**Meadowview Surgery**

**(Dr S H K Sukhavasi & Partners)**

**Nelson Street, Atherton, Manchester, M46 0LE.**

**Phone 01942481060;** [**www.meadowviewsurgery.co.uk**](http://www.meadowviewsurgery.co.uk)

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**New Patient Registration Form**

**Disclosure**

**Appointments**

Appointments are available on the day by completing a request via askmygp website on the day that is most convenient to you. We would recommend the request to be submitted before 9.30am on the day using practice website [www.meadowviewsurgery.co.uk](http://www.meadowviewsurgery.co.uk) or using the link <https://my.askmygp.uk/?c=P92626>

You could also ring practice on 01942481060.

You can prebook nurse appointments. We also offer late evening and weekend appointments via GP Alliance (Federated model)

**Zero Tolerance**

We treat every patient with dignity and respect. We would request patients to understand the pressures NHS staff are working under and request to treat them with respect. Any verbal or physical aggression or insult or any racial abuse comments would trigger action as per practice zero tolerance policy (found at [www.meadowviewsurgery.co.uk](http://www.meadowviewsurgery.co.uk)).

**Medication Prescribing & Reviews**

The new NHS prescribing guidelines have set rules on what medications a clinician can prescribe and how to continue.

As per new guidelines, practice doesn’t prescribe medications classed as Z or Controlled drugs (like sleeping tablets, Diazepam, Pregabalin, Gabapentin, Tramadol or Morphine).

If you are already on these medications from previous practice, you need to agree for a review of medication and supported reduction/ weaning plan to be put in place.

<https://gmmmg.nhs.uk/wp-content/uploads/2023/12/NHSGM-Safe-Management-of-Medicines-within-GP-Practices-An-Example-of-Good-Practice-final-for-web.pdf>

<https://gmmmg.nhs.uk/wp-content/uploads/2021/08/Benzodiazepine-and-Z-drug-Resource-Pack-GMMMG-FINAL-v1-0-for-GMMMG-website.pdf>

Please sign here to agree compliance: Click or tap here to enter text.

Date: Click or tap here to enter text.

***For patients 16 and above please ensure 2 copies of ID (1 photo ID and 1 utility bill with proof of address) are provided to surgery. Every new patient 11 and above needs a new patient medical check with nurse.***

**About you**

|  |  |
| --- | --- |
| Surname: Click or tap here to enter text. | Forename: Click or tap here to enter text. |
| Date of Birth: Click or tap here to enter text. | NHS number: Click or tap here to enter text. |
| Gender (optional): Click or tap here to enter text. | Preferred title: Click or tap here to enter text. |
| Address: Click or tap here to enter text. | Telephone: Click or tap here to enter text. |
| Mobile: Click or tap here to enter text. |
| Email: Click or tap here to enter text. |
| Occupation: Click or tap here to enter text. |
| Consent to contact you on mobile Y  N  Consent to contact by email or letter Y  N | Main Language: Click or tap here to enter text.  Religion (optional): Click or tap here to enter text. |
| Do you speak English Y  N | Interpreter needed Y  N |
| Ethnicity- British/ Mixed British  Irish  Indian  Pakistani  African  Caribbean  Chinese  Other  (please state): Click or tap here to enter text. | |
| Country of Birth/ Origin: Click or tap here to enter text. | When did you move to UK (if applicable): Click or tap here to enter text. |
| Nationality: Click or tap here to enter text. | Asylum seeker Y  N |
| Do you have a carer Y  N | Your carer details: Click or tap here to enter text. |
| Do you consent to contact your carer Y  N |
| Are you a carer yourself Y  N |
| Next of Kin: Click or tap here to enter text. | Next of Kin details: Click or tap here to enter text. |
| Emergency Contact details (if any): Click or tap here to enter text. |
| Do you hold a lasting power of attorney for health (please provide a copy for records)  Y  N | Do you hold a lasting power of attorney for current affairs Y  N |
| Do you have DNACPR (do not attempt cardiopulmonary resuscitation) in place Y  N | |
| **Service Families and Military Veterans** | |
| I am a Military Veteran | I am currently serving in reserved forces |
| I am married/ partner to a Veteran | I am married/ partner to a serving member |
| I am under 18 and my parent is Veteran | I am under 18 and my parent is in forces |
| Do you any disabilities Y  N | Details of Disability: Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Summary Care Records (SCR)/ Local Shared Electronic Health Record (LHCR)**  SCR holds important information about your name, contact details, NHS number, basic information about current medical problems, any medications you are taking, allergies you have. It is vital that the treating healthcare staff have access to the information when attending to your medical needs away from GP surgery or in emergencies. This would help to prevent any serious medical errors. For more information visit <https://digital.nhs.uk/services/summary-care-records-scr>  I give permission for SCR/ LHCR  I wish to opt out for SCR/ LHCR | |
| **Electronic Prescribing (EPS)**  EPS allows prescribers to send prescriptions electronically to a pharmacy of patient’s choice. This makes prescribing process more efficient, safe and convenient for patients and staff. As a practice we encourage all patients to opt for electronic prescribing.  I give consent for EPS  I do not give consent for EPS  Choice/ Nominated Pharmacy Details: Click or tap here to enter text. | |
| **Donation Wishes**  If you live in England, Wales or Jersey, are not in a group excluded from opt out legislation and you have not registered an organ donation decision, it is considered that you agree to be an organ donor (deemed consent). If you do not want to donate your organs, then you should register your decision to refuse. To do so visit <https://ardens.live/Organ-donation-opt-out>  Do you have an organ donor card or are you on organ donor register Y  N  Have you opted out Y  N | |
| Do you donate blood Y  N | Are you Jehovah Witness Y  N |

**Your Health Details**

Do you have any of the following health conditions

|  |  |
| --- | --- |
| Diabetes Y  N | Hypertension Y  N |
| Stroke/Ministroke Y  N | Heart disease Y  N |
| Epilepsy Y  N | Cancer Y  N |
| Asthma Y  N | COPD Y  N |
| Dementia Y  N | Thyroid problems Y  N |
| Learning disabilities Y  N | Mental Health condition Y  N  (Details): Click or tap here to enter text. |
| Other: Click or tap here to enter text. | |

Do you take any medications on regular basis (please attach copy of your repeat medication list)

|  |  |
| --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

Do you have any **allergies** both medical and non medical? Y  N

Details: Click or tap here to enter text.

**Smoking Status**

|  |  |
| --- | --- |
| Never Smoked Y  N | User of electronic cigarette/ Vape Y  N |
| Ex-smoker Y  N  Previous smoking details- how long did you smoke: Click or tap here to enter text. When did you stop: Click or tap here to enter text. How many per day: Click or tap here to enter text. what did you smoke: Click or tap here to enter text. | |
| Current smoker Y  N  What do you smoke: Click or tap here to enter text. How many per day or gm/week: Click or tap here to enter text. | |
| Do you use Cannabis Y  N | Do you use any recreational drugs Y  N  Details: Click or tap here to enter text. |

**Alcohol consumption**

|  |
| --- |
| Do you Drink alcohol Y  N  Units per week: Click or tap here to enter text. |
| Details (please include infrequency & type of drinks per week): Click or tap here to enter text. |

Height (if known): Click or tap here to enter text. Weight in Kg (if known): Click or tap here to enter text.

Additional information (if any): Click or tap here to enter text.