

FEMALE REGISTRATION FORM

Please print clearly

Date _____

Surname _____ First Name/s _____

Date of Birth _____ Home Tel. Number _____

Mobile Tel Number _____

E-mail address _____

Please confirm if you give consent for us to send SMS text messages and emails using the above information. Yes / No

Address _____

Postcode _____

Which ethnic group do you belong to? (Please tick one)

British/Mixed British Irish Other White background White & Black Caribbean

White & Black African White & Black Asian Other Mixed Background

Indian/ British Indian Pakistani/British Pakistani Bangladeshi/British Bangladeshi

Other Asian background Caribbean African Other Black Background Chinese

Other ethnic group (please give details) _____

Next of kin (full name) _____ Tel. Number _____

Relationship to next of kin: _____

Are you a full time carer for a dependent person? Yes / No

If Yes, who? _____

Name and Contact Details

Medical History

Do you suffer from: (please circle)

Asthma Yes / No Cancer Yes / No

Diabetes Yes / No Epilepsy Yes / No

Heart Disease Yes / No High Blood Pressure Yes / No

Hypothyroidism Yes / No Strokes Yes / No

COPD Yes / No

Have you ever had any other operations or illnesses (e.g. tonsils removed etc.) Yes / No

If Yes, (please list below and give dates where possible)

MENC Vaccination (only for patients between 17 – 25 years old)

When you were at school did you receive your MenC vaccination Date given _____

Family History

Has anyone in your immediate family suffered with : (please circle)

Asthma Yes / No Cancer Yes / No Diabetes* Yes / No

*Do you consent to a Diabetic risk assessment Yes / No

Heart Attack Yes / No Stroke Yes / No High Blood Pressure Yes / No

Other _____

General Health and Social History (please circle)

Marital Status? Single Married Divorced Widowed

Do you smoke? Have never smoked Current Smoker Ex-smoker - How long? _____

Would you like more information on our stop smoking program Yes No

Please answer the following questions	Scoring system				
	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

Do you take regular exercise? No Yes How often? _____

Height _____ Weight _____ Waist Circumference _____

Do you have any allergies? (e.g. aspirin, penicillin) No / Yes (give details) _____

Are you on any regular medication? No / Yes (give details)

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

What do you use as contraception?

Contraceptive Pill Name _____

Injection Date last given _____

Diaphragm Condom only Contraception not required

Would you like to discuss these methods of contraception: coils/injections/implant Yes / No

Date of last Smear ___/___ (mm/yy)

Result _____

Place of Procedure (please circle) Family Planning Clinic GP Surgery
Outpatient Clinic Other (please state)

Have you ever been in the H M Forces? Yes / No

Florence Road & Bramley Road Surgeries

**Florence Road
Surgery
26 Florence Road
Ealing, London
W5 3TX
Tel: 020-8567-2111
Fax: 020-8840-5768**

Dr D Evans (Partner)
Dr S Kaler (Partner)
Dr G Aziz Scott
(Partner)
Dr R Sri-
Pathmanathan
(Partner)
Dr D Lund (Partner)
Dr N Owusu-Ansah
Miss D Douglas

**Bramley Road
Surgery
2 Bramley Road
Ealing, London
W5 4SS
Tel: 020-8579-0165
Fax: 020-8579 0424**

Dr D Evans (Partner)
Dr D Lund (Partner)
Dr M Karunaratne
Dr L Bradley
Miss D Douglas

APPLICATION FOR ONLINE APPOINTMENTS PRESCRIPTIONS AND RECORDS

ACCESS

FOR PATIENTS OVER THE AGE OF 16

The Surgery has a facility which allows patients to book, check and cancel routine appointments, order repeat prescriptions, see summary care record and/or detailed coded medical record and send administration queries to the practice over the internet.

First Name:	Date of Birth:
Surname:	
Address:	
Post code:	
Email address:	
Home telephone number:	
Mobile telephone number:	
Please tick the boxes that apply. I wish to access the following services:	
1. Book, check and cancel routine appointments	<input type="checkbox"/>
2. To order repeat prescriptions	<input type="checkbox"/>
3. To access my summary of my medical records i.e. allergies, medications	<input type="checkbox"/>
4. To Access my detail coded medical records	<input type="checkbox"/>

I wish to have access to online medical records as selected above, and understand and agree with the following statements. Please tick to agree.

1. I have read and understood the information over the page.	<input type="checkbox"/>
2. I will be responsible for the any information that I download	<input type="checkbox"/>
3. If I share information with others, this is at my own risk	<input type="checkbox"/>
4. I will inform the practice immediately if my records are accessed by someone else without my agreement.	<input type="checkbox"/>
5. If you believe there is inaccurate records, I will contact the practice to discuss	<input type="checkbox"/>

Please signed the form and bring along to reception with 2 forms of identification; one photo and a utility bill.

Signed:	Date:
For office use only	
Photo ID confirmed Yes/No	Address ID confirmed Yes/No
Name of member of staff confirming ID	

A few things to think about

There are a few things you need to think about before registering for online records. On very rare occasions:

Your GP may not think it in your best interest for you to look at your GP records online. If this happens, your GP will discuss their reasons with you. It is up to your GP to decide if you should be allowed access to your online records.

You may see your test results before your doctor has spoken to you about them. This may be when you cannot contact your surgery, or when your surgery is closed. This means you will need to wait until an appointment is available to talk to your doctor.

Information in your medical records might need correcting. If you find something you think is not correct, you should contact your surgery. The staff will be able to answer your questions and set things right when needed. Please bear in mind that you cannot change the record yourself.

There may be information in your medical records that you did not know was there or that you had forgotten about, such as an illness or an upsetting incident. If you see anything you did not know about that worries you, please speak to your surgery and they will discuss this with you.

If you see someone else's information in your record, please log out immediately and let your surgery know as soon as possible.

If you have questions about any of the above points, please talk to your surgery and they will be able to advise you further.

Things to remember

No one should force you to share your username, password or GP records. You have the right to say no. If someone asks to see your records and you don't want them to, tell your surgery as soon as you can.

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

You can choose to stop using online services at any time by telling your surgery.

If you change surgeries, you will need to register again for online services at your new surgery.

More information can be found at <http://www.nhs.uk/aboutNHSChoices/aboutnhschoices/find-and-choose-services/Pages/gp-online-services.aspx>