

NORTH STREET MEDICAL CARE

Please find below information in regard to our practice and an application form.

Please fill out the questionnaire and bring it with you when you book your appointment along with proof of residency (please see below which is acceptable) and all childhood immunisation records (for under 25's)

Patients wishing to register must provide one of each from the below:	
PROOF OF IDENTITY:	<ul style="list-style-type: none"> • Passport (not a photocopy) • Birth Certificate • Photo Driving Licence • Freedom pass
PROOF OF RESIDENCE:	<ul style="list-style-type: none"> • Tenancy agreement/Mortgage agreement • Council Tax Bill • Utility bill (no older than 3 months) • NOT A MOBILE PHONE BILL • Official Letter stating place of residence (Home Office)
PATIENTS FROM OVERSEAS MUST ALSO PROVIDE:	<ul style="list-style-type: none"> • Valid visa (6 months – 2 years) • Passports – for all family members • Student Visa • Anyone coming to the UK to marry someone who is already a resident will have a letter from the Home Office to verify this.
CHILDREN UNDER 5 YEARS:	<ul style="list-style-type: none"> • Birth Certificates or Passports • Child Immunisation history • NHS Number

New patient interviews are offered to all patients who are over 40 years old, if you are aged between 18-40 and you have a long-term condition, or on repeat medications. If you are between 18 and 40 and feel you would like to have a new patient interview, please speak to a receptionist.

All children under 18 years will be required to have a new patient interview.

Please bring with you at the time of your appointment, a urine sample in any small clean container.

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Prescribing Policy

Prescribing

North Street Medical Care is committed to providing the best available care to all our patients. When a prescription is considered necessary, we aim to prescribe the most appropriate drug for the particular patient and condition. Our primary considerations are effectiveness and safety.

Generic prescriptions

Every drug has two names, which can be very confusing. For example NUROFEN is a trade name, or marketing name, of IBUPROFEN, which is the generic or chemical name. Similarly PANADOL is a trade name for PARACETAMOL. They are the same drug. There are good reasons for prescribing generically. The practice has been prescribing generically for several years. The responsibility is that of your doctor, not the pharmacist. If you have a problem with a generic product you must discuss it with your doctor; however we cannot change you to a branded product without a good medical reason, as it is part of the NHS policy.

Prescribing budgets

Each practice in the UK is allocated an annual prescribing budget. We often prescribe very expensive and effective medicines on the grounds of medical need. However, we have a responsibility to use the most cost-effective medication available at the time. We are guided on issues like these by government body NICE, the National Institute of Clinical Effectiveness, whose web address is www.nice.org.uk, and the local prescribing advisers.

Depending on the changing and fluctuating cost of drugs this may mean from time to time we make minor changes to some of your prescriptions but be assured that you will get the medicines you need to treat your condition.

These are policies that we are absolutely committed to in this practice. We hope you will find this acceptable and feel that this is the practice for you.

Online Services

It is practice policy to enroll all new patients who have provided an e-mail address onto our online services to allow patients to book, cancel and amend appointments, request prescriptions and access certain records online. Only patients who have an email address can be registered. The identification you provide as part of the main application process will also be used for the online registration process.

You have the option of opting out of this service in the application form however we strongly encourage all our patients to sign up for this service to avoid queues on the phone and in the practice when booking appointments.

Practice Information

To see the most up to date information on the practice and our staffing please visit our website www.northstreetmedicalcare.co.uk we are also on Facebook and Twitter.

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The Information you provide to us on this form will be treated as confidential and used to ensure a safer registration process. It is entered into your medical records, which needs to be as accurate as possible.

All sections need to be completed.

Personal Details			
Date of completion	First Name:		
Title: Mr /Mrs /Miss /Miss Other.....	Last Name:		
Current Address and Postcode:	Date of Birth: Age:		
How long have you resided in the UK?	Previous Address and Postcode if less than 3 years ago		
Tel Number:	Mobile Number:		
Date of entry to the UK if not from birth:	Are you happy to be contacted by SMS text YES/NO	Are you happy to be contacted by SMS text for pathology results YES/NO	
Communication needs (e.g. vision/hearing impairment):	Email address: Consent to register for online services YES/NO		
Do you have any dependants (e.g. children, anyone else you are a carer for)?			
Have you been registered with North Street before, if so when:			
Your Ethnic Origin:			
White (UK)	White (Irish)	White (Other)	Other Mixed Background
Black or Black British – Caribbean	Black or Black British – African	Chinese	Other (please specify)
Asian or Asian British – Indian	Asian or Asian British – Pakistani	Asian or Asian British – Bangladeshi	
Residency Status			
UK	EU	Non EU	

If this form is for registering a child under 18 please complete	
Who has parental responsibility of your child?	
What country was your child born?	
Is your child fully immunised or are there gaps you are aware of?	
Please list details of immunisations give and dates	
Is your child currently, or in the past has been, under the care or assistance of children's social services?	
What school does your child attend?	
Are there any Safeguarding issues we should be aware of.	

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Smoking and Alcohol Consumption					
Are you currently a smoker?	Yes	No	Have you ever been a smoker?	Yes	No
How much alcohol do you drink in an average week? (In units)			(1 unit is a small glass of wine, single measure of spirit or ½ pint of beer)		
Height			Weight		
Current Blood Pressure if known					
Please tick if you have any current medical problems					
<i>Condition</i>	<i>Yes</i>	<i>Year diagnosed</i>			
Asthma					
COPD					
Heart disease					
Hypertension (high BP)					
Diabetes					
Mental health issues					
Any others not listed:					
Preferred Pharmacy (we encourage patients to utilise the EPS system)					
Name:					
Address:					

Please list any recent referrals and hospital attendances		
What medication are you regularly taking including contraception?		
Name of drug:	Dose (e.g. 25mg):	How often (e.g. twice daily):
Do you have any allergies? To medications or anything else?		

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Family history – Has anyone in your close family (including parents, grandparents and brothers and/or sisters) have any serious illness we should be aware about?

Condition:	Who? (e.g. father)	At what age?	Are they alive and well?

Women only:

When was your last smear done?	Date	What was the result of the smear?	

Summary Care Records

The NHS is changing the way your health information is stored and managed.

The NHS Summary Care record is an electronic record of important information about your health.

It will be available to health care staff providing your NHS Care. An information pack has been provided.

Are you happy to have a Summary Care Record?	Yes	No	More Time Required to decide:

Please note it is practice policy to enroll all new patients who have provided an e-mail address onto our online services to allow patients to book, cancel and amend appointments, request prescriptions and access certain records online. Only patients who have an email address can be registered. If you do not wish to take advantage of this system please tick this box.

I confirm this is a true and honest declaration, that I currently reside within Havering at the stated address and I have provided you with all relevant and important aspects of my medical health and history.

Signed: _____ Date: _____