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Salisbury House Surgery

New Patient Registration

Thank you for your request to register at Salisbury House Surgery. We would like to welcome you to the practice.

Please find accompanying this letter the Registration pack which you will need to complete in order for us to register you with our Surgery.

Everyone registering at the surgery must complete and sign the NHS form GMS1 (the purple form).

You must complete the NHS number (contact your previous surgery if necessary)

Submit this information in person between 08.30am and 18.00.

We also need to see evidence of identity:

- Photographic proof of ID – passport or photo card driving licence

To qualify for NHS treatment you must be resident in the UK and be able to prove your eligibility.

For UK and European Economic Area (EEA) nationals you will need to provide:

- Tenancy/leasing agreement/
- Council Tax/utility bill showing your name
- Copy of work contract or letter from employer stating length of employment
- Letter from college/university proving registration and attendance on course

People not covered by EEA will need to provide:

- Passport and visa which states they have the right to reside (NOT visitors visa)

We also need everyone to complete our Patient Information Questionnaire as this allows us to have initial information about you while we wait for your medical records to come to us from your previous practice. You must complete the questionnaire –failure to do so will result in you not being registered.

Nursing/care homes will need to submit Advanced Care Plans when registering their patients.

Please allow 48 hours for your registration to be processed.

Please visit our website www.salisburyhousesurgery.co.uk for further information regarding opening times, staff, and services.

We are a Summary Care Record practice. If you wish to opt out of this scheme please download the form from our website or ask a member of the reception team for a form.

The practice has Patient Participation Group (PPG) – please visit our website.

SALISBURY HOUSE SURGERY, LAKE STREET, LEIGHTON BUZZARD

PATIENT INFORMATION QUESTIONNAIRE

You need to complete this form before we can register you

This form is lengthy but it helps to plan services. All information you provide will be treated in strict confidence and in accordance with all data protection legislation.

PERSONAL DETAILS (Please complete in block capitals as appropriate)

Family Name: **First Name:**

Address:

Post code: **Date of Birth:**

Occupation:

Home telephone: **Work telephone:**

Mobile telephone: **Do you consent to the practice sending you SMS text messages? YES / NO** (If this is not answered your questionnaire will be returned to you).

(Please indicate (by circling) which number you would prefer us to contact you on during the day)

Email address:

Are you agreeable to receiving information from Salisbury House Patient Participation Group - YES / NO please circle.

Name of next of kin **Relationship to you:**

Next of kin contact telephone:

What is your ethnicity group? Please tick next to the category.

White	Mixed	Asian or Asian British	Black or Black British	Other ethnic group
British	White and Black	Indian	Caribbean	Chinese
Irish	Caribbean	Pakistani	African	Vietnamese
Other white – please specify	White and Black African	Bangladeshi	Other Black background	
	White and Asian	Other Asian background		
If none of the above please specify				
Prefer not to state ethnic group <input type="checkbox"/>				

What is your main spoken language?

Are you ex-armed forces?

DISABILITY/SPECIAL NEED

Do you have any disability or special needs, including visual or hearing impairments? If so, please describe below:

.....
CARER DETAILS

A carer is a person who looks after a relative, friend or child with a physical or learning disability; or who has a mental health problem, a long term illness or who is frail. This definition does not include those who are paid carers.

Are you a carer? YES NO
Do you have a carer? YES NO

Your carer's name:

Your carer's telephone number:

YOUR MEDICAL HISTORY

Do you have any ongoing/significant medical history?.....
.....

MEDICATION

If you need regular prescriptions please make an appointment to see a doctor before your next medication is required. We are unable to issue any prescription until you have discussed your medication with a GP.

Do you have any drug allergies: YES NO

If yes, please list what these are:

Please nominate the chemist you would like to collection your prescription/medication from:
.....

WHAT IS YOUR HEIGHT?

WHAT IS YOUR WEIGHT?

EXERCISE

Do you take 30 minutes of vigorous activity five times a week which increases your heart rate?

YES NO

DIET

Do you have a varied diet including the recommended 5 portions of fruit/vegetables a day?

YES NO

CONTRACEPTION & SEXUAL HEALTH

We offer a full range of contraception services, including emergency contraception (the 'morning after pill' and confidential advice about sexual health matters. Please ask for an appointment with our Practice Nurse. Chlamydia is screened free of charge at the surgery. Please collect a testing pack from reception if you are under 25 years old.

DO YOU SMOKE CIGARETTES? YES NO

If yes, how many cigarettes do you smoke every day?

If no, but you have smoked in the past, when did you stop?

How many did you smoke every day before you stopped?

Tobacco smoking is the biggest cause of premature illness and death. IF YOU WANT HELP TO STOP WE CAN REFER YOU TO A SMOKING CESSATION ADVISOR. Stopping smoking is the single most important step you can take to reduce the risk of having a heart attack and to live longer.

ALCOHOL

How often do you have a drink containing alcohol?

Never Monthly or less 2 to 4 times a month
2 or 3 times a week 4 or more times a week

(One unit = ½ a pint of normal strength beer or 1 small glass of wine or 1 single measure of spirits)

How many units of alcohol do you have on a typical day when you are drinking?

1 or 2 3 or 4 5 or 6 7 to 9 10 or more

How often have you had 6 or more units if you are female and 8 or more if you are male in a single occasion in the last year?

Never less than monthly monthly weekly daily or almost daily

How often during the past 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 past year have you failed to do what was normally expected of you because of 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 else been injured as a result of your drinking?

No Yes but not in the last year Yes but in the last year

Has a relative or friend or a doctor been concerned about your drinking or suggested you cut down?

N/A No yes, but not in the past year yes, during the past year

More than 21 units per week for men and 14 for women can damage your health. Ask a doctor or nurse for more advice.

PLEASE MAKE A NEW PATIENT CHECK APPOINTMENT) WITH THE NURSE (you need to bring a urine sample) BEFORE SEEING THE DOCTOR.

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

Practice Stamp

Authorised Signature

Name

Date ____/____/____

SUPPLEMENTARY 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:

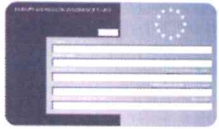
- a) I understand that I may need to pay for NHS treatment outside of the GP practice
- b) I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied 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.

Signed:		Date:	
Print name:		Relationship to patient:	
On behalf of:			

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 non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p>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.</p>	Country Code: <input type="text"/>	
	3: Name	
	4: Given Names	
	5: Date of Birth	<input type="text"/>
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	<input type="text"/>
	PRC validity period (a) From: <input type="text"/>	(b) To: <input type="text"/>

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.



Salisbury House Surgery

SystemOnline – Patient application form

You will need to bring along some **photographic proof of your ID** or be known to the staff in order to receive your registration details. To ensure confidentiality we are only able to accept registrations in person – i.e. you cannot give your details to anyone else to register for you.

NAME:	
Date of birth:	Age:

Patient Disclaimer

I have understood and will adhere to Salisbury House Surgery Guidance notes which I have been given for the use of SystemOne Online. It is my responsibility to keep my account secure by keeping my log in details confidential. I understand that I can terminate my account at any time by contacting the surgery, or change my log in details by re-registering, and that this form will be kept on my electronic records.

Signed:

Date:

The following information is optional but very useful for us to keep our records up to date:

The Department of Health require us to update smoking details for all patients over the age of 15:

I have never smoked I am an ex smoker I am a current smoker

If you are a current smoker and would like help and information on giving up, cessation advice and support is available. Please contact reception staff to arrange an appointment.

Mobile tel:

You may from time to time receive text messages from the practice. (Text Messages include appointment reminders)

Please tick here if you **do not** want to receive text messages

Landline tel. (please advise if this is a home or work number)

I give permission for messages to be left on my phone number(s) YES / NO

Please use capital Letters

Email address:

I would also like to Share my Care Records (SCR) – see page two for more info YES/NO
If you leave this blank we will assume you are happy to share

Surgery staff to complete:

ID seen type of id

Staff Name Date:

Details & smoking status updated on SystemOne

Staff name Date:



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www.salisburyhousesurgery.co.uk

Patient Guidance notes for SystmOne Online & User Policy

We are pleased to offer you the facility to use "SystmOne Online" which provides internet services for patients over the age of 14 years to:

- View, book or cancel doctor appointments;
- View a list of your current medication and send repeat prescription requests;
- View a summary of your medical records and the detailed READ coded entries ;
- View pathology results
- Send Questions to the practice via your account;
- Complete and submit questionnaires published by the practice.

Please note that the full clinical record is not currently available.

Appointments

At present it is only possible for you to book a single doctor or nurse practitioner appointment via the on line system, please continue to contact the surgery for practice nurse and healthcare assistant appointments. If you are unsure as to whether you need a doctor, nurse practitioner or nurse appointment, please contact the surgery on 01525 243890.

Appointment times are currently set at 10 minutes, if you feel that you need longer with your doctor; please contact the surgery to make an appropriate appointment.

If you subsequently decide that you no longer require the appointment, please ensure that it is cancelled to enable the time to be offered to someone else – please cancel by via the online system or by telephoning the surgery. **(Failure to cancel two on-line appointments will result in your on line account being suspended)**

Repeat prescriptions

Please note that when requesting a repeat prescription, you need to state in the comments box which pharmacy you would like it sent to (prescriptions are sent electronically to your nominated pharmacy unless you advise that you wish to collect a paper copy from the surgery). Some patients have already told us that you always want prescriptions to go to a particular pharmacy *If you wish to change the destination please ensure that you write in the comments box.* **We still require THREE working days to process prescription requests.**

Registering

If you would like to register for the on-line services, please complete the 'SystmOne Online – Patient Application form' (available on the surgery website or from the surgery) and bring it to Salisbury House Surgery between Monday and Friday **with Photographic proof of identification** e.g. passport or driving licence. Please avoid busy times of the day e.g. first thing in the morning and especially Monday mornings. Thank you.

To ensure confidentiality we are only able to accept registrations in person – i.e. you cannot give your details to anyone else to register for you. **User log in details and passwords will not at any time be faxed, emailed or posted to you or given out over the telephone they will only be given to you in person.**

Our reception staff will register you and provide you with unique log in details and instructions for the website.

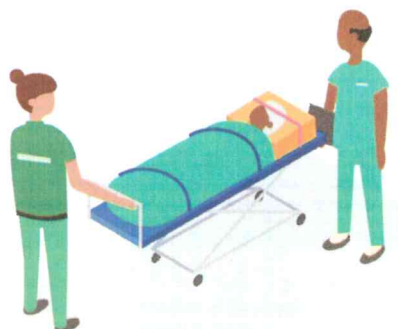
The aim of this service is to improve our communications with you and to ease the telephone congestion which many patients experience. If you have any comments or suggestions, please contact the Patient & Personnel Manager, Zadie Hartwig.



If you were rushed into hospital, how much would the doctor know about you?



Ask today about adding information to your Summary Care Record.



Adding more information means health and care staff can make better decisions about you.

What is my Summary Care Record?

Your Summary Care Record (SCR) is a copy of key information held in your GP record. It provides authorized healthcare staff with faster, secure access to essential information about you and is used when you need unplanned care or when your GP practice is closed. Your SCR contains information on medicines you are taking, any allergies you suffer from and any bad reactions to medicines that you have previously experienced.

Can more information be added to my Summary Care Record?

Yes. Ask your GP practice to add information to your record. You can change your mind at any time by simply informing your GP practice. Essential details about your healthcare can be very difficult to remember, particularly when you are unwell. If you choose to add more information to your SCR it means that when you need healthcare, you will be helped to recall this vital information.

What other information can be added to my Summary Care Record?

Your long term health conditions - such as asthma, diabetes, heart problems or rare medical conditions.

Your relevant medical history –

clinical procedures that you have had, why you need a particular medicine, the care you are currently receiving and clinical advice to support your future care.

Your health care preferences –

you may have your own care preferences which will make caring for you more in line with your needs, such as special dietary requirements.

Your personal preferences –

you may have personal preferences, such as religious beliefs or legal decisions that you would like to be known.

Immunisations –

details of previous vaccinations, such as tetanus and routine childhood jabs.

Specific sensitive information –

such as any fertility treatments, sexually transmitted infections, pregnancy terminations or gender reassignment **will not be included**, unless you specifically ask for any of these items to be included.

If this information isn't included in your SCR you may have to remember it and repeat it to healthcare staff treating you.

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Dear Patient

ARE YOU CARING FOR SOMEONE?

Do you look after someone who is ill, frail, disabled or mentally ill? If so, you are a Carer. We are interested in identifying carers, especially those people who may be caring without help or support. We know that Carers are often 'hidden' looking after a family member or helping a friend or neighbour with day to day tasks and may not see themselves as a Carer.

We feel that caring for someone is an important and valuable role in the community, which is often a 24-hour job that can be very demanding and isolating for the Carer. We further believe Carers should receive appropriate support by way of access to accurate information on range of topics such as entitlement to benefits and respite care and not least, a listening ear when things get too much.

As a Carer, you are also entitled to have your needs assessed by the Adult Care Services. SA Carer's Assessment is a chance to talk about your needs as a Carer and the possible ways help could be given. It also looks at the needs of the person you care for. This could be separately, or together, depending on the situation. There is no charge for an assessment.

If you are a Carer, this is an opportunity to let the Practice know so that we can update our records and pass your details to the Carers Service who can provide relevant information and advice, Local Support Services, newsletter and telephone Link Line. We can also refer you to Adult Care Services for Carer's Assessment.

Please complete the attached sheet only if you are a Care and return it to the Surgery.

We look forward to hearing from you.

Yours Sincerely,

Zadie Hartwig
Practice Manager

Why is this necessary?

These settings allow you to decide who can see the information that's stored on your electronic record. It also allows for joined up care across different NHS settings, which gives the best care and service to you, the patient.

Don't Forget

These settings apply at any NHS service where you're currently receiving care. You can also change your sharing preferences at any time - just speak to a member of staff.



What is SystemOne?

SystemOne is a clinical computer system produced by a company called TPP. It lets NHS staff record patient information securely onto a computer. This information can then be shared with other clinicians so that everyone caring for you is fully informed about your medical history, including medication and allergies.

SystemOne is currently used in GP practices, Child Health services, Community services, Hospitals, Urgent Care & Out of Hours services and Palliative care.

www.tpp-uk.com

“Your
electronic
patient record &
the sharing of
information”

A patient guide



