

New Patient Registration: Barbauchlaw Medical Practice

| | |
|--|------------------------------|
| Name: | Date of Birth: |
| Ethnicity (see attached sheet for info): | Emergency Contact: |
| Do you require an interpreter, if YES in which language? | Name: |
| Height: | Address: |
| Weight: | Telephone: and email address |

Employment status – Employed/Unemployed/Retired/Self-employed.

What is your job title? -

Medical problems -Please list any medical problems that you have had or operations.

| Date | Medical problem/Operation |
|------|---------------------------|
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Are you taking any medication? If yes, please list below – If you have a repeat prescription slip from your previous medical practice, please attach it to this form.

| Name of drug | How many times each day is the drug taken? | Dose of drug |
|--------------|--|--------------|
| | | |
| | | |
| | | |
| | | |

ALLERGIES

Yes

No

| | | |
|----------------------------|--|--|
| Do you have any allergies? | | |
| If YES, please list. | | |

SMOKING

Yes

No

| | | |
|-----------------------|--|--|
| Do you smoke? | | |
| Have you ever smoked? | | |

Carers – The practice recognises that carers need specific support and would therefore like to know if you care for a family member or friend.

Are you a Carer? Yes / No

Family history - Have any of your family i.e., Father, Mother, Brothers or Sisters suffered from **diabetes** or **heart disease**? If yes, please fill in the box below.

| | Who was affected and what were their ages when FIRST affected |
|----------------------------------|---|
| Diabetes | |
| Heart disease/Cardiac conditions | |

Does any other illness run in your family e.g., **high blood pressure, high cholesterol, cancer (please specify type), glaucoma**? Please list below in the box.

| Illness | Who was affected and what were their ages when first affected? |
|---------|--|
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Alcohol - Please tick the statement which most closely describes your usual average alcohol intake (1 Unit = 1 glass wine, ½ pint of beer or a single measure of spirit). *It is advised that women drink no more than 14 units per weeks and that men drink no more that 21 units per week.*

| | | | | | |
|-----------------------|--------------------------|---------------------------------------|--------------------------|--|--------------------------|
| I never drink alcohol | <input type="checkbox"/> | I drink within the recommended limits | <input type="checkbox"/> | I drink more than the recommended limits | <input type="checkbox"/> |
|-----------------------|--------------------------|---------------------------------------|--------------------------|--|--------------------------|

Exercise - Healthy exercise usually involves activity that usually lasts for at least 20 minutes, raises the pulse, and produces hard breathing. In younger people this might be running, cycling, aerobics or swimming or for older people this may be a brisk walk. How often do you take this type of exercise? Please tick the box which applies to you.

| | | | | | | | |
|-------|--------------------------|----------------|--------------------------|-------------|--------------------------|--------|--------------------------|
| Daily | <input type="checkbox"/> | 4 times weekly | <input type="checkbox"/> | Once weekly | <input type="checkbox"/> | Seldom | <input type="checkbox"/> |
|-------|--------------------------|----------------|--------------------------|-------------|--------------------------|--------|--------------------------|

| | |
|-------------------------|--------------------------|
| I am unable to exercise | <input type="checkbox"/> |
|-------------------------|--------------------------|

Female patient's only - Cervical smears - The practice advises Cervical Smears for the 20-60 age groups every 3 years.

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|---|--------------------------|---|--------------------------|
| Are you up to date with your smears? YES / NO / Not Applicable | <input type="checkbox"/> | Please tick if you have never had a smear | <input type="checkbox"/> |
|---|--------------------------|---|--------------------------|

BBV testing for all new patients: We offer testing for Hepatitis C to all new patients joining the surgery. In Scotland, treatment for Hepatitis is FREE whatever your immigration status.

Would you like us to contact you to book a test for you - **Yes/No?**

Keeping us up to date: Please make sure that you keep your contact details, including contact phone numbers up to date. It is vital that we have a means to always contact you. The surgery cannot be held responsible for the misdirection of information if your contact is out of date. You can nominate a family member as your contact – please contact our admin team if you wish to do so.

| | |
|----------------------|------|
| Signature of patient | Date |
|----------------------|------|

ETHNICITY FORM – READ Coding template.

NAME: _____

DATE OF BIRTH: _____

What is your **ethnic group**? (Tick **ONE** box which best describes your ethnic group)

A. WHITE

- | | |
|---|------|
| <input type="checkbox"/> Scottish | 9S13 |
| <input type="checkbox"/> Other British | 9S10 |
| <input type="checkbox"/> Irish | 9S11 |
| <input type="checkbox"/> Gypsy / Traveller | 9T2 |
| <input type="checkbox"/> Polish | 9i2F |
| <input type="checkbox"/> Other white ethnic group | 9S12 |

B. MIXED OR MULTIPLE ETHNIC GROUPS

- | | |
|--|-----|
| <input type="checkbox"/> Any mixed or multiple ethnic groups | 9SB |
|--|-----|

C. OTHER NATIONALITIES

- | | |
|---|------|
| <input type="checkbox"/> Pakistani, Pakistani Scottish or Pakistani British | 9S7 |
| <input type="checkbox"/> Indian, Indian Scottish, or Indian British | 9S6 |
| <input type="checkbox"/> Bangladeshi, Bangladeshi Scottish or Bangladeshi British | 9S8 |
| <input type="checkbox"/> Chinese, Chinese Scottish, or Chinese British | 9S9 |
| <input type="checkbox"/> Other Asian, Asian Scottish, or Asian British | 9SH |
| <input type="checkbox"/> African, African Scottish, or African British | 9S3 |
| <input type="checkbox"/> Other African | 9SA |
| <input type="checkbox"/> Caribbean, Caribbean Scottish or Caribbean British | 9S2 |
| <input type="checkbox"/> Black, Black Scottish, or Black British | 9S41 |
| <input type="checkbox"/> Other Caribbean or Black | 9SG |
| <input type="checkbox"/> Arab, Arab Scottish, or Arab British | 9iF9 |
| <input type="checkbox"/> Other ethnic group | 9SJ |

Online Services - Patient registration form

If you would like to register for online services with Barbauchlaw Medical Practice, please complete the form below and return it, **along with a valid form of identification, for example photo ID**. Once you are registered the practice will give you the information that will enable you to create a username and password. Please allow up to 3 working days to be registered.

By signing this document you have read and agreed to the [terms and conditions](#) for this service.

| <i>Patient details</i> | <i>Please complete in BLOCK CAPITALS</i> |
|--|--|
| Patient forename | |
| Patient surname | |
| Date of birth | D D / M M / Y Y Y Y |
| Email address | |
| Shared email address - | <p>If you are sharing your email address with other people, Barbauchlaw Medical Practice cannot protect any information you provide against access from the other users of your email address, nor can Barbauchlaw Medical Practice prevent other users of your email address from viewing or receiving emails from the Practice intended for you.</p> <p>Barbauchlaw Medical Practice will deactivate online access for any child sharing an email address with a parent or another person when they reach the age of 16yrs. They should then re-register for online services using an email address of their own.</p> <p>Once you are registered you will receive a token ID code which you should use to access your online account. You will receive this via the email address you provided.</p> |
| Mobile number | |
| Signature | |
| Date | D D / M M / Y Y Y Y |
| Completing the form on behalf of the patient? | |
| Print forename | |
| Print surname | |
| Relationship to patient | |
| Signature | |
| Date | D D / M M / Y Y Y Y |

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| | |
|------------------------------|--------------------------------|
| <i>Staff use only</i> | |
| Patient ID seen | |
| Type of ID | |
| Staff name | |
| Date | D D / M M / Y Y Y Y Code: #91B |

Terms and Conditions for online services

Patient to keep this copy.

We offer an online service for our patients so you can order your repeat prescriptions online at your convenience.

Passwords

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should contact the surgery immediately. Your account will be inactivated, and you will be required to set up a new account with new login details.

Shared Email Address

We strongly advise against the sharing of email addresses between friends and family members. We recommend that for online access, each family member 16yrs and over has an individual email address registered with the practice.

Should you choose to register for online services with a shared email address, you must be aware that Barbauchlaw Medical Practice cannot protect any information you provide against access from the other users of your email address, nor can Barbauchlaw Medical Practice prevent other users of your email address from viewing or receiving emails from the practice intended for you.

Children and patients with incapacity

Children under 16yrs and patients with incapacity can be registered with a parent's or guardian's email address. Barbauchlaw Medical Practice will deactivate online access for any child sharing an email address with a parent or another person when they reach the age of 16yrs at the latest. They can then re-register for online services with the surgery using an email address of their own.

Abuse of the System

The practice reserves the right to remove online service access for anyone that does not use it responsibly. This includes continued non-attendance of booked appointments.