The Corner Surgery

117 Fylde Road, Southport, Merseyside, PR9 9XP
Tel: 01704 506055 Fax: 0151 247 6328

NEW PATIENT QUESTIONNAIRE

Please read this in full before completing the form

All the questions on the first page must be answered in order for us to locate your medical records and proceed with your application. Failure to complete these fields may result in your registration being delayed.

It can take 7-10 working days to complete your registration. **If you require medication during this time you will need to go back to your previous practice unless you can provide the information page of your prescription.**

The information on this form will be held in your personal health record which, like all NHS records, remains confidential.

YOUR DETAILS

Surname:	**Forenames:**
Title:	**(Underline which name you are known by)**
Previous Names:	**Date of Birth:**
Sex:	**Place of Birth:**

Mobile No: **(By providing us with this you are giving us consent to send text messages)**

Email address: **(By providing us with this you are giving us consent to send email messages)**

Home Tel:	**Sex:**

Home Address:

Previous Address in UK: (Please provide us with the last 2-3 addresses if you have moved several times in the past few years)

1.
2.
3.

Previous GP Name & Address:	**Main Spoken Language:**

Ethnic Origin: **(Please tick the appropriate box)**

White British	Other White ethnic group Chinese	Black African	Black Caribbean
Black Other Mixed	Chinese	Indian	Other: (Please specify)

Are there any specific needs you have so the practice can ensure they are identified and accommodated by taking the appropriate action. For example, translator services, sensory impairments or have you a nominated power of attorney?

Is this the first time you have registered with a GP in the UK?	**YES NO**
If you are returning from abroad, please provide date of leaving:	
If you are moving here for the first time please give the date you first came to live in the UK:	
Are you or have you ever been in the armed forces?	
If you are returning from the armed forces please provide service number and enlistment date:	

FAMILY & NEXT OF KIN

Name of Next of Kin:		**Dependants:**		
		Name	**Age:**	**Relationship:**
Relationship to you:				
Next of Kin Tel No:				
Are they registered at this practice:	**YES NO**			

Nominate Pharmacy: Please indicate here which pharmacy you would like your prescription to go to.
If you do not nominate a pharmacy, it may delay your first medication issue.

Online Services: We would encourage all patients who are able to, to download & register for the **NHS App** as this allows you to book an appointment from the comfort of your own home. If you want more access to your records please ask reception for a form to fill in. For more information regarding our online service please see our website.

DATA SHARING : PATIENT OPTIONS

Summary Care Record (SCR)

This allows health & care staff, such as district nurses, mental health practitioners etc., (away from your GP Practice) who are involved in delivering care to you, to view information in your records. It will give them better medical information when they are treating you.

Your options are outlined below; please indicate your choice:

a) ☐ Express consent for medication, allergies and adverse reactions only.

b) ☐ Express consent for medication, allergies, adverse reactions and additional information.

This includes: Your significant illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.

c) ☐ Express dissent for Summary Care Record (opt out).

Select option C, if you DO NOT want any information shared with other healthcare professionals involved in your care.

*** If you do not complete this section, option b (above) will be automatically applied**

*Please be aware that you are free to change your decision at any time

Type 1 Opt-Out

Data from GP records can be shared with NHS digital.

If you do not want your GP data to be shared with NHS Digital you can opt out by ticking this box ☐

(For information on which data is shared please visit our website www.thecornersurgery-southport.nhs.uk)

***You are free to change your decision at any time** *** This decision will not affect your individual care.**

Type 2 Opt-Out (National data opt-out)

Data held by NHS Digital can be shared for purposes beyond your direct care such as used for research & planning.

You can update your preference for sharing data for the National Data Opt-Out by visiting our website at www.thecornersurgery-southport.nhs.uk where there is more information and a link to an NHS digital online form.

***You are free to change your decision at any time** *** This decision will not affect your individual care.**

Please visit the practice website for advice regarding the information that The Corner Surgery collects about you, how we keep it safe and confidential, and how that information may be used. If you do not have access to the internet please ask the reception team to give you a print out of this leaflet.

The next section only needs to be completed if you are over 16 years:

About You:

Are you a carer? ☐ **Yes** ☐ **No**

Is the person you care for at this surgery? ☐ **Yes** ☐ **No.**

If you answered YES please state Name_____ **Date of Birth**_____

Do you have a carer? ☐ **Yes** ☐ **No**

Carer's Name_____ **Carer's Phone Number**_____

Are they a patient at the practice? ☐ **Yes** ☐ **No**

Height:_____ Weight:_____	Do you smoke? ☐ Yes ☐ No If YES how much per week?_____ Did you ever smoke? ☐ Yes ☐ No If yes, when did you give up?_____	Do you drink alcohol? ☐ Yes ☐ No If YES how many units per week?
Do you exercise? ☐ Yes ☐ No How many times per week?_____	We can offer advice to help to stop drinking or smoking. Please see our website for further details	

We also require TWO forms of identification from the following list, which verify the registration address and family name. Please do not hand in original documents, photocopies only

*** Bank card / credit card**		*** Recent correspondence from a government body**	
*** National Insurance / NHS number card**		*** Birth certificate**	
*** Recent bank statement / utility bill**		*** For patients from overseas – a passport or ID card**	
*** Pension/ Benefit letter statement (showing current receipt of benefits) or Payslip (where employee's addresses are stated)**			

Staff: please tick the identification which you have seen then sign below: