



Billesdon Surgery

4 Market Place, Billesdon, Leicester, LE7 9AJ

Tel: 0116 2596206, Web: www.billesdonsurgery.co.uk

Thank you for applying to join Billesdon Surgery. We would like to gather some information about you and ask that you fill in the following questionnaire. You don't have to supply answers to all of the questions but what you do fill in will help us give you the best possible care. **You may need to supply TWO forms of ID with your completed form, a photographic form of ID (such as a PASSPORT or DRIVING LICENCE) and proof of your home address in our catchment area (such as a recent BANK STATEMENT or UTILITY BILL).**

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes. Please ensure you SIGN and DATE your form.

****PLEASE FILL IN THE FIELDS MARKED WITH AN ASTERISK (*), FAILURE TO DO SO MAY DELAY YOUR REGISTRATION****

*Title:	*Surname:
*Any previous surname(s) (if applicable):	
* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intermediate <input type="checkbox"/> Unspecified	
*Town and country of birth:	
*Home telephone No.:	
Work telephone No.:	
*Mobile No. (if you have one):	

*First names:
*Date of Birth: DD / MM / YYYY
*NHS No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Home address:
*Postcode:
Email address: (by entering an email address you consent to receive emails sent by our surgery)

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

*Previous address in the UK (if applicable):
*Postcode:

Name of previous doctor:
Address of previous doctor:

If you are from abroad

*Your first UK address where you registered with a GP if you were previously living abroad:
*Postcode:

*If previously a resident in the UK, date of leaving:
*Date you first came to live in the UK (if applicable):

If you are returning from the Armed Forces

Address before enlisting:
Postcode:

Service or Personnel No.:
Enlistment date:
Date left the Armed Forces:

Additional details about you

*What is your ethnic group?	Main spoken language (E.g. English):
White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White (please specify):	
Black <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black (please specify):	
Asian <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian (please specify):	
Mixed <input type="checkbox"/> White + Black Caribbean <input type="checkbox"/> White + African <input type="checkbox"/> White + Asian <input type="checkbox"/> Other mixed: <input type="checkbox"/> Prefer not to specify ethnicity	

Height	_____ Feet	_____ Inches
Weight	_____ Stone	_____ Pounds
Waist measurement	_____ Inches	

(for women only) Have you had a cervical smear? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please state where, when and the result if possible)
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Next Of Kin / Emergency contact

1 Name / Relationship to you / Telephone No. / Address (if different to yours)

2 Name / Relationship to you / Telephone No. / Address (if different to yours)

Carers Information

A carer is a friend / family member who gives their time to support a person in their home, to an extent that the person could not remain at home if this care was not being provided. A carer can receive Carers Allowance (but not a wage) and the care they are giving will significantly affect their own life.

Are you looked after by someone whose support you could not manage without? Yes No
 If yes, what is their name and contact number?
 Do you consent for your carer to be informed about your medical care? Yes No

Do you look after or support someone who couldn't manage without you? Yes No
 If yes, do you look after someone who is a patient of Billesdon Surgery? Yes No Don't know
 If yes, what is their name: Are they a Friend Relative Neighbour

Medical details

In order to continue to receive your repeat medications you'll need to make an appointment with a GP at least one week before your next prescription is due.

*Are you allergic to any medicines? Yes No (if yes please specify)

*List other allergies / intolerances (i.e pollen, animal hair or certain foods. Please mark "none" if you have no other allergies that you know of) :

Have you ever had any of the following conditions?

Epilepsy	<input type="checkbox"/> Yes	Year
High Blood Pressure	<input type="checkbox"/> Yes	Year
Heart Attack	<input type="checkbox"/> Yes	Year
Angina (stable / unstable)	<input type="checkbox"/> Yes	Year
Stroke	<input type="checkbox"/> Yes	Year
Transient Ischaemic Attack	<input type="checkbox"/> Yes	Year
Cancer	<input type="checkbox"/> Yes	Year

Rheumatoid Arthritis	<input type="checkbox"/> Yes	Year
Depression	<input type="checkbox"/> Yes	Year
Diabetes (type 1 or type 2)	<input type="checkbox"/> Yes	Year
Asthma	<input type="checkbox"/> Yes	Year
COPD (or Emphysema)	<input type="checkbox"/> Yes	Year
Osteoporosis / Bone Fractures	<input type="checkbox"/> Yes	Year
Peripheral Vascular Disease	<input type="checkbox"/> Yes	Year

List any serious illnesses / operations / accidents / disabilities (women: any pregnancy related problems), the year they took place:

Do you have any disabilities, illnesses or accessibility needs? I.e. needing to be seen in ground floor consulting rooms or use of a specific communication device such as a hearing aid? If yes, please tell us how we can support your needs:

If you are a student aged between 18 and 24 years old

MENINGITIS ACWY IMMUNISATION
 NHS England strongly recommends anyone who is starting university aged between 18-24yrs have an ACWY booster if you haven't already done so.
 Yes, I would like a booster (if you tick this please talk to your university or call us to book an appointment)
 No, I would not like a booster
 I have already had a Men ACWY booster on (date):.....

Do you have Family History of any of the following? (i.e. other family members and not yourself)

High Blood Pressure	<input type="checkbox"/> Yes	Who
Ischaemic Heart Disease Diagnosed aged >60 yrs	<input type="checkbox"/> Yes	Who
Ischaemic Heart Disease Diagnosed aged <60 yrs	<input type="checkbox"/> Yes	Who
Raised Cholesterol	<input type="checkbox"/> Yes	Who
Stroke / CVA	<input type="checkbox"/> Yes	Who
Asthma	<input type="checkbox"/> Yes	Who
Diabetes	<input type="checkbox"/> Yes	Who
DVT / Pulmonary Embolism	<input type="checkbox"/> Yes	Who
Thyroid disorder	<input type="checkbox"/> Yes	Who

Epilepsy	<input type="checkbox"/> Yes	Who
Osteoporosis	<input type="checkbox"/> Yes	Who
Cancer Please specify below:		
	<input type="checkbox"/> Yes	Who
	<input type="checkbox"/> Yes	Who
	<input type="checkbox"/> Yes	Who
	<input type="checkbox"/> Yes	Who
	<input type="checkbox"/> Yes	Who
	<input type="checkbox"/> Yes	Who

Please tell us about your smoking habits

*Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what do you primarily smoke: Cigarettes / Cigar / Pipe / Vape (please circle)
How many do you smoke a day?
Would you like advice on quitting? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you an ex-smoker <input type="checkbox"/> Yes <input type="checkbox"/> No
When did you quit?
How many did you used to smoke a day?

Please tell us about your alcohol consumption

1 Unit = Normal half pint beer (284ml) 4% or Single shot spirit (25ml) 40%. **1.5 Units** = Small glass of wine (125ml) 12.5% or Alcopop (275ml) 5.5%.
2 Units = Strong half pint beer (284ml) 6.5% or Medium glass of wine (175ml) 12.5% or Normal large bottle/can beer (440ml) 4.5%
3 Units = Strong bottle/can beer (440ml) 6.5% or Bottle of wine (750ml) 12.5% or Bottle spirits (750ml) 40% or Large glass of wine (250ml) 12.5%

Questions (please circle your answers in the boxes below)	Unit scoring system				
	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times Per month	2 - 4 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
IF YOU SCORE A TOTAL OF 5 OR MORE ON THE ABOVE QUESTIONS, PLEASE COMPLETE THE FURTHER 7 QUESTIONS BELOW					
How often in 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 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
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily
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
Have you or someone else 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 other health worker been concerned about your drinking or suggested that you cut down?	No	/	Yes but not in the last year	/	Yes during the last year

Your total score for all ten questions indicates the following:
 0-7 = sensible drinking 8-15 = hazardous drinking **Would you like information or advice about alcohol consumption?**
 16-19 = harmful drinking 20+ = possible dependence Yes No

Do you exercise regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what exercise do you take and how often:

Opting out of communications

We may want send you appointment reminders to your mobile and leave messages on your answering machine, if you have one.

By clicking these boxes, you are **OPTING OUT** of receiving communication in this way

I DO NOT want to receive text messages

I DO NOT want to receive answering machine messages

Data Sharing

Summary Care Record (SCR)

Summary Care Records are an electronic record of patient information created from GP medical records. They can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care. It includes important information about your health: Medicines you are taking; allergies you suffer from, any bad reactions to medicines.

Tick this box if you wish to **OPT-OUT** of the SCR

Note by doing this in the vent of an accident medical professionals will not have access to this information about you

You can also choose to have additional information included in your SCR, which can improve the care you receive. This information includes: Your illnesses and health problems; operations and vaccinations you have had in the past; how you would like to be treated – such as where you would prefer to receive care; what support you might need; who should be contacted for more information about you. **More information can be found by visiting www.nhscarerecords.nhs.uk**

Electronic Data Sharing Module (EDSM)

Healthcare places can usually share information from your records by letter, email or phone but this can slow down your treatment or mean information is hard to access. However, you can choose to share your record electronically between many of the community health services and GP practices in Leicester, Leicestershire & Rutland. For more information, please visit our website www.billesdonsurgery.co.uk.

I consent to Billesdon Surgery to **SHARING** my record with
Other health services that might care for me

I consent to Billesdon Surgery to **VIEWING** entries recorded
by other care services that may care for me

Donor Registration

NHS Organ Donor Opt-Out

Organ donation law in England has changed. All adults in England are now considered to have agreed to be an organ donor when they die unless they have recorded a decision not to donate or are in one of the excluded groups.

For more information and to learn how to opt-out of organ donation please visit

www.organdonation.nhs.uk/uk-laws/organ-donation-law-in-england/

NHS Blood Donor Registration

Registering as a blood donor has changed. GP surgeries can no longer register patients as blood donors.

Please visit www.blood.co.uk to register.

Looked after Children *(Complete this section only if you are looking after someone else's child)*

Under what arrangements are you looking after someone else's child?

Section 20-Voluntary Care Interim Care Order Care Order Child arrangement order/Residence Order

Special Guardianship Order Placed for adoption

Private arrangement/Private Fostering/informal *(please note you have a duty to notify social care of this arrangement)*

Reasonable Adjustments for patients with specific communication needs

Please use this space to tell us about any specific communication needs. i.e. needing information in large print or deafblind telephone contact. For further information please visit <https://www.england.nhs.uk/learning-disabilities/improving-health/reasonable-adjustments/>

GP Online Services

Once your application to join our practice has been accepted, you'll be able to order repeat medications, book appointments and view certain aspects of your medical record online. You can do this by downloading and registering with the NHS App, available on the Google Play store (for Android devices) or the App store (for Apple devices) or SystmOnline at <https://systmonline.tpp-uk.com/>. If you would like to register with SystmOnline and you don't have an NHS App account then please download an application form from our website or pick one up from reception.

As a registered patient you'll have full access to your prospective medical records from the date you are added to our practice. This means you can see every entry in your medical record from the date of your registration onwards. If you wish to have access to historical records, known as retrospective access, you will need to apply for this by completing an Access to Medical Records form available from reception or on our website www.BillesdonSurgery.co.uk.

Nominating a pharmacy

You can choose a pharmacy for your electronic prescriptions (EPS) to be sent to. This is called a nomination. See <https://digital.nhs.uk/services/electronic-prescription-service/nominating-a-dispenser> for more info about nominating.

If you would like to nominate a pharmacy now please enter that here (including full address):

Preferred communication method

Please tick ONE of the boxes below to set your preference for how we will communicate with you.

Email Text message Letter

New Patient Health-Check

Once you are registered you will be eligible for a new patient health-check with a Practice Nurse/Health Care Assistant. Contact reception if you should like to take this up.

COVID-19 Pandemic

If you suspect you may have COVID-19 (Coronavirus) or have come into contact with someone who may have please **DO NOT** come to the surgery or visit a pharmacy or go to hospital. Please use the online NHS 111 service at <https://111.nhs.uk/service/covid-19>. **Further online resources are available at <https://www.nhs.uk/conditions/coronavirus-covid-19>.**

Please record any additional information about you that you think is important for us to know:

***Signed**

***Date**

DD / MM / YYYY

Signed on behalf of patient (if applicable)

(e.g. for adults lacking capacity)

Please note that it is your responsibility to ensure your contact details are correct and you acknowledge this by signing this application form to register with Billesdon Surgery.

FOR OFFICE USE ONLY

Date: _____ Staff Initials: _____

PHOTO ID TYPE: _____ ADDRESS ID TYPE: _____

(Aged 18 and over only)

ID exempt (returning university students only)