**Merton Lodge Surgery**

**New Patient Application Form**

**To check that you are within our practice boundary, we advise you to enquire at reception before filling in this form if you are unsure.**

**We do cover Alford, Willoughby, Huttoft village, Maltby le marsh, Ulceby village, Cumberworth, Mumby village, Withern, Saleby, Thoresthorpe,Aby, Beesby & some closely surrounding areas.**

**Full practice boundary map is on our website.**

**Some of the area’s we DO NOT COVER :**

**Mablethorpe, Sutton-on-sea, Chapel St Leonards, Skegness, Gunby, Spilsby, Orby, Hogsthorpe, Sloothby, Skendleby, Partney, Scremby, Welton Le Marsh, Anderby Creek.**

Please fill in these forms in full, then return to us.

**What you will need:**

* **Your NHS number** – if you do not know this, please contact your previous surgery or check your NHS app (we need this to find & transfer your records in the NHS system).
* **Repeat prescription list** from previous surgery – you will need to ensure you have at **least 1 month’s supply of medication** before filling in this form and starting the transfer.

We aim to register new patients within 7 working days from receiving their completed pack, missing information or signatures can delay this process. If you need urgent help or medical advice before you are registered, you can contact 111 or attend urgent treatment centres at either Louth or Skegness.

**Thank you**

**Merton Lodge Surgery – Application for registration with the Practice**

**IT WILL DELAY YOUR REGISTRATION IF ALL RELEVANT SECTIONS ARE NOT COMPLETED**

We would like to gather some information about you and ask that you fill in the following questionnaire. Filling in these forms will help us give you the best possible care. You will not be registered until these forms have been fully completed.

Please complete all areas clearly and tick/circle the appropriate areas.

Fields marked with an asterix (\*) are mandatory.

|  |  |  |  |
| --- | --- | --- | --- |
| **\*Title** | **\*Surname** |  | **\*First names** |
| **\*Any previous surname(s**) | |  | **\*Date of Birth** |
| \*Male Female Intermediate Unspecified | |  | \*NHS No. |
| Town and country of birth: | |  | **\*New Home address & Postcode**  \***Previous address & Postcode** |
|  | |  |
| \*Home telephone No. Preferred Number Yes No | |  |
| Work telephone No. Preferred Number Yes No | |  |
| **\*Mobile No. Preferred Number Yes No** | |  | **\*Email**………………………………………………………………………………….. |
|  | | | |
| \***Previous GP Details** | |  | If you are from abroad please tell us 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:  We need **PHOTO ID (passport)** if not previously NHS registered. |
|  | Marital Status?  Single Married Divorced Widowed Co-habiting |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What is your ethnic group?  Main Language Spoken?  (E.g. English) | | | | | | |
| **White**  **Black**  **Asian**  **Mixed**  **Other** |  | British  Caribbean  Indian  White + Black Caribbean  *Please specify*: |  | Irish  African  Pakistani  White + African |  | Chinese  White + Asian |

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| **Have you ever been in the employ of the Armed Forces?**  Yes  No  ***Personnel Number:*** ***Date Enlisted: Date Left:***  **Are you a dependant of a current serving member of British Armed Forces?**  Yes  No |

**Consents**

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| --- |
| \*Do you consent to receive the following types of communication from Merton Lodge Surgery only  (Only used to contact you about your appointments, recalls and healthcare related information).  **\*Email** Yes No  **\*Mobile phone text messages** Yes No |

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| The NHS in England is introducing the Summary Care Record, 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 had to ensure those caring for you have enough information to treat you safely.  Do you consent to have a Summary Care Record? **YES** (recommended) / **NO** ( please circle)  If **no**, you need to complete the opt-out form. Please ask for the form at reception. |

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| Do you consent to the information that is recorded about you here being made available to **other NHS care services that care for you and also use SystmOne?** **Please circle**:  **YES** – Clinicians at the other services that care for you and use SystmOne will be able to see the information recorded here: (for example, a Community Nurse that visits you would be able to see the data entered by the GP.)  **NO** – the clinician will be prevented from sharing the information entered here with other services caring for you. |

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| Do you consent to allow this care service to view information about you that has been recorded at the other services where you also receive care? (you must separately consent for information to be ‘Shared out’ of those services). **Please circle**:  **YES** - this care service will be able to view information recorded on your patient record by other NHS services.  **NO** – this care service will not see any information recorded at any other NHS service (even if those services have the consent to share information out). |

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| **DOES ANYONE ELSE NEED TO BE ABLE TO CONTACT US ON YOUR BEHALF?**  **(not applicable for patient’s under 16)**  \*In accordance with the Data Protection Act, the practice needs consent if you wish for a 3rd party person (partner, child etc) or organisation (such as care home etc) to collect prescriptions, receive test results and other medical information, book appointments on your behalf. Please complete this section if you would like to register a 3rd party.  I give consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to collect prescriptions on my behalf only (Please note that we are unable to hand out prescriptions to anyone under the age of 15)  I give consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to obtain test results / medical information / appointment information / speak to a clinician about my healthcare on my behalf (Delete as appropriate if you do not require all areas to be accessed)  IT IS YOUR RESPONSIBILITY TO ADVISE US OF ANY CHANGES TO THESE INSTRUCTIONS: |

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| I (the patient) confirm that I have read and understood the above information and give consent for the surgery to record my preferences as stated above, I will inform the surgery if I wish to make changes to my preferences. For those over 16. This must be signed by the patient, unless they lack capacity. If this is being signed on behalf of the patient this must be signed by the person with an **activated** Health and Welfare Lasting Power of Attorney or guardianship. We will require a copy of this for the record.  **Signed:** ………………………………………………………………………………. **Name**:………………………………………………**Date**:………………. |

**Carers Information**

*A carer is a friend or family member who gives their time to support a person in their home, to an extent that the person could not remain at home if this care was not being provided.  A carer can receive Carers Allowance, but not a wage.*

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| Are you looked after by someone who’s support you could not manage without? Yes No  If yes, what is their name and contact number?  Name……………………………………………………………………Contact number………………………………………………………………  Do you consent for your carer to be informed about your medical care? Yes No |

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| Do you look after or support someone who couldn’t manage without you? Yes No  If yes, do you look after someone who is a patient of Merton Lodge Surgery? Yes No  Don’t know  If yes, what is their name?  Are they a: Relative Friend Neighbour |

**Next of Kin \ Emergency Contact**

|  |  |  |
| --- | --- | --- |
| Name of next of kin \ Emergency contact |  | Relationship to you |

|  |  |  |
| --- | --- | --- |
| Next of kin \ Emergency contact telephone number(s) |  | Next of kin \ Emergency contact address (if different to above) |

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| --- |
| **The Accessible Information Standard (AIS)**  Please use this space to tell us about any specific communication needs you have. I.e. needing information in large print or deafblind telephone contact. For further information please visit [**https://www.england.nhs.uk/ourwork/accessibleinfo/**](https://www.england.nhs.uk/ourwork/accessibleinfo/) |

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| **Are you housebound? YES/NO (please circle)**  Home visits take up considerable time and are performed at the discretion of the clinicians following triage. Visits are only available for patients who are genuinely housebound/bedbound and should be requested before 10am.  Housebound patients do not leave their home to attend hospital appointments. If you do leave your home to attend other appointments etc you will not be classed as housebound and would be expected to attend the surgery for your appointments. |

|  |
| --- |
| Do you have any disabilities, illnesses or accessibility needs? I.e. needing to be seen in ground floor consulting rooms or use of a specific communication device such as a hearing aid? If yes, please tell us how we can support your needs. |

|  |
| --- |
| **Patient Participation Group (PPG)**  Would you like to join the PPG? YES/NO |

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| --- |
| **Repeat Medications: Please note, certain medications will require a consultation with the GP before they can be prescribed. Please allow plenty of time to organise repeats and ensure you have a month’s supply from your old surgery before registering. Please provide us with a copy of your repeat medication list.** |

|  |
| --- |
| \*Are you allergic to any medicines?  Yes  No (if yes please specify) |
|  |

|  |
| --- |
| \*List other allergies / intolerances (i.e. nuts, gluten, pollen, animal hair or certain foods. Please mark “none” if you have no other allergies that you know of) |

|  |
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| **Electronic Prescription Service (EPS)**  EPS enables prescribers - such as GPs and practice nurses - to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff.  If you live over 1.6km from the practice we can dispense from the surgery for you. Otherwise you will need to inform us of a dispensing organisation you wish your prescriptions to go to. If no pharmacy is nominated we will nominate the nearest pharmacy to you, this is usually Lloyds, Alford.  Nominated pharmacy: …………………………………………………………………………………………………………… |

**Have you ever had any of the following conditions?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Epilepsy** | Yes | Year |  | **Mental Illness** | Yes | Year |
| **High Blood Pressure** | Yes | Year |  | **Diabetes** | Yes | Year |
| **Heart Attack / Angina** | Yes | Year |  | **Asthma** | Yes | Year |
| **Stroke / Mini-stroke (TIA)** | Yes | Year |  | **COPD (or Emphysema)** | Yes | Year |
| **Cancer** | Yes | Year |  | **Osteoporosis / Bone fractures** | Yes | Year |
| **Rheumatoid Arthritis** | Yes | Year |  | **Peripheral vascular disease** | Yes | Year |

**Do you have FAMILY HISTORY of any of the following?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **High Blood Pressure** | Yes | Who |  | **DVT / Pulmonary Embolism** | Yes | Who |
| **Ischaemic Heart Disease**  Diagnosed aged >60 yrs | Yes | Who |  | **Breast Cancer** | Yes | Who |
| **Ischaemic Heart Disease**  Diagnosed aged <60 yrs | Yes | Who |  | **Any Cancer**  Specify type: | Yes | Who |
| **Raised Cholesterol** | Yes | Who |  | **Thyroid disorder** | Yes | Who |
| **Stroke / CVA** | Yes | Who |  | **Epilepsy** | Yes | Who |
| **Asthma** | Yes | Who |  | **Osteoporosis** | Yes | Who |

**Lifestyle & health**

**Please tell us about your smoking habits**

|  |  |  |
| --- | --- | --- |
| Do you smoke?  Yes  No  If Yes, what do you primarily smoke:  Cigarettes / Cigar / Pipe (please circle) |  | Are you an ex-smoker  Yes  No  When did you quit?......................  How many did you used to smoke a day?.......................... |
| How many do you smoke a day?  Would you like advice on quitting?  Yes  No |  |  |

**Please tell us about your alcohol consumption**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Questions** (please circle your answers) | **Unit scoring system** | | | | |
| **0** | **1** | **2** | **3** | **4** |
| How often do you have a drink containing alcohol? | Never | Monthly or less | 2 - 4 times  Per month | 2 - 4 times per week | 4+ times per week |
| How many units of alcohol do you drink on a typical day when you are drinking? | 1 - 2 | 3 – 4 | 5 – 6 | 7 – 9 | 10+ |
| How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| **Depending on your answers above you may be asked to complete an additional alcohol questionnaire.** | | | | | |
|  | | | | | |

**PRACTICE TERMS**

**Please read the following information carefully before agreeing to the terms of your health**

**care at this practice.**

***This Practice operates a practice formulary, which is a list of drugs that we are prepared to prescribe. The GP’s will only prescribe medication that they are confident in and familiar with, as well as drugs approved and included in the Joint Lincolnshire Formulary (you can check which drugs are not available here on the Lincolnshire Formulary website).***

***Certain drugs are NOT prescribed by this practice.*** *Y*ou therefore agree to accept the drugs prescribed by this Practice.

If you wish to check that we can prescribe your current medication, we suggest you enquire with our dispensary manager before registering.

**Contract of Care**

Your responsibilities to us and to yourselves are:

· To attend booked appointments or give adequate notice of cancellation. Action will be taken if patients repeatedly fail to attend booked appointments.

· To treat the premises and members of staff with the same respect you expect the practice to extend to you.

· To comply with recommended treatment.

· To attend for screening and prevention programmes.

· To allow correct time for prescription repeats.

We cannot accept responsibility for your health if you neither comply with nor attend for medication or clinic appointments.

**Behaviour**

Patients who verbally or physically abuse members of staff will be removed from the practice list at short notice.

**Signed**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please bring your completed form to reception or post through our front door letter box.**

**The surgery reception desk is open from 8am- 1pm & 2pm-6.30pm.**

**Please allow up to 7 working days for your registration with the practice to be completed, if you are unwell or need urgent medical help before you are registered, please attend the local urgent treatment centre at either Louth or Skegness or call NHS 111.**

**Please obtain at least 1 month’s supply of medication from your previous surgery to allow for the transfer period.**

**On-line Services**

You will be able to register with our on-line service and access appointments, prescriptions and some sections of your own medical record via the internet.  If you would like to register for this please let us know – you will need to complete online access forms with photo ID for System Online – alternatively you can download the NHS app which has its own security features.

**AskmyGP**

All appointment requests, enquires and medication requests should come through our AskmyGP system via our website.

Please leave the phone lines free for those who are more vulnerable and do not have access to the internet through a computer or mobile phone.

Please go to to [www.alforddocs.co.uk](http://www.alforddocs.co.uk) to create an account or alternatively you can go direct to AskMyGp via this link: <https://my.askmygp.uk/?c=C83032> and there you can create an account when you need us.

If you need help to set this up, please contact reception.

AskMyGp is not available at all times; our service times are available on the home page of the site.

We have a monthly newsletter published to our website and printed in the surgery with the latest practice news.