

Severnbank Surgery

Tutnalls Street, Lydney,
Gloucestershire GL15 5PF
Tel 01594 845715 Fax: 01594
845637



Patient's details

Mr Mrs Miss Ms

Surname.....

Previous Surname.....

Date of birth.....

First Names.....

NHS Number.....

(Known as.....)

Town & Country of birth.....

Male Female

Home address.....

Post code.....

Home Telephone number..... Work No

Mobile No: I give consent for Severnbank Surgery to contact me
via my mobile and agree to notify them of any number change

Email

Marital Status

Single

Single (unmarried)

Married

Divorced

Widowed

Other

Ethnic Group

British/mixed British Bangladeshi/British Bangladeshi

Irish Indian / British Indian

Other white background Other Asian background

Caribbean Other Black background

African Other mixed background

Chinese Other white background

White & Asian Ethnic category not stated

White & Black African White & Black Caribbean

Pakistani & British Pakistani Other

Occupation

Unemployed

Retired

Full time

Part time

Number of Children

If in full time education, School/college attended

Next of Kin

Name

Address

.....Post code

Home Number

Mobile Number

Relationship to you

Can we contact your next of kin in an Emergency? Yes / No

Can we discuss your medical record with your next of kin? Yes / No

**I consent to the information I have given on this application form being held on file
under the terms of the General Data Protection Regulation (GDPR) (EU) 2016/679 and I
have attached evidence as proof of identity and permanent address**

Signature of patient

Signature on behalf of patient

..... date.....

Do you consider your health to be good?

Yes No

Do you have a clear idea about what sort of food is healthy?

Yes No

Do you exercise regularly?

Yes No

Have you ever smoked?

Yes No

If so, how many per day?

If you have stopped smoking, in which year did you stop?

If you currently smoke, would you like help to quit? Yes No

Smoking is the greatest single cause of illness and death in the UK. We have a support service to help you stop when you are ready. Please ask for an appointment with the Stop Smoking Nurse. You are five times more likely to succeed with help!

How many units of alcohol do you drink per week?

(one unit = 1 glass of wine, 1/2 pint beer or 1 measure of spirits)

All patients over 16, Please complete the attached Alcohol Questionnaire

How tall are you?

How much do you weigh?

Do you have any disabilities?

Yes (please explain) No

.....
.....

Have you had any operations in the past?

Yes (please list below) No

.....
.....

Do you suffer with or do you have a close family history of any of the following:

(please tick any that apply)

	You	Family history
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
Heart problems	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
TB	<input type="checkbox"/>	<input type="checkbox"/>
Any other major illness	<input type="checkbox"/>	<input type="checkbox"/> (please explain)

Do you take regular medication?

If yes, please list. (If you have a repeat medication order slip, bring it with you to your appointment)

Yes No

.....
.....

Are you allergic to any drugs?

Yes No

If so, please list
.....

Vaccinations

Date of last Tetanus injection

Have you had any other travel immunisations?

If so, please list

.....
.....
.....
.....
.....

This section is for completion by female patients only. Thank you.

Date of last cervical smear test

I agree to attend the surgery for cervical smear tests as recommended by the Cervical Screening Programme.....(signature)

Are you pregnant? Expected Date

Do you use contraception? Yes No

If so which do you use?

Pill which one

Coil when was this fitted

Injection Date of last injection

Condom

Carer Information

Are you a carer (Are you helping look after someone who is frail, ill or has a disability)?

Yes No

If yes, please provide the details of the person for whom you care –

Name Relationship

Address.....

..... Date of Birth

(Please sign below)

Do you have a carer (Is somebody helping to look after you due to frailty, illness or disability)?

Yes No

If yes, please provide the details of the person who cares for you –

Name Relationship

Address.....

..... Date of Birth

(Please sign below)

I agree to this information being held on your records. This practice has registered under the General Data Protection Regulation (GDPR) (EU) 2016/679

Signed Date

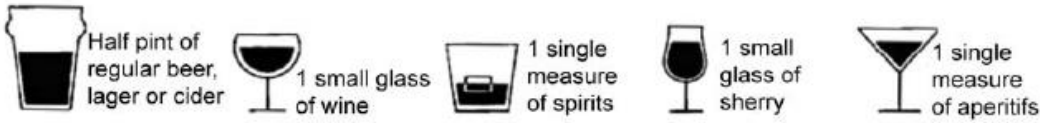
PATIENT INFORMATION SHARING AND CONSENT

All information you give to a member of the practice team is safeguarded by the General Data Protection Regulation (GDPR) (EU) 2016/679 and the NHS Care Record Guarantee. At all times, everyone working for the NHS has a legal duty to keep information about you confidential. However, information is sometimes shared where it is absolutely necessary to support your care or to help improve the service provided by the NHS. **You have a choice about whether your information is shared and for what purpose.** Please tick the boxes below to tell us what your choices are.

Summary Care Record A Summary Care Record contains 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.	Yes- a record will be created for you, but you can opt-out at any time.	No
Do you want a Summary Care Record?	Yes- <input type="checkbox"/>	No- <input type="checkbox"/>

AUDIT – C

This is one unit of alcohol...



...and each of these is more than one unit



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.



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



We encourage all patients over the age of 5 years to attend for a New Patient Registration appointment. This appointment should be booked with a Nurse if you are not taking regular medication and you are not worried about your health. You should ask for an appointment with a doctor for this check if you are concerned about your health or if you are taking regular medication. This appointment helps us to check your medical history. Please inform the receptionist if you would like to have this check.

Patients at Severnbank Surgery can register for online access to allow them the order their prescriptions, book appointments online as well as see their core record. Please tick the boxes below if you wished to be set up for online access when joining Severnbank Surgery.

- I would like to be set up for online access at Severnbank Surgery
- I would like to be able to order repeat prescriptions online
- I would like to be able to book appointments online
- I would like to be able to see my core record online

Administration Section Only

FOR OFFICE USE ONLY

Allocated/Named GP:

Patient EMIS Number:

New patient check offered: Y N

NPC offered 90W7 Declined 90W2

Appointment booked: Date.....Time.....

Identity Verified: ID Verified 91B2 Type of verification

Patient Access Request

Patient Requested Online Access- Yes No

Online Access Request Completed –

Online Access Details Given- Printed Emailed

Prescription Destination

Previous Prescription Destination removed (if applicable)-

New Prescription Destination added (if applicable)-

