

Desborough Surgery

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Hazlemere Surgery

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www.desboroughsurgeries.co.uk

Desborough & Hazlemere Surgeries

NEW PATIENT REGISTRATION FORM FOR ADULTS

- THIS FORM IS **NOT** FOR TEMPORARY REGISTRATION
- THIS FORM IS **NOT** FOR CHILDREN 0-16 YEARS OLD
- THE REGISTRATION PROCESS CAN TAKE 7-10 DAYS TO COMPLETE

IF YOU NEED URGENT MEDICAL ATTENTION, PLEASE CALL 111 OR
999 IF A LIFE-THREATENING EMERGENCY

We only accept patients who live within our catchment area (check our website).

We will request your paper and electronic medical records from your previous GP, it usually takes around 6-8 weeks for us to receive them.

DO YOU TAKE REGULAR REPEAT MEDICATION?

If yes, please ensure you have at least 1 months' supply of medication before submitting this registration document; a Doctor or Pharmacist will need to see or speak with you before authorising/issuing any repeat medication.

WRITE ONLY IN CAPITALS AND PRESENT IN PERSON AT
RECEPTION WITH YOUR IDENTITY DOCUMENTS.

(Please bring the original documents plus a copy for our records)

DOCUMENTS REQUIRED:

1. PHOTOGRAPHIC IDENTITY: passport or driving licence
2. PROOF OF ADDRESS: utility bill/council tax/bank statement to be dated within the last 3 months

For more information about the services and clinics we offer please visit our website.
WWW.DESBOROUGHSURGERIES.CO.UK

Desborough & Hazlemere Surgeries

All Patients To Complete All Of The Following Sections

Temporary patients need only complete a GMS3 form

CONFIDENTIAL MEDICAL REGISTRATION FORM

Please complete all pages in FULL using BLOCK capitals

Title: Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
First Name(s):			
Surname:			
Previous last name:			
Date of Birth:			
Sex (as registered in your NHS record) Female <input type="checkbox"/> Male <input type="checkbox"/> Not specified <input type="checkbox"/>			
NHS number:			

Village, town or city of birth:
Country of birth:

Current home address:
Postcode:

Name and address of GP surgery where you are currently registered:

Have you ever lived somewhere else in the UK? No <input type="checkbox"/> Yes <input type="checkbox"/> give details of your previous address
Postcode:

The NHS and your GP surgery can use your details to call, text or email you about health care services. All phone numbers must be registered in the UK. We operate a FREE appointment reminder and health check recall service, messages will be sent via the NHS App, SMS or email. Please keep us updated with your contact details.

Mobile number:
Home number:
Email Address:

Have you registered with a UK GP before? YES <input type="checkbox"/> NO <input type="checkbox"/>
If you have moved to the UK, what date did you arrive?
Have you ever served in the UK Armed Forces or were you ever registered with a Ministry of Defences GP in the UK or overseas? YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If you were given a FMED133A form (or FMED1) when you left the UK Armed Forces, you should give this to your GP surgery.</i>

Name of emergency contact:
Phone number:
Their relationship to you:
Name of next of kin:
Phone number:
Their relationship to you:

Additional information

Ethnicity

What is your ethnic origin?

A: White: ☐ English / Welsh / Scottish / Northern Irish / British ☐ Irish ☐ Gypsy or Irish Traveller
☐ Any other White background, please describe

B: Mixed / Multiple ethnic groups: ☐ White and Black Caribbean ☐ White and Black African
☐ White and Asia ☐ Any other Mixed / Multiple ethnic background, please describe

C: Asian / Asian British: ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese
☐ Any other Asian background, please describe

D: Black / African / Caribbean / Black British: ☐ African ☐ Caribbean ☐ Any other Black / African / Caribbean background, please describe

E: Other ethnic group: ☐ Arab ☐ Any other, please describe

☐ Any other, please describe:

What is your first spoken language?

Do you need an interpreter? YES ☐ NO ☐

When possible please bring an English speaking friend or relative to your appointment(s). NHS interpreters are supplied by outside agencies and must be booked in advance, inform reception when making appointments if you need an interpreter. (Surgery Staff are not employed for interpretation purposes)

Have you made a claim to seek asylum in the UK? YES ☐ NO ☐

Are you a carer? YES ☐ NO ☐

What is your relationship to the person you are caring for?

What type of carer are you? Young, under 18 ☐ Paid as a job ☐
Unpaid, but may get benefits ☐ Foster carer ☐

Do you have a carer? YES ☐ NO ☐

What is your relationship to your carer?

What type of carer are they? Young, under 18 ☐ Paid as a job ☐
Unpaid, but may get benefits ☐ Foster carer ☐

Carers name and contact number:

Prescriptions are sent electronically direct to a pharmacy. What is your nominated pharmacy?

Name:

Address:

Postcode:

Data sharing consent choices....

Your GP surgery needs to share important information from your GP record. This is called a Summary Care Record (SCR). Your SCR can only be shared with health and care staff across England for the purposes of providing you with direct care. It gives them access to vital information from your GP records.

- ☐ **Yes, share a Summary Care Record with additional information.**
Includes details of your medicines, allergies, adverse reactions and additional information, which includes details of any significant illnesses and health problems, operations and vaccinations
- ☐ **Yes, share a Summary Care Record without additional information.**
Includes details of your medicines, allergies and adverse reactions only.
- ☐ **No, do not share a Summary Care Record.**
Details of your medicines, allergies, adverse reactions and any additional information will not be shared with anyone involved in your care

Patient Health

Have you ever had any of these conditions?

- | | |
|---|--|
| <input type="checkbox"/> Alzheimer's disease or dementia | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> High blood pressure (hypertension) | <input type="checkbox"/> Epilepsy |
| | <input type="checkbox"/> Thyroid disease |

Female patients only

Are you currently, or do you think you may be pregnant?

Yes ☐

No ☐

Lifestyle measurements

Height:

Centimetres / Foot / Inches

Weight:

Kg / Stones / Pounds

Lifestyle smoking

What best describes you?

☐ I have never smoked

☐ I currently smoke. On average I smoke

Qty per day =

cigarettes/cigars a day.

☐ I used to smoke. I stopped smoking

Date:

Lifestyle alcohol

How often do you drink alcohol?

Never ☐

Monthly or less ☐

2 to 4 times a month ☐

2 to 3 times a week ☐

4 or more times a week ☐

Prefer not to say ☐

How many units of alcohol do you drink on a typical day when you are drinking?

(1 pint of 4.5% beer is 2.5 units, a small 125ml glass of wine is 1.5 units and a 25ml shot of spirit is 1 unit)

Units drunk per day =

How often have you had six or more units of alcohol on a single occasion in the last year?

Never ☐

Less than monthly ☐

Monthly ☐

Weekly ☐

Daily or almost daily ☐

Prefer not to say ☐

Please tell us about any allergies you have:

Please tell us about any mental health conditions you have:

Please tell us about any registered disabilities you may have:

REPEAT MEDICATION: Please ensure you have at least 1 months' supply of medication before submitting this document.

Please submit your first repeat medication request in writing ASAP, a Doctor or Pharmacist will contact you to discuss before it can be authorised. Subsequent requests should be made using the NHS App or in writing to reception (we are unable to accept requests by phone or direct from pharmacies).

Please allow up to 5 working days for all requests to be authorised and sent to your pharmacy.

I confirm that the information I have provided is true to the best of my knowledge.

Signature

Date:

☐ Signature of patient

☐ Signature on behalf of patient (name:_____)

Checklist before coming into the surgery.

1. Have you completed and SIGNED all relevant sections?
2. Do you have the originals and a copy of your photo ID and address documents?

Please bring this form and all your documents to the surgery after 2pm Monday to Friday only.