

# Dartmouth Medical Practice



## Registration

**As Part of your registration process, please read and complete the following:**

- The attached GMS1 form;
- Sections 1 & 2 of this questionnaire;
- Optional sections 3—6 will benefit your treatment and involvement with the practice.

**Before returning your forms to the surgery, please action the following:**

- Remember to bring your Photographic ID  
*Acceptable forms of ID are, but not limited to: Passport, Driving Licence, Work Visa and/or 3 Household Bills in your name.*

Once completed, please bring these forms along with your photographic ID back to the surgery and we will start the registration process.

**Please note:** It can take up to three working days to register patients, therefore please do not leave registering until you require an appointment.

## 1. PERSONAL DETAILS

<b>Title (Mr / Mrs / Miss / Ms / Sir / Lord)</b>	<b>Date of Birth</b>
<b>First Name</b>	<b>Surname</b>
<b>Middle / Other Names</b>	<b>Previous Surname (If Applicable)</b>
<b>Address</b>	<b>Post Code</b>
	<b>Home Telephone</b>
	<b>Mobile Telephone</b>
<b>Email Address</b>	
<b>Next of Kin &amp; Relationship to you</b>	

## 2. HEALTH DETAILS

Height (Feet / Centimetres)

Weight (Stone / Kilos)

Do you smoke? (Please Circle) YES / NO / EX-SMOKER

If a smoker, what do you smoke? (Cigarettes / Roll Ups / Cigar / Pipe etc)

If a smoker how many do you smoke a day? (Cigarettes per day / ounces)

If you are an ex-smoker, can you tell us the year you quit?

If you drink, how many units of alcohol do you drink per week?

(1 unit = pub measures of spirits, glass of wine, half a pint)

Does any blood relative have any of the following?

**PLEASE STATE:** Brother, Sister, Mother, Grandfather etc.

Diabetes :

Cancers (& type):

Asthma:

High Blood Pressure:

Heart Disease (Happened **before** the age of 60):

(Happened **after** the age of 60):

Stroke (Happened **before** the age of 60):

(**After** 60):

Do you have any allergies?

## 3. MILITARY DETAILS

Have you ever served in the armed forces? (Circle one) YES / NO

If so which service?

Has any family member ever served in the armed forces? If so who?

## 4. ALCOHOL CONSUMPTION

In line with Government Policy, we would be grateful if you could complete the following questions.

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	4 times or more per week	
How many units of alcohol do you drink on a typical day when you are drinking?	0-2	3 to 4	5 to 6	7 to 8	10 or more	
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 of you because of your drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
Has a relative, friend, doctor or other health worker ever been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	
<b>Alcohol Score:</b>						
A total of 5 or more is a positive screen indicating increasing or higher risk drinking						



## 5. SUMMARY CARE RECORD

A summary care record is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had.

If you are already registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

### You have a choice.

You have a choice of what information you would like to share and with whom. The information shared with solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice: -

- Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.
- Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your 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.
- Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

Sign

Date

**You are free to change your decision at any time by informing your GP practice.**

## 6. COMMUNICATIONS

### SMS Appointment Reminder Service

We run a text message reminder service in house. This means that you will receive a text message sent to your mobile phone the day before your appointment at the surgery. We also use the text message service to invite patients in for annual reviews, including blood test or prescription information.

Anyone who provides a mobile number is automatically included in this service. If you would like to opt out please tick here:

### Information & Communication Needs

If you would like to receive letters or information in an alternative format, for example large print or easy read, or if you need help communicating with us, for example because you use British Sign Language, please let us know.

I require information in Braille

I require large print letters

**If you have other communication needs please let reception know of your requirements.**