

Stoke Gifford & Conygre Medical Centres

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Business Manager:

Mr Gavin Richards

Registration Pack – (0 -15 years)

Welcome to Stoke Gifford and Conygre Medical Centres

Please find enclosed in this pack the necessary forms required for you to register with the practice.

We are unable to complete your registration until all the forms are completed fully this could take up to 2 working days. Please take your time to fill in the forms and make sure all the information is as complete and accurate as you can. Below is a list of the forms you will need to complete.

- NHS Registration Form (Purple form)
- Health Questionnaire
- Ethnicity Form
- Online Services Application Form

If an email address has been provided we will email a copy of the practice brochure to you or your family (this is also available on the practice website. There is also information on the appointment system, online booking, out of hours and patient information available via the practice website.

During the registration process you will be allocated a **Named GP** and we can inform you of this during your first consultation or by asking at reception.

Online appointment booking is currently not available for under 16's. We are waiting for Proxy access to be rolled out, which will allow access to online appointment booking and repeat prescription requesting for parents/carers of under 16's. We will notify patients on our website and in practice when this is available.

The **Electronic Prescribing Service** is used at the practice. This makes it possible for us to send prescriptions electronically to a pharmacy that you have nominated (Please see health questionnaire to nominate your pharmacy).

Patient Participation Group (PPG). We have a patient forum that meets 3 or 4 times a year on an evening. The meetings provide an important opportunity to hear patient views and use feedback to help us shape practice policies. If you would like to be part of our forum, please contact Debbie Grant, our Patient Services Manager, on 0117 9799430.

Contacting us. We want to hear about your experiences, good and bad. This allows us to recognise the efforts of the team or make changes when things need improving. Should you want to discuss any area of the service you received, please arrange to speak to our Patient Services Manager – Debbie Grant or leave a comment in our feedback box.

We hope you will be happy at the practice

Thank you

The Partners and Staff at Stoke Gifford and Conygre Medical Centres.

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Health Questionnaire (0 – 15 years)

Please fill in all of the following sections as completely and accurately as possible for your child. This will provide us with the basic health information to offer you appropriate care and advice.

Full Name:DOB:
Tel No.: Mob No.:.....
Email address.....

Electronic Prescribing Service pharmacy Nomination.....
.....

Do you have any additional information and communication needs due to a disability, impairment or sensory loss? If so what are they.....
.....

1. Please list any important illnesses they have had in the past or suffer from now (e.g. asthma, diabetes)
Please give dates if relevant.

2. List any tablets or other medication they need regularly.

3. Are they allergic to anything (e.g. penicillin)?

4. Is the child up to date with children's immunisations? Please give dates of all immunisations if possible.

5. What is your child's height?.....

6. What is your child's weight?.....

7. Carers

Are you a full time Carer? **YES / NO**

(Definition of a Carer: 'Those who are in receipt of carer's allowance or those who are the main carer for an elderly or disabled person whose welfare may be at risk if the carer falls ill.')

If yes is the person you care for registered with this practice? **YES / NO**

If yes please give their details below

Name.....DOB.....Relationship to carer.....
Address.....

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Ethnicity Questionnaire

Please fill in the following sections as completely and accurately as possible. This Questionnaire asks for information about your ethnic origin and language to help us provide the best possible health service to you.

We need to know about language interpretation needs, for example, and about our populations' religious and cultural requirements.

The personal information you give us on this form will have the same level of confidentiality as your medical records. This means it will not be shared with any other organisation, including other government departments such as The Home Office or The Inland Revenue. If you have any concerns about the use of the information please talk to a member of staff at the practice.

If you do not wish to complete this form please fill in the section at the end of the form.

Full Name:.....DOB:.....Postcode.....

1. What do you consider to be your ethnic origin?

Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Asian other (please State)
-

White

- British
- Irish
- Gypsy
- Traveller
- White other (please State)
-

Black or Black British

- African
- Caribbean
- Black other (please State)
-

Other Ethnic Group

- Chinese
- Any Other (Please State)
-

Mixed Background

- White and Asian
- White and Black African
- White and Black Caribbean
- Other mixed background (Please State)
-

2. How would you describe your religion?

- | | |
|---|--|
| <input type="checkbox"/> Christianity (all denominations) | <input type="checkbox"/> Hinduism |
| <input type="checkbox"/> Islam | <input type="checkbox"/> Buddhism |
| <input type="checkbox"/> Judaism | <input type="checkbox"/> None |
| <input type="checkbox"/> Sikhism | <input type="checkbox"/> Other (Please State)..... |

3. In the clinic, which language do you usually speak and read?

- | Speaking | Reading | | Speaking | Reading | | Speaking | Reading | |
|--------------------------|--------------------------|-----------|--------------------------|--------------------------|----------|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | English | <input type="checkbox"/> | <input type="checkbox"/> | French | <input type="checkbox"/> | <input type="checkbox"/> | Russian |
| <input type="checkbox"/> | <input type="checkbox"/> | Albanian | <input type="checkbox"/> | <input type="checkbox"/> | Gujerati | <input type="checkbox"/> | <input type="checkbox"/> | Somali |
| <input type="checkbox"/> | <input type="checkbox"/> | Arabic | <input type="checkbox"/> | <input type="checkbox"/> | Hindi | <input type="checkbox"/> | <input type="checkbox"/> | Spanish |
| <input type="checkbox"/> | <input type="checkbox"/> | Bengali | <input type="checkbox"/> | <input type="checkbox"/> | Mandarin | <input type="checkbox"/> | <input type="checkbox"/> | Turkish |
| <input type="checkbox"/> | <input type="checkbox"/> | Cantonese | <input type="checkbox"/> | <input type="checkbox"/> | Polish | <input type="checkbox"/> | <input type="checkbox"/> | Urdu |
| <input type="checkbox"/> | <input type="checkbox"/> | Farsi | <input type="checkbox"/> | <input type="checkbox"/> | Punjabi | <input type="checkbox"/> | <input type="checkbox"/> | Other |
| | | | | | | | | (Please state) |

Thank you for helping us

- I do not wish to complete this form

If you do not wish to complete this form, please can you state your reasons for not doing so

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