



Patient Registration Pack

Thank you for wanting to register at Pendle View Medical Centre. We aim to give you the best care possible.

We would like to meet you within the first 3 months of registration in order for us to meet your health needs as effectively as possible.

The first section of this pack contains information about the practice (you should keep these)

The second contains instructions on how to register. Any information you provide will be completely confidential and will help us while we wait for your records to come from your previous GP.

Please ask for help if you have any problems completing this form.

To register please follow these instructions;

1. Complete pages relevant to this pack as well as sign and complete the purple form (GMS1).
2. Present them at reception with 2 proofs of identity (if possible)
3. Book an appointment for a 30 minute "New Patient Health Check". If you are housebound and unable to attend for a new patient health check please let us know and we may contact you over the phone instead.
4. If registration is for child aged 6 years or under then we need to see the red book. This will be photocopied for our records.

WHAT TO DO NEXT:

1. Bring this pack into reception having completed all relevant pages and the GMS1
2. Bring 2 forms of proof of identity
 - One must be photographic
 - One must show your current address
 - (Documents must be no more than 3 months old)
 - Both forms of ID.....MUST BE brought in together with the form or we cannot register you
3. Book your "new patient check"
4. **Please remember to bring all your medications with you when you come for your first appointment.**

Practice Information

We currently provide services in Brierfield – Our address is

[47 Arthur Street, Nelson BB9 5RZ](#)

Opening Times

	From:	To:
Monday	08:00AM	06:30PM
Tuesday	08:00AM	06:30PM
Wednesday	08:00AM	06:30PM
Thursday	08:00AM	06:30PM
Friday	08:00AM	06:30PM
Saturday	Closed	Closed
Sunday	Closed	Closed

RECEPTION:

Open for enquiries Monday to Friday: 08:00AM - 06:30PM - telephone [01282 503900](tel:01282503900)

Be prepared to give the name and date of birth of the patient, full address and telephone number.

If you wish to make an appointment, order medication, ask about recent tests, have an admin query or request a sick note please follow the simple steps below

We use E-Consult to request appointments, this is available on our website.

This means if you have a non urgent admin or medical query, you can contact the practice Online.

How to use e-consult

- Open the e-consult link from our practice website
(There is no need to download an app or create an account)
- Select either admin or medical request
- Confirm this is a non urgent request
- Write the request to the practice, giving as much information as possible
- Tell the practice how you want to be contacted
- Enter your details
- Press submit

This form can be submitted for yourself or dependants (children or elderly relatives).

How long do you wait for a response?

Our staff work very hard to get through all queries through out the day, the average response time is within 24 hours however please allow up to 48 hours for us to respond to you.

Not attending booked appointments.

Please be aware that we do have a DNA (did not attend) policy, you will be contacted by text or letter if you miss an appointment, 3 missed appointments in a 12-month period, will result in the Partners discussing removal from the practice.

Summary Care Record – your emergency care summary

The NHS in England is introducing the summary care records which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England but they will ask for your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

We are supporting Summary Care Records and as a patient you have a choice:

- **Yes, I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you
- **No, I do not want a Summary Care Record** – Please download an opt-out form and hand it to a member of staff www.nhscarerecords.nhs.uk

If you need any more time to make your choice, please let us know.

For more information talk to our PATIENT ADVICE AND LIAISON SERVICE (PALS) on 0845 602 4384, visit the website www.lincolnshire.nhs.uk or www.nhscarerecords.nhs.uk, telephone the dedicated NHS Summary Record Information Line on 0300 123 3020 or ask a member of the practice staff.

Additional copies of the opt-out form can be collected from reception, printed from the website www.nhscarerecords.nhs.uk or requested from the dedicated NHS Summary Care Record Information Line on 0300 123 3020

You can choose not to have a Summary Care Record and you can change your mind at any time by informing us in writing of your wishes.

If you do nothing, we will assume that you are happy for us to create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them. If you are the parent or guardian of a child under 16 then you may request to opt them out and we will consider this request. If you are a parent of a guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Yours sincerely

Pendle View Medical Centre

Where can I get more information?

For more information about Summary Care Records and your choices:

- Phone the Summary Care Record Information Line on 0300 123 3020;
- Contact your local Patient Advice and Liaison Service (PALS) www.pals.nhs.uk; or
- Visit www.nhscarerecords.nhs.uk

Pendle View Medical Centre – Adult Registration Form

Name:	
Address:	
Postcode:	
Home Tel: Work Tel:	
Mobile:	
Email Address:	
Gender:	Male (<input type="checkbox"/>) Female (<input type="checkbox"/>)
First Language:	
<u>Ethnic Origin:</u> (please tick)	White: British (<input type="checkbox"/>) Northern Irish (<input type="checkbox"/>) Welsh (<input type="checkbox"/>) Scottish (<input type="checkbox"/>) Mixed: White and Black Caribbean (<input type="checkbox"/>) White and Black African (<input type="checkbox"/>) White and Asian (<input type="checkbox"/>) Asian/Asian British: (<input type="checkbox"/>) Black/Black British: Caribbean (<input type="checkbox"/>) African (<input type="checkbox"/>) Any other mixed or multiple ethnic (<input type="checkbox"/>)
<u>Next of Kin:</u>	Consent to discuss medical records with next of kin Yes / No
Name:	
Relationship:	
Tel No:	

Please complete and return the following information along with completed GMS1

Do you have any of the following conditions?		
High blood pressure	YES	NO

Diabetes	YES	NO
Asthma	YES	NO
Chronic Obstructive Airways Disease (COPD)	YES	NO
Heart Disease	YES	NO
Cancer	YES	NO

Ladies Only

When was your last Cervical Smear Test?		
Was your last smear normal?	YES	NO

General Health

Do you have any allergies	YES	NO
Do you take any Regular Medication? Please provide a list of medication from your previous surgery or bring all medication with you on the day of your New Patient Medical with the nurse.	YES	NO
Do you smoke?	YES	NO
How many per day?	YES	NO
Would you like help to stop?	YES	NO
Do you eat a Health Diet?	YES	NO
What is your Weight?		
What is your Height		

Accessible Information Standards:

Do you have any learning disabilities?	YES / NO
Do you have significant hearing impairment?	YES / NO
Do you need a hearing loop during consultations?	YES / NO
Are you registered Blind?	YES / NO
Are you registered partially sighted?	YES / NO
Is there any other way we can make information more accessible to you? For example: Large Print, Braille, Easy Read, contact via carer. If yes please give details below	

Are you a carer for somebody who is frail or ill?	Yes / No
Do you have a carer?	Yes/ No

Please answer the 3 questions below	Score 0	Score 1	Score 2	Score 3	Score 4	Your Score
1. 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	
2. How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
3. How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Are you a veteran? YES/ NO

If YES, please bring your personal copy of your summary care record received when you left the armed forces. If you no longer have this, please let us know and we will request a further copy on your behalf.

A veteran is someone who has served in the British Armed Forces (regular or reserve) for at least one day. Veterans also include any member of the Merchant Marine who has served in a war zone. This includes crew from convoys in WW2 and more recently in the Falklands conflict and Gulf Wars.

Please sign here to confirm that you would like access to one of the available apps, we recommend the NHS app

Signed _____

Email address _____

STAFF ONLY:

The form has been completed 100%

Documents Verified, ID seen

New Patient Check booked

date

STAFF NAME: