

## Patient's details

Please complete in BLOCK CAPITALS and tick  as appropriate

Mr    Mrs    Miss    Ms   Surname \_\_\_\_\_  
 Date of birth \_\_\_\_\_ First names \_\_\_\_\_  
 NHS No. \_\_\_\_\_ Previous surname/s \_\_\_\_\_  
 Male    Female   Town and country of birth \_\_\_\_\_  
 Home address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_ Telephone number \_\_\_\_\_

## Please help us trace your previous medical records by providing the following information

Your previous address in UK \_\_\_\_\_ Name of previous GP practice while at that address \_\_\_\_\_  
 \_\_\_\_\_ Address of previous GP practice \_\_\_\_\_  
 \_\_\_\_\_

## If you are from abroad

Your first UK address where registered with a GP \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 If previously resident in UK, date of leaving \_\_\_\_\_ Date you first came to live in UK \_\_\_\_\_

## Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas:    Regular    Reservist    Veteran    Family Member (Spouse, Civil Partner, Service Child)  
 Address before enlisting: \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_  
 Service or Personnel number: \_\_\_\_\_ Enlistment date: DD MM YY   Discharge date: DD MM YY (if applicable)  
*Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.*

## If you need your doctor to dispense medicines and appliances\*

I live more than 1.6km in a straight line from the nearest chemist  
 I would have serious difficulty in getting them from a chemist  
 Signature of Patient    Signature on behalf of patient  
 \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*Not all doctors are authorised to dispense medicines*

### NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

- Any of my organs and tissue or  
 Kidneys    Heart    Liver    Corneas    Lungs    Pancreas

Signature confirming my consent to join the NHS Organ Donor Register   Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit [www.organdonation.nhs.uk](http://www.organdonation.nhs.uk) or call 0300 123 23 23 to register your decision.*

### NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature confirming my consent to join the NHS Blood Donor Register   Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*My preferred address for donation is: (only if different from above, e.g. your place of work)*

\_\_\_\_\_ Postcode: \_\_\_\_\_

*All blood types are needed, especially O negative and B negative. Visit [www.blood.co.uk](http://www.blood.co.uk) or call 0300 123 23 23.*

**NHS England use only**   Patient registered for    GMS    Dispensing

## To be completed by the GP Practice

Practice Name

Practice Code

 I have accepted this patient for general medical services on behalf of the practice

 I will dispense medicines/appliances to this patient subject to NHS England approval.

*I declare to the best of my belief this information is correct*

Authorised Signature

Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Practice Stamp

**SUPPLEMENTARY QUESTIONS QUESTIONS** - These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

### PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

**You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.**

**The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.**

**Please tick one of the following boxes:**

- a)  I understand that I may need to pay for NHS treatment outside of the GP practice
- b)  I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- c)  I do not know my chargeable status

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

**A parent/guardian should complete the form on behalf of a child under 16.**

<b>Signed:</b>		<b>Date:</b>	DD MM YY
<b>Print name:</b>		<b>Relationship to patient:</b>	
<b>On behalf of:</b>			

**Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.**

### NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a <b>non-UK</b> EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</i></p>	Country Code:	
	3: Name	
	4: Given Names	
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	DD MM YYYY
	PRC validity period (a) From:	DD MM YYYY

Please tick  if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff.**

**How will your EHIC/PRC/S1 data be used?** By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

Computer Number: \_\_\_\_\_

**NEW PATIENT QUESTIONNAIRE**

Welcome to the Crown Medical Centre. To help us provide you with the best possible service, we would be very grateful if you would take the time to answer the following questions. Thank you.

<b>Surname:</b>	<b>Title:</b> Mr/Mrs/Miss/Dr/Other
<b>Forenames:</b>	<b>Previous Surname:</b>
<b>Date of Birth:</b>	<b>NHS Nmb:</b>
<b>Gender:</b>	<input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Under specialist gender identity clinic
<b>Gender at birth:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Address:</b>	
<b>Postcode:</b>	<b>Home Phone:</b>
<b>Email:</b>	<b>Mobile Phone:</b>
Are you happy to be contacted via SMS (text messaging) for appointment reminders? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Have you been registered here before?**  Yes  No

**NEXT OF KIN**

Name:	Relationship:
Address (if different from above):	
Telephone Nmb:	

**ARE YOU A CARER?**

Yes  No      If yes for whom? (e.g. husband/wife/child) \_\_\_\_\_

**MARITAL STATUS**

<input type="checkbox"/> Single	<input type="checkbox"/> Separated
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
<input type="checkbox"/> Living with partner	<input type="checkbox"/> Widowed

**ETHNICITY DATA**

White	Black	Asian	Mixed
White British	Caribbean	Indian	White & Black Caribbean
Whit Irish	African	Pakistani	White & Black African
Other white	Other Black	Bangladeshi	White & Black Asian
		Chinese	Any other mixed background
		Other Asian	
Other (please specify):			
Please state your first language:			

Computer Number: \_\_\_\_\_

**FAMILY HISTORY**

Does anybody in your family have any of the following illnesses? (Please tick and say who)

Condition		Relative	Condition		Relative
High Blood Pressure			Diabetes		
Heart Attack			Asthma		
Angina			Glaucoma		
Stroke (CVA)			Epilepsy		
Cancer – Where?			High Cholesterol		

**WOMEN ONLY**

How many pregnancies have you had?			
How many children do you have?			
Date of birth(s) of children			
Date of last cervical smear?			
What contraceptive method do you use?			
<input type="checkbox"/> Pill	<input type="checkbox"/> Depo	<input type="checkbox"/> Coil	<input type="checkbox"/> Implant
Date of replacement (coil & implant only):			

**MEDICAL HISTORY**

**Past Medical History:**

Please state any on-going illnesses or disabilities or any significant past illnesses, operations or accident and the years they happened or started.

**Current Medication:**

Please list medications that you are taking at the present time and the dosage – Please attach a medication list or “right hand side” if you can.

**Allergies:**

Please state any allergies that you have and the date which they started.

**LIFESTYLE INFORMATION**

Weight: _____	Height: _____	BMI: _____
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**DO YOU EXERCISE AT ALL?**

<input type="checkbox"/> Not at all	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently	<input type="checkbox"/> A lot	<input type="checkbox"/> Not physically capable
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**DO YOU SMOKE?**

<input type="checkbox"/> Never	<input type="checkbox"/> Current smoker	<input type="checkbox"/> Ex-smoker	<input type="checkbox"/> Roll ups	<input type="checkbox"/> Pipe	<input type="checkbox"/> Cigars
If yes, how many a day? _____					

**ALCOHOL AUDIT**

	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+
How often have you had 6 or more units if female or 8 or more units if male, on a single occasion this year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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
How often during the last year have you needed an alcoholic drink in the morning, to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
Have you or somebody been injured as a result of your drinking?	No		Yes but not in the last year		Yes – During the last year
Has a relative or friend, doctor or health worker been concerned about you're drinking or suggest that you cut down?	No		Yes but not in the last year		Yes – During the last year

**Scoring:**

0 – 7	Lower risk
8 – 15	Increasing risk
16 – 19	Higher risk
20+	Possible Dependence

**TOTAL SCORE:** \_\_\_\_\_

Computer Number: \_\_\_\_\_

**VACCINATION HISTORY**

Please give us the date of your last vaccinations:

Tetanus vaccination	
Polio vaccination	
Shingles vaccination	
Pneumococcal vaccination	

If you have a copy of your immunisations from your previous GP surgery, please attach them to this questionnaire.

## FOR PATIENT INFORMATION

### **Welcome to The Crown Medical Centre**

The aim of this booklet is to provide you with all the useful information you will need, including information about the doctors, nurses, and services that we offer.

### **Opening hours**

Doors and telephone lines are open, Monday – Friday 08.30 – 18.30. We do offer extended hours telephone appointments which are done in the evening; please let reception know if you require one of these. If you require medical advice or treatment after our opening hours, please contact NHS 111 for further advice and in a medical emergency, please dial 999.

### **Making appointments**

The practice offers different types of appointments to cater for the many different needs of our patients. We offer a limited number of slots that can be booked in advance, morning and afternoon. These are usually about four weeks ahead and can be booked as follow ups for routine reviews. We also open a bundle of slots every morning which are bookable on the day for both routine and urgent appointments.

### **Telephone appointments**

The GP's can offer telephone consultations, where you can leave a message with reception with an up to date phone number and ask for the doctor to ring you back. Please be aware that this may not be on the same day if it is very busy, however you feel you need to speak to someone urgently that day, the receptionist will be able to help you.

### **Doctor's working days**

Doctor	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Dr Lucy Pendered	√				√	√	√			
Dr Anna Lambert	√		√	√			√	√		
Dr Laurence Huntley	√						√	√		√
Dr Thomas Langston	√	√	√	√					√	√
Dr Kate Foot		√	√	√					√	
Dr Rebecca Moss	√				√	√	√			
Dr Hannah Jenkins		√	√	√			√	√		
Dr Bryan McElroy		√			√	√			√	

### **Nurse appointments**

We have a very experienced and friendly team of practice nurses, with certain specialities including diabetes, asthma, COPD, anti-coagulation. Our nurses provide a wide range of services including blood tests, dressings, ear syringing, cervical smears, ECGs, blood pressure monitoring, pill checks, diabetic reviews, travel advice and flu vaccines.

#### **Our practice nurses are:**

- Mrs Krissie Bromly – Lead Nurse
- Miss Elizabeth Towler
- Mrs Janet Pinder
- Mrs Keeley Angrave
- Ms Sophie Illingworth

#### **The Management Team:**

Our practice manager is Mrs Claire Gregory, who has responsibility for the management of the practice. If you would like to discuss any queries, problems or grievances or wish to make a constructive suggestion as to how we could improve our services, please either ask to speak to her or write. Claire is supported by a team of experienced managers and staff each with their own role who will be more than happy to help you as well.

#### **Receptionists and their role:**

The reception staff play a key role in ensuring you receive the best service from the Crown Medical Centre. They are here to help you to arrange appointments, deal with all your requests and arrange telephone consultations or home visits as necessary.

**Our reception staff are:**

Mrs Sharon Grinter (Reception supervisor)	Mrs Vivienne Postma (Operations assistant)
Mrs Melanie Bromiley (Prescriptions lead)	Mrs Jane Bennie (Contract Administrator)
Mr Michael Brimacombe	Mrs Gabrielle Armstrong
Miss Louise Chidzey	Miss Maddison Bryant
Miss Laura Rossiter	
<b>Our medical secretaries are:</b>	
Miss Charlotte Barham (Executive Assistant)	Mrs Louise Gorringe
Miss Keira Bird	

**Prescription service:**

Our Prescription Service is run by a dedicated team of Prescription Clerks who are there to help you. They deal with the day to day running of the prescription service, including issuing medications, updating patients records, reminds patients of review dates and dealing with all enquiries regarding medication.

**Ordering and collecting medication:**

You can order a repeat prescription by using one of the following methods:

- In person
- By post
- Our website (You will need to speak to reception to sign up to online services)
- Telephone line – The phone line is open Monday 10.00 – 13.00 and 14.00 – 16.00, Tuesday to Friday 10.00 – 12.30 and the number is **01823 250150**.

**Do not leave ordering your repeat medications until you have run out. Please order it well before you are due to run out as it will take at least 72 hours to process your request.**

If you have signed up for prescriptions to be sent to a pharmacy of your choice, you must allow 3 working days before it can be collected from the pharmacy. Many chemists operate a prescription collection service whereby you can then collect your medication straight from the pharmacy. For housebound patients, they can offer a home delivery service.

**Primary Care Practitioner:**

We also have Mark Hayden working with us. Mark was previously a paramedic, and can deal with all minor ailments. Mark also does many of our home visits.

**District Nursing Team:**

The District Nurses work very closely with the surgery and provide nursing care to patients in their own home. They provide support for families and carers, pre and post-operative care, incontinence help, leg ulcer assessment and advice. Patients may be referred to the service via the GP's, hospital or other appropriate agencies.

**Midwife Appointments:**

Our surgery midwife is Tracy Muston. Tracy is available for antenatal care and early postnatal care and provides advice on all aspect of maternity care. If you know or think you are pregnant, you do not need to make an appointment with a GP unless you are concerned about your pregnancy. All you need to do is book a first "booking" appointment with Tracy.



Our Local health authority no longer accepts the paper patient register form (GMS1) as all the information transfers electronically; therefore any information added about organ donation will not be used. If you would like more information on being a donor please read the information below.

### **How to donate**

The NHS Organ Donor Register is a confidential national database that holds the details of around 21 million people who want to donate their organs when they die.

Adding your name to the register and telling your family and friends that you want to be a donor will make it easier for them to agree to donation in the event of your death.

You can join the register in a number of ways. For example, you can:

- Complete an online form at <https://www.organdonation.nhs.uk>
- Call the free NHS Donor line on 03001232323 – lines are open 24 hours a day, 365 days a year.
- Text SAVE to 62323

## **APPOINTMENTS AT THE CROWN MEDICAL CENTRE**

### **DID YOU KNOW?**

- You CAN pre-book appointments
- You CAN book on-line for all doctor appointments

### **Pre-booking**

All GPs have appointments on the system for at least one month (even up to 6 weeks) ahead. Within each surgery session there are a number of slots available to book in advance. If you need to make a further appointment with your doctor to review a problem in a couple of weeks, please pre-book an appointment rather than ringing on the day.

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### **On-line appointments**

You need to register to do this but it is easy. Please bring 2 lots of ID to reception (photo ID and proof of address) and we can arrange access to on-line booking.

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### **On the day appointments**

You can of course ring on the day for an appointment, but this does mean that the appointments could be fully booked. We also have our primary care practitioner Mark available every day to see minor illnesses.

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### **Getting the right appointment**

You may be asked by the receptionist to give an idea as to the nature of your problem. Please do not be offended by this, it is to help fit you into the right type of appointment with the most suitable person (doctor/nurse/midwife etc.). The doctors and nurses have different areas of expertise so it is beneficial for you to see the most appropriate person. However, there is absolutely no obligation to give this information if you would rather not.

Please refer to the practice website at [www.crownmedicalcentre.nhs.uk](http://www.crownmedicalcentre.nhs.uk) or NHS Choices for more information on our appointments system.