RIVERSIDE SURGERY
Barnard Avenue, Brigg, DN20 8AS

Welcome To Riverside Surgery

Registration Process

- Please complete family doctor services registration GMS1 form and a new patient health questionnaire for each patient wishing to register with us.
- Please allow 7 working days to process your application.
- Please complete these forms as fully as possible as it allows us to enter information whilst we are waiting for your full records to arrive from the Health Authority.
- If you are on any medication, please attach a copy of your most recent prescription.

FOR STAFF USE ONLY

Receptionists signature:	Date returned:
.....	.....

RIVERSIDE SURGERY
Barnard Avenue, Brigg, DN20 8AS

NEW PATIENT HEALTH QUESTIONNAIRE

When registering you will be asked to provide either a valid Passport, Driving Licence or Utility Bill from your place of residence.

Staff Use Only:

Driving Licence seen by: **Passport seen by:** **Utility Bill seen by:**

Title:-	**Surname:-**	**First Name:-**	**Date of Birth:-**
Address:-			
			Post Code :-
Home Tel:- **Email address:**	**Mobile / Work:-**		**NHS number:-**
Gender:-	**M / F**	**First Spoken Language:-**	
Marital Status:		**Occupation:** **Are you a Veteran:**	
Next of Kin/Emergency Contact Details	**Name:**	**Relationship to patient:**	
Do you give permission for us to discuss medical details with your next of kin Yes: ☐ No: ☐			
Date of Birth:	**Home Tel:-**	**Mobile / Work:-**	

GENERAL HISTORY

Have you had any serious illnesses or operations? Y / N

1-	**3-**
2-	**4-**

Have you had any of this previous illnesses

Please Tick	Yes	No	Medication	Yes	No	List of Current Medication
Asthma						
Chronic Bronchitis						
Emphysema						
Diabetes						
High Blood Pressure						
Heart disease						
Strokes						
Epilepsy						
Thyroid Disease						
Cancer						
Mental Health Problems						
Depression						

PLEASE LIST ANY CURRENT MEDICATION: PROVIDE COPY OF COUNTER FOIL OR BOX OF PRESCRIPTIONS.

Are you allergic to any medicines or anything else?

RIVERSIDE SURGERY
Barnard Avenue, Brigg, DN20 8AS

HEALTH PROMOTION

Smoking status :- (please circle)

I've never smoked.	I stopped smoking in:	I smoke per day.

If you smoke, are you interested in quitting? Yes / *No* *(Please ask at reception for further information.)*

Have you now or in the past had problems with substance misuse? Yes / No

WE ARE ABLE TO OFFER CONFIDENTIAL SCREENING FOR CHLAMYDIA INFECTIONS FOR PATIENTS AGED 15 TO 25 AS THIS INFECTION OFTEN HAS NO SYMPTOMS. IT IS A SIMPLE URINE TEST. THE NURSE CAN DISCUSS THIS WITH YOU IF YOU WISH TO BE SCREENED?
YES / NO

FAMILY HISTORY

Please give details of any of your blood relatives, under 65, who have had any of the following :-

Heart Disease/Attack
Diabetes
Asthma
Cancer
High Blood Pressure
Other Serious Illness

VACCINATIONS

Please give dates of which vaccinations you have had (if known) :-

Diphtheria	Polio	Tetanus
German Measles	Typhoid	Measles
Cholera	BCG	Swine Flu
Yellow Fever	MMR	Whooping Cough
HPV		

FEMALE PATIENTS ONLY

Have you had a hysterectomy? Yes / No	Date :-
Which method of contraception are you using at present?	
Are you interested in discussing Long Acting Reversible Contraception? Yes / No	

When was your last smear test (if known)?	Year :-	Result :-

CARERS

Are you a carer? Yes / No	Who do you care for?
Do you have a carer? Yes / No	Who cares for you?

Additional Information: Are you a Veteran? **Yes:** ☐ **No:** ☐

ACCESSIBILITY NEEDS

Please let us know of any communication requirements (e.g. Braille, Large Print etc.)

Ethnic Origin Description	**Tick appropriate**	**Ethnic Origin Description**	**Tick appropriate**
White British		Chinese	
White Irish		Other Please state	
White European		Black or Black British Caribbean	
Asian or British Asian Indian		Black or Black British African	
Asian or British Asian Pakistani		Other Please state	
Asian or British Asian Bangladeshi		Mixed Please state	

Do You Need An Interpreter? Yes / No	If So, What Language?

RESEARCH

Riverside Surgery is a research active practice.
This means your anonymised data may be used for research to improve treatments, interventions or medicines available in the NHS.

If you do not consent to sharing your anonymised data for this please tick the box ☐

We also offer our patients the opportunity to take part in NHS approved research studies.

If you prefer not to receive these invitations please tick the box ☐

RIVERSIDE SURGERY
Barnard Avenue, Brigg, DN20 8AS

SUMMARY CARE RECORDS (SCR)

*I **Do** / **Do not** agree to have a Summary Care Record (SCR) created.
(An SCR shows your name, date of birth, address, current medication and any allergies to other NHS organisations with your consent)

*I **Do** / **Do not** agree to have a Summary Care Record (SCR) with additional information created.
(Shows your name, date of birth, address, current medication and any allergies. Additional information would show any diagnosis, problems etc)This will enable the GP/Nurse or Secondary Care to look after you more efficiently.

ONLINE CONSULTATIONS
We have introduced an online consultation service so you don't always need to come into the practice to get our medical expertise. Why not save time and try our new online service. You can input your symptoms online and will receive a response from the practice – usually that day, if a request is received within the Online Consultation daily request times. You will also havfe access to reliable and trustworthy self-help generic information 24 hours a day, 7 days a week that may help you to avoid an appointment altogether. You can also use the system to request test results, sick notes, referral letters and medical reports.
Online Consultation – It's simple, Safe and Personal.

SMS TEXT MESSAGES

We are able to send SMS text messages to our patients' mobile phones direct from the practice clinical computer system via NHS Mail (a secure communication network). Sending text messages to patients can be useful for a number of reasons:

- To cut down on DNAs (Do Not Attends) either because the patient has forgotten about the appointment or they fail to inform us they will not be attending), by improving this non-attendance we can utilise our appointments more efficiently.
- To send one-off messages regarding changes to appointment, such as clinicians needing to change surgery times.
- To broadcast information about the organisation, i.e. new clinics.
- To send results, i.e. bloods.

In order that we can undertake this we need to have up-to-date mobile numbers for our patients. Can you therefore please complete the following:-

Name: …… Date of Birth: ……
Mobile Phone No.: ……
Home Phone No.: ……..
(tick preferred no. for the practice to use)

I consent to receiving all SMS messages ☐ Emails from ☐ Riverside Surgery

I do not want to receive SMS messages ☐ Emails from ☐ Riverside Surgery
*(**We still require telephone contact details in case of emergency***

FOR STAFF USE ONLY

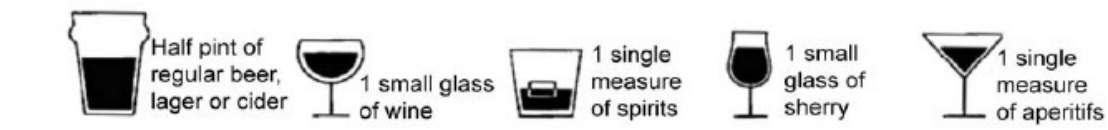
Information entered on EMIS on :	**Entered by :**

Thank you for completing this questionnaire
Welcome to Riverside Surgery

SIGNATURE: DATE:

RIVERSIDE SURGERY
Barnard Avenue, Brigg, DN20 8AS

This is one unit of alcohol…



…and each of these is more than one unit

AUDIT – C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 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	

Scoring:
A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive.

PTO

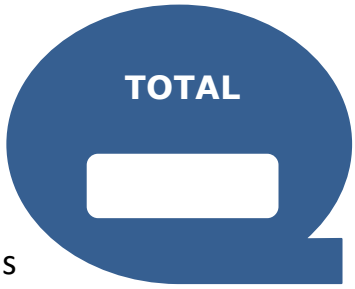
RIVERSIDE SURGERY
Barnard Avenue, Brigg, DN20 8AS

Score from AUDIT- C (other side)

Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk,
16 – 19 Higher risk, 20+ Possible dependence



TOTAL Score equals
AUDIT C Score (above) +
Score of remaining questions