CHARLOTTE KEEL MEDICAL PRACTICE
New Patient Questionnaire

Please fill in all sections with as much detail as possible as this will enable us to process your registration more promptly.

Please complete this form in BLOCK CAPITALS and return with photographic ID & proof of address dated within 3 months.
Thank you.

Personal Details

Title (please tick): Mr □ Mrs □ Miss □ Ms □

Surname:

_____

First Name(s):

_____

Date of Birth (dd/mm/yyyy):

_____

Current Address:

_____

_____

_____

_____

_____

_____

Postcode:

_____

_____

Telephone Numbers:

Home: _____

Mobile:

_____

TEXT MESSAGING SERVICE (9NdP)
We offer to send appointment reminders and text messages relating to your care by text message where appropriate. This is a free service.

If you DO NOT wish to receive text messages, please tick this box. □

ONLINE ACCESS
We will automatically sign you up for Online Access. We will post you login details so that you can book appointments and order repeat prescriptions online.

If you DO NOT wish to sign up for Online Access, please tick this box. □

E-MAIL CORRESPONDENCE

If you would like to receive contact by e-mail, please write your e-mail address in the space below:

Email: _____

_____

Please note we are NOT able to send or receive any appointment / clinical information by e-mail.

Electronic Prescription Service

The Electronic Prescription Service (EPS) is a free NHS service.

It gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from.

What does this mean for you?

- You will not need to collect prescriptions from the Practice.
- Instead, your GP will send it electronically to the place you choose, saving you time.
- You will have more choice as you can nominate a pharmacy near to where you live, work or shop.
- You may not have to wait as long at the pharmacy as there will be time for your repeat prescriptions to be ready before you arrive.

Is this service right for you?

- Yes, if you have a stable condition and you:
  - Don't want to go to your GP practice every time to collect your repeat prescription.
  - Collect your medicines from the same place most of the time or use a prescription collection service now.

It may not be if you:

- Pick up your medicines from different places.

Please tick this box if you DO NOT want to nominate a pharmacy for the Electronic Prescription Service. ☐

Please write the name of your nominated pharmacy below. Please see Reception Team for a list of pharmacies if you are unsure.

Pharmacy Nomination

:_____

Please sign below to confirm:

> Nomination has been explained to me by staff at my GP Practice. I have read the leaflet providing an overview of EPS and 'nomination' and I understand what I have to do.

> I confirm that I have made my nomination of my own free will and have not been influenced or given a gift to select a particular nomination.

> I understand that EPS is an NHS-funded service and the Repeat Prescription Collection Service is a separate service run by the pharmacy.

Signed:

_____

Date:

Ethnic Category & Language

What do you consider to be your ethnic origin? (Please circle only one)

White

A British

B Irish

C Any Other White Background

Mixed

D White and Black Caribbean

E White and Black African

F White and Asian

G Any other mixed background

Asian or Asian British

H Indian

I Pakistani

J Bangladeshi

K Any other Asian Background

Black or Black British

L Caribbean

M African

N Any other Black Background

Other Ethnic Groups

O Chinese

P Any other Ethnic Group

(please specify below)

_____

I do not wish to answer this question: □

Language

It is important we are aware if you need access to interpreting services.
Please answer the following:

Main Language spoken (if not English):

_____

Interpreter Required? YES / NO *(PLEASE CIRCLE)*

Next of Kin/Carer/Consent to Discuss Record

Please ensure you complete this section so that we know who to contact in the event of an emergency and who has permission to discuss your medical record with the Practice.

The following person is my (please tick): **Next of Kin** □ **Carer** □ **(918F**)

Title (please tick): Mr □ Mrs □ Miss □ Ms □

Surname:

_____

First Name(s):

_____

Relationship to you:

_____

Name of Care Organisation (if applicable):

_____

Their Address:

_____

Postcode:_____

Their Date of Birth:

_____

Their Telephone Number:

_____

Can we discuss your treatment with your next of kin/carer?

Yes □ No □

If you have selected 'YES', please sign to confirm consent:

Signature:

_____

Do you have more than one person who should have consent to discuss you record?

Yes □ No □ If yes, we will ask you to complete a consent form.

Are you a registered carer? Yes □ No □

If no, please go to next section. If yes, please provide details of the person you care for on the next page.

Surname:

_____

First Name(s):

_____

Relationship to you:

_____

Their Address:

_____

Postcode:

_____

Their Date of Birth:

_____

Is this person a patient of Charlotte Keel Medical Practice? Yes □ No □

TO BE COMPLETED BY RECEPTION

RECEPTIONIST INITIALS:

DATE FORM RECEIVED AND CHECKED:

IS THE PATIENT IN OUR CATCHMENT AREA?
CHECK PRACTICE BOUNDARY CHECKER!!

☐ Photo ID provided Details: _____

☐ Proof of Address Provided Details: _____

☐ New Patient Check Booked: Yes/ No

RECEPTIONIST TO CHECK THAT THE FOLLOWING HAS BEEN COMPLETED BY THE PATIENT:

GMS1 Form - Patient's Details' section

☐ Previous address and GP Practice **OR** Date they first came to live in the UK.
☐ Patient Signature & Date.

Latent TB Questionnaire

☐ Patient name, date of birth, date entered country.
☐ Answers to all 5 questions
☐ Country of origin circled

New Patient Questionnaire

☐ Text Messaging , Online Access, E-mail *(Try to encourage sign up by explaining benefits)*
☐ Main language spoken and whether they need an interpreter.
☐ Next of Kin/Carer
☐ Must tick either N.O.K or Carer
☐ Must tick Yes or No to 'Can we discuss your treatment with your N.O.K/Carer?'

And must have a signature.

EPS Form

If patient unaware of pharmacies, please provide laminated list for patient to choose from.

☐ Patient Details
☐ Name of nominated pharmacy
☐ Patient Signature
☐ EPS leaflet given to patient OR

☐ EPS Declined

CHARLOTTE KEEL MEDICAL PRACTICE

STAFF USE ONLY
New Patient Check
Booked/Declined (Please circle)
HCA Initials:
Date:
Time:
After patient registered, leave form in HCA box

Latent TB Questionnaire

Name: ……

Date of birth: …….

Date entered UK: ……..

1. **Please circle either yes or no to the following questions**

a. Were you born or have you spent >6 months in high TB incidence country (attached list below Appendix A)? **Yes/No**

b. Have you entered the UK within the last 5 years? **Yes/No**

c. Are you aged 16−35 years? **Yes/No**

d. Have you a history of TB either treated or untreated? **Yes/No**

e. Have you ever been screened for TB in UK? **Yes/No**

(NOTE to HCAs: If the patient has answered yes to questions 1-3, and no to questions 4-5, please do/arrange IGRA blood testing)

PLEASE CIRCLE COUNTRY OF ORIGIN

Appendix A: Countries of origin eligible for LTBI testing and treatment
(Estimated TB incidence rate ≥150 per 100,000 population in 2013 or Sub-Saharan Africa) (6)

Country	Incidence	Country	Incidence
Afghanistan	189	Liberia	308
Angola	320	Madagascar	233
Bangladesh	224	Malawi	156
Benin	70	Mali	60
Bhutan	169	Marshall Islands	354
Botswana	414	Mauritania	115
Burkina Faso	54	Mauritius	21
Burundi	128	Micronesia	188
Cote d'Ivoire	170	Mongolia	181
Cabo Verde	143	Mozambique	552
Cambodia	400	Myanmar	373
Cameroon	235	Namibia	651
Central African Republic	359	Nepal	156
Chad	151	Niger	102
Comoros	34	Nigeria	338
Congo	382	Pakistan	275
DRP Korea	429	Papua New Guinea	347
DR Congo	326	Philippines	292
Djibouti	619	Republic of Moldova	159
Equatorial Guinea	144	Rwanda	69
Eritrea	92	Sao Tome and Principe	91
Ethiopia	224	Senegal	136
Gabon	423	Seychelles	30
Gambia	173	Sierra Leone	313
Ghana	66	Somalia	285
Greenland	194	South Africa	860
Guinea	177	South Sudan	146
Guinea-Bissau	387	Swaziland	1382
Haiti	206	Timor-Leste	498
India	171	Togo	73
Indonesia	183	Tuvalu	228
Kenya	268	Uganda	166
Kiribati	497	Tanzania	164
Laos PDR	197	Zambia	410
Lesotho	916	Zimbabwe	552