ALVASTON MEDICAL CENTRE
14 Boulton Lane
Alvaston
Derby, DE24 0GE
Tel: 01332 755990
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AMC

Dr S Archer
Dr S Mathew
Dr J Palmer

New Patient Registration Form: Please complete all fields using CAPITAL LETTERS, clearly and accurately in order for us to register you promptly. Errors on your registration form may cause a delay in your registration.

Title:	**First name:**	**Surname:**	**DOB:**
Home number: **Mobile number:**		**Email address:**	
I consent to receiving SMS messages / emails for appointment confirmations / reminders etc. **Yes** ☐ **No** ☐		**Please list any allergies (e.g. medications, foods, animals) or any other information which may be important for us to know:**	
Do you have a carer? **Yes** ☐ **No** ☐	**Carer's Details** **Name:** **Contact Number:**	**Are you a carer?** **Yes** ☐ **No** ☐	**Patient you care for** **Name:** **DOB:**

Next of kin details
Name: **Contact Number:** **Relationship:**

Ethnic Group (Please tick)

White ☐	British	☐ Irish	
Black ☐	Caribbean	☐ African	
Asian ☐	Indian	☐ Pakistani	☐ Chinese
Mixed ☐	White & Black Caribbean	☐ White & African	☐ White & Asian

Other:

Main Language:

Have you ever had any of the following conditions? (Please tick)

Epilepsy	☐	Rheumatoid Arthritis	☐ **(Book review with GP)**
High Blood Pressure	☐	Mental illness	☐ **(Book review with GP)**
Heart Attack	☐	Diabetes (Type 1 or 2)	☐ **(Book review with Nurse)**
Angina	☐	Asthma	☐ **(Book review with Nurse)**
Stroke	☐	COPD	☐ **(Book review with Nurse)**
TIA	☐	Cancer	☐ **(Book review with GP)**
Osteoporosis	☐	Other:	

Smoking & Alcohol Status

Cigarette Smoker	☐	How many per day?
Cigar Smoker	☐	How many per day?
Ex-smoker	☐	When did you quit?

Other (please specify what you smoke):

Would you like advice on quitting? Yes ☐ No ☐

You can self-refer to LiveWell Derby by calling 01332 641254

Alcohol Intake (Please answer all 4 questions)	**0**	**1**	**2**	**3**	**4**
1. How often do you have 8 (men) / 6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
2. How often in the last year have you not been able to remember what happened when drinking the night before	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
3. How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. Has a relative / friend / doctor / health worker been concerned about your drinking or advised you to cut down?	No	_	Yes - not in the last year	_	Yes – during the last year

Score (to be reviewed if 3 or more):

Your named accountable GP is Dr Jennifer Palmer. Your GP is responsible for your overall care at the practice. If you have a different preference please let us know. The practice will make reasonable efforts to accommodate your request.

OFFICE USE Received by: Date Received: Registration Date:

Summary Care Record (SCR's are created for all new patients unless you opt. out) Please tick one option.

Express consent for medications, allergies and adverse reactions only ☐
Express consent for medication, allergies, adverse reactions and additional information ☐
Express dissent – patient does not want a summary care record ☐

The SCR is an electronic record of important patient information, created from GP medical records. It can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care e.g. A&E / 111

Record Sharing (with other organisations e.g. District Nurses, Community Podiatry, Dieticians, Diabetes Services etc.)

Does the patient consent to the **sharing of data** recorded here with any other organisation that may care for the patient?

Yes ☐ No ☐

Does the patient consent to the **viewing of data** by this organisation that is recorded at other care services that may care for the patient?

Yes ☐ No ☐

Online Services

When you have successfully been registered you'll be able to register to use our online services. Online services allow you to book appointments, order repeat prescriptions and view your coded medical record via the internet. Please ask at reception if you would like to register for this service. We will need to see two forms of ID to provide you with a password for this service. We may also need you to complete some additional forms.

Repeat medications please provide us with a printed list of your current repeat medications. Your medications may need to be reviewed before they can be issued by your new GP. Please allow enough time for this. Once you are fully registered, repeat medication requests are processed within 48 hours. Acute (one off) requests are processed within 5 working days.

Patient Participation Group (PPG)

The purpose of the PPG is to review feedback from service users. We meet a few times a year to ensure that patients and carers are involved in decisions about the range, shape and quality of services provided by our practice.

Would you like to join our PPG? Yes ☐ No ☐

Signature of patient: **PRINT NAME:**

Signature on behalf of patient: **PRINT NAME:**

Date:

PLEASE RETURN YOUR COMPLETED FORM AND ID TO THE RECEPTION DESK AT ALVASTON MEDICAL CENTRE. REGISTRATION COULD TAKE UPTO ONE WEEK