Social Care.

Newnham and Westbury Surgery

Collecting Information about Your Ethnic Group and Your Language

INFORMATION FOR PATIENTS

Everyone belongs to an ethnic group, so all our patients who register at the Practice after the 1 April 2006 are being asked to describe their ethnic group and also their first language.

The Department of Health and the Gloucestershire Primary Care Trust have asked us to collect this information to help the NHS and social services:

- Understand the needs of patients and service users from different groups and so provide better and more appropriate services for you.
- Identify risk factors – some groups are more at risk of specific diseases and care needs so ethnic group data can help treat patients and support service users by alerting staff to high-risk groups.
- Improve public health by making sure that our services are reaching all of our local communities and that we are delivering our services fairly to everyone who needs them.
- Comply with the law as the Race Relations (Amendment) Act 2000 gives public authorities a duty to promote race equality and good race relations and ethnic monitoring is important in making sure that race discrimination is not taking place.

The 16 ethnic groups used are standard categories for collecting ethnic group information. Using these codes will help us to compare information about the groups using our services with information from the census which tells us about our local population. The list of groups is designed to allow most people to identify themselves.

The list is not intended to leave out any groups of people, but to keep the collection of ethnic information simple.

It is important to us that you are able to describe your own ethnic group. If you need to complete any of the boxes labelled 'any other group' then please give some details so that we can better understand your needs.

You do not have to complete the question but providing this information is very important. It will help us with diagnosis and assessment of your needs, and it will also help us to plan and improve our service. Experience shows that when people are asked their ethnic group, the proportion of people who choose not to answer is small.

The information you provide will be treated as part of your confidential NHS or care notes and will not be shared with any other person or organisation. The NHS and social services have strict standards regarding data protection and your information will be carefully safeguarded.

If you have any concerns or questions regarding this request or you want to make any comments or complaint about the collection of this information or the way in which you have been treated by staff requesting this information please ask to speak to our Practice Manager.

Remember this information will help us to in turn help you. Thank you.

Carers Information

If you are a Carer or are cared for we would like to hold this information on your Medical Records. 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, such as a wife or son. By completing this form you agree that we can hold this information on your medical records.

Please complete the section below as appropriate:

Section A - I am a Carer

Your details

Full Name	
Address	
Contact Tel No's	Home
	Work / Mobile

I care for:

Full Name	
Address	
Contact Tel No's	Home
	Work / Mobile

Relationship (if any)	
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Is the person you care for registered at this Practice?

.....

Section B – I have a Carer

Your details

Full Name	
Address	
Contact Tel No's	

I am cared for by (or details of organisation)

Full Name	
Address	
Contact Tel No's	

Relationship (if any)	
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Is the person who cared for you registered at this Practice?
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Are you registered disabled?	
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Thank you for completing this form, please hand it in at Reception

Dr T J Alder Dr A L Lacey
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Gloucestershire GL14 1BE

Tel: **01594 516241** Fax: 01594 516801

www.newnham-westburysurgeries.nhs.uk

DIRECTIONS FOR RE-ORDERING MEDICATION
PLEASE KEEP FOR FUTURE REFERENCE

Telephone orders are only taken for housebound patients. This keeps the phone line free for any potential emergencies. Please call between 10 and 12 only. Medication queries should also only be made between 10 and 12. We ask for 48 working hours' notice for all requests and please take into account that Newnham is now closed all day Monday and Friday afternoon.

Before ordering any medication you first need to know if you are a dispensing or a non-dispensing patient. If you live within one mile of a chemist then you will be a non-dispensing patient and this means you will have to take your prescription to a chemist of your choice. If you live more than a mile from a chemist then you will be a dispensing patient which means you will be able to obtain your medication from the surgery dispensary.

ORDERING FOR NON-DISPENSING PATIENTS

1. Tick the relevant boxes on the white re-order slip that will be attached to the back of your first order bag and place it in the red letterbox inside the surgery lobby. If the surgery is closed please use the letterbox in the bottom of the door to the side of the surgery.
2. Log onto our website at www.newnham-westburysurgeries.nhs.uk and register on the repeat reordering screen. Once activated should you wish to register more than one person using the same email address then please register one person first and then once accepted log on and click on the dropdown box where your name appears and you will be given the option to add more people. Follow the directions for adding and ordering drugs.

Prescriptions can be sent to Newnham Pharmacy, Boots or Co-Op Pharmacies in Cinderford (these are posted so allow longer) or can be collected from the surgery for you to take to any chemist of your choice. Please state your choice in the comments box if ordering online or at the bottom of the white reorder slip. Medication not on your repeat form can be requested using the same methods.

ORDERING FOR DISPENSING PATIENTS

1. Please follow steps one or two above.
2. Alternatively you can use our advance ordering system. Please tear off the white reorder slip from your medication bag and tick all items that you will require next month. This slip should then be handed back to the dispenser who will make sure that these medications will be ready for you to collect in 4 weeks time. If you find the white reorder slip still attached to your bag when you get home then an advance order will not have been placed and you should use one of the methods above to place your order when necessary.

Medication not on your repeat slip can be requested by using the online comments box or the bottom of the white reorder slip. The GP will action.