

Stoke Gifford & Conygre Medical Centres

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Registration Pack – (16 Years and Over)

Welcome to Stoke Gifford and Conygre Medical Centres. Please find enclosed in this pack the practice registration forms. When registering, to safeguard your information, please also provide 2 pieces of identification. One will need to be a piece of photo identification (for example a photo driving licence or passport) and one will need to be something with your address on (for example a utility bill or official letter). If you are registering as a family we will only require ID from the parents/guardians, but we will need one health questionnaire and ethnicity questionnaire from each patient. Reception can verify your identification when you drop in the registration forms.

We are unable to complete your registration until all the forms are completed fully and we have confirmed your identification. Please take your time to fill in the forms and make sure all the information is as complete and accurate as possible. Below is a list of the forms you will need to complete. Registrations are usually completed after 2 working days.

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

Please provide an email address so we can send a copy of the practice brochure and inform you of any other health services that may be relevant to you. Information on the appointment system, online booking, out of hours and patient information is also available via the practice website. Please let us know if this address changes.

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.

We provide a **text messaging service** to send you reminders about your appointments, test results and other health promotion information. If you would like to benefit from this service please make sure we have your mobile phone number. If you want the practice to have your mobile number but don't want to be part of the text messaging service please tick the opt out box on the Health Questionnaire. Please note this service is only available for patients over the age of 18.

Patient Access Online Services are available. This allows you to book appointments, order repeat medication and see summary medical history on-line. The application form is enclosed

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. You can request your repeat prescriptions using our online requesting service.

Patient Participation Group (PPG). We have a patient forum which 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 areas of the service you received, please arrange to speak with our Patient Services Manager – Debbie Grant or leave a comment in our feedback box.

We hope you will be happy at the practice

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

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Health Questionnaire (16 years and over)

To help us provide the best care and advice, please fill in all of the following sections as completely and accurately as possible.

Full Name:DOB:
Tel No.:Mobile Number.....
Email Address.....

I would like to be part of the Text messaging service (see letter for info) Yes No
Please note that it is the patient's responsibility to inform the practice if their mobile number changes.

Pharmacy Nomination (where should your Electronic Prescriptions be sent?)

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

1. Medical History – Please Tick if Applicable and record the date of onset

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Attack or Angina |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Taking Thyroxine |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Allergies | |
- (Sort of allergy and affect.....)
- Smear (Date of last test.....)

2. Medication – Please list any regular medication (including contraception) you take below:

3. Family Medical History – Please tick if applicable (applies to parent/sisters/brothers)

	Which close relative	Age of onset?
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Heart Attack or Angina
<input type="checkbox"/> Breast Cancer
<input type="checkbox"/> Bowel Cancer
<input type="checkbox"/> High blood pressure

4. Smoking - Are you a smoker? **YES / NO**

If YES, do you smoke Cigarettes , Roll ups , Cigar , Pipe

How many cigarettes per day or ounces per week?.....

If you would like support to stop smoking, please book to see one of our advisors. Alternatively, please phone NHS Bristol Stop Smoking Service 0117 984 1650 for more advice.

Are you an ex-smoker? **YES/ NO**

If YES how many did you smoke.....What date did you quit.....

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5. Exercise

Do you do any exercise such as brisk walking, cycling, swimming, or visit the gym? **YES / NO**

How many times a week.....How many minutes per activity.....

6. Alcohol – Please fill in the following table

Questions	Scoring system					Your score
	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 standard alcoholic drinks do you have on a typical day when you are drinking?	1- 2	3 - 4	5 - 6	7 - 9	10 +	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total of 5+ indicates hazardous or harmful drinking

7. Other info

Please use machines in practice to take this (if available). The receptionists will give you information on how to do this. Please add the information from the printed slip in the spaces below.

Height..... Weight..... Blood Pressure.....

8. 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.....

9. Next of Kin

Please advise us of your next of kin contact details:

Name	Contact Details (to include a mobile contact number where possible)	Relationship

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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 the NHS provide the best possible health service to you. E.g. We need to know about language interpretation needs 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

Please can you state your reasons for not completing this form?

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Stoke Gifford and Conygre Medical Centres Application for online access to my medical record

Surname	Date of birth
First name	
Name of person requesting Proxy Access (If applicable)	
DOB	Relationship to Patient
Address	
Postcode	
Email address (we will send login details to this account)	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

A. Booking appointments	<input type="checkbox"/>
B. Requesting repeat prescriptions	<input type="checkbox"/>
C. Accessing my medical record (may be limited if proxy access)	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

Signature	Date
-----------	------

If patient is over 11 years old and Proxy Access is requested patient must sign below.

Signature	Date
-----------	------

Note: We will need to see two forms of documentation as evidence of identity and one of these must contain a photo. Acceptable documents include passports, photo driving licences and bank statements, but not bills. Please also allow 5 working days for the Practice to assess and process this request.

For practice use only

Patient NHS number	Practice computer ID number
Identity verified by (initials)	Date
PROXY ACCESS DETAILS: Does requester have right to request proxy access? Does the clinical record flag any concerns?	
Authorised by Usual Doctor for access to medical records. (Please send to scanning)	Method
Date	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Date account created	
Date passphrase sent	
Level of record access enabled Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/>	All <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/>
Notes / explanation	

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Stoke Gifford and Conygre Medical Centre Patient information - Online Services & Records Access.

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. **Under 18s will only be able to access the repeat prescribing and appointment booking service.**

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

Having verified your identity, you will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that we can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

The practice has the right to remove online access to services for anyone that doesn't use them responsibly or where this access is not considered to be in your best interests. We can also refuse access if we are unable to verify your identity. (Please see note on application form).

Before you apply for online access to your record, there are some other things to consider. You will be asked that you have read and understood the following before you are given login details:

Forgotten history. There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news. If your GP has given you access to test results or letters, you may see something that you find upsetting to you. The practice will only enable results and letters for viewing once checked by GP or designated professional. The GPs will check results during surgery hours and call patients prior to this information being accessible to patients. Please try not to be concerned about all abnormal results. More information about interpreting test results can be found at <http://labtestsonline.org.uk/>. It is our policy that GPs will contact you when test results require this.

Choosing to share your information with someone. It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure and you should check the content of your records prior to sharing them.

Coercion. If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information. Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else. If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

More information. For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet at <http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

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PROVIDING INFORMATION ABOUT YOUR MEDICATION TO YOUR NEW DOCTORS

When you join a new GP Practice, they will want to make sure that your supply of medication is uninterrupted and being safely managed. In order to help them achieve this, please consider taking the following steps:

1. **Register for on-line access.** This will allow you to request your medications from your PC, tablet or smartphone. The 'app' links to your medication history and so you can request repeat medication accurately and quickly. In addition, requesting repeat medications electronically will speed up the processing time for your new GPs and reduce any unnecessary queries. You can find out more about the NHS app at <https://www.nhs.uk/apps-library/nhs-app/>
2. **Ask your Gp to increase the supply per prescription to 3 months from 2.** This will allow the new practice more time to prepare for your request.
3. **Provide a copy of the Right Hand Side of your prescription** so that there is an accurate record of the medications that you regularly take, for your new GP.
4. **Complete the Pharmacy Nomination below and present it with your prescription details when you register at your new practice.**

MEDICATION QUESTIONNAIRE

Full Name	
Date of Birth	
Address	
Please indicate which pharmacy you would like your prescription shared with, If changing from Current pharmacy.	