# THURSBY SURGERY - NEW PATIENT APPLICATION FORM

### PLEASE ANSWER ALL QUESTIONS CAREFULLY IN BLOCK CAPITALS.

Incomplete applications will not be processed.

DATE OF APPLICATION				DATE OF BIRTH	
FIRST NAMES				PLACE OF BIRTH	
SURNAME				CURRENT GP	
NHS NUMBER - Available from your current GP surgery					
ADDRESS/POSTCODE					
HAVE YOU BEEN REGISTERED HERE	Yes	No	Home Tel: Mobile:		
BEFORE?			EMAIL:		
Language Spoken					
Please give the reason for leaving the Practice					
Please give the reason for choosing our Practice					

#### When returning these forms you must bring the following with you -

- PHOTO ID (Passport (& visa)/ Driving licence)
- ♣ PROOF OF ADDRESS ( Recent utility bill etc. not driving licence)
- FOR CHILDREN UNDER 5 YEARS OLD THEIR 'RED BOOK' OR OTHER IMMUNISATION RECORD.
- ◆ DETAILS OF ANY ON-GOING MEDICAL CONDITIONS AND LIST OF CURRENT MEDICATION (From your current GP)

#### If you are accepted as a patient and given an appointment please bring:

- A sample of urine with you.
- ♣ A print off showing your repeat items from your previous GP.
- If you have children up to the age of 5 please bring their red book to your appointment.

#### **Out of Area Registration**

New arrangements introduced from January 2015 give people greater choice when choosing a GP practice and GP practices now have the option to decide whether to accept, as registered patients, new patients or retain existing patients who live outside the GP area.

When a new patient or existing patient is identified as living outside of the Practice area the Practice will review each case before deciding whether it is practically/clinically appropriate to accept or re-register an existing patient as an 'Out of Area' patient but **without the obligation to provide home visits** or whether to ask the patient to register with a GP closer to home.

#### If accepted as an 'Out of Area' Patient

You will be able to attend the practice and receive the full range of available services.

- If you have an urgent care need and are unable to visit the surgery please contact the practice. If we determine you need access to services closer to your home we may ask you to call NHS 111 who will direct you to a service that has been established by NHS England specifically for 'Out of Area' patients. In these circumstances you will need to provide our practice details (above) to the care provider to allow them to transfer your consultation data to us so we can update your records.
- We may review your registration in the future to see if your health needs have changed and whether it would be more appropriate for you to be registered with a practice closer to your home.
- For further information visit the NHS Choices website www.nhs.uk

#### **APPOINTMENTS POLICY**

- All consultations (with a doctor or a nurse) are by appointment only.
- Nurse appointments are available to book in advance.
- Some GP appointments are available to book on the day and some in advance.
- Requests for urgent appointments may be assessed over the phone by a doctor or senior nurse who will decide
  on an appropriate course of action.
- When booking an appointment please provide staff with as much information as possible
- Home visits for housebound patients and must be requested before 10:30 am.
- From June 2015 all patients will be an allocated a named GP. This does not mean you will always see this GP but he/she will be ultimately responsible for overseeing your care. When you are accepted as a patient please remember to ask staff who your 'named GP' is.
- We are a group practice and you can request to see any of the GPs. Not every GP will be in surgery every day and your GP of choice may not always be available.

#### **MISSED APPOINTMENTS**

- Each failure to attend will be recorded in your patient records and a letter will be sent reminding you of the
  Practice Policy. The practice will immediately remove patients from the register at the third failed
  appointment.
- If you cannot attend an appointment you must cancel at least 2 hours before your appointment time. If an appointment is cancelled too late for us to re-book, it will be recorded as a failure to attend.

# PRESCRIPTION POLICY

- We do not accept prescription requests by telephone.
- Prescriptions can be ordered by calling in to the surgery, by fax, through your regular pharmacy or by registering for online internet access.
- It always takes us two working days (we do not work weekends or bank holidays) from receipt of your request for your prescription to be ready to collect.
- Prescriptions will not be issued before they are due. If you are going on holiday and need to order early you must state this on your written request telling us when you are going away and how long for.
- Prescriptions are issued for 28 days. Some long term medications may be issued for a maximum of 56 days at the doctor's discretion.
- Ladies taking the contraceptive pill must see the nurse for a health check each time they need a prescription. If you do not book your appointment in time we cannot guarantee to be able to process your prescription on time.
- Patients taking warfarin or methotrexate must provide details of their last blood test results and daily dose when ordering. Ask for more information if this applies to you.

Patient/Family M	You	Family	1			You	Family				You	Family
		Member					Member					Membe
Heart Disease			Heart At	ttack/Stro	ke				Asthma			
Diabetes			С	OPD				Va	scular Diseas	e		
Epilepsy			Kid	dney Dise	ase			Ch	ronic Arthriti	is		
Dementia			Rheum	natoid Art	hritis				Indigestion			
High Blood			[	Depressio	n			Mental	Health Probl	ems		
Tuberculosis			Chro	nic Back F	Pain			Subst	ance Misuse			
Learning Difficulties			Phy	sical Disa	bility			Deafn	ess/Hearing			
Hepatitis			Blind	ness/Sigh	nt			Thy	roid Problen	ns		
Pneumonia			Rheu	matic Fev	er							
Anemia				Cancer				Type of	Cancer?			
Are you currently	nroscri	had or t	aking a	ny of ti	10			Pl	ease Tick			
following medica	-	Deu Oi t	akilig a	ווא טו נו			YES	6			NO	
Diazepam												
Flurazepam												
Lorazepam												
Nitrazepam												
Oxazepam												
Temazepam												
Zolpidem												
Zaleplon												
Zopiclone												
placed withdrawal re Other	gime at tl	ne time of	registrat	tion unle	ss a GP fe	els this	is inappro	priate.				
Have you had any se	erious illn	esses or o	neration	ς? Χ-								
What medicines are			peration	3. A								
Have you any allergi	-											
How much tobacco												
How much alcohol of		•				Wine		Bee	or .		Spirits	
Which vaccination		<u> </u>		whon?		VVIIIC					Spirits	,
Diptheria		e you na		olio					Tetanus			
German Measles				yphoid					Measles			
Cholera				CG					MMR			
Whooping Cough				uberculo	cic			-	Other			
			10	ubercuic	1313				Other		D	ates
Female Patients	Only											
				Н	ave you h	nad a	Yes		No			
Have you had childr	en?				iccarriage							
Have you had childr Please give ages Have you had a miso					iscarriage		Yes		No			
Please give ages  Have you had a miso	carriage?	of pregnan	су		iscarriage		Yes		No No			
Please give ages  Have you had a mise  Have you had a term	carriage?		су		iscarriage		Yes					
Please give ages  Have you had a miso	carriage? mination c	/?		m					No			

# **Summary Care Record**

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely. In emergency situations Health Care Professionals will always ask for your permission before they look at your medical summary.

As you are applying for registration with Thursby Surgery we need to have your formal permission for other health care agencies to access your Summary Care Record.

You will have been automatically 'opted in' at your previous surgery but as a new patient with us you can choose to 'opt out'.

If you are happy to 'opt in' you do not have to do anything.

If you wish to 'opt out' you must complete the form opposite.

For more information visit www.nhscarerecords.nhs.uk or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020.





Your emergency care summary

#### **OPT-OUT FORM**

# Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice (completed forms must be returned to your GP practice. Forms sent anywhere other than your GP practice will not be actioned).

CONFIDENTIAL

A. Please complete in BLOCK CAPI	TALS	
Title	Surname / Family name	
Forename(s)		
Address		
Postcode	Phone No	Date of birth
NHS number (if known)		Signature
	ehalf of another person or child, their GF in section A and your details in section E	
Your name		Your signature
Relationship to patient		Date
What does it mean if I DO NOT nave a Summary Care Record?		
NHS healthcare staff caring for you may not be aware of your current nedications, allergies you suffer rom and any bad reactions to nedicines you have had, in order to	Your records will stay as they are now with information being shared by letter, email, fax or phone.	If you have any questions, or if you want to discuss your choices, please:  • phone the Summany Care Record Information Line on 0300 123 3020;
reat you safely in an emergency.		<ul> <li>contact your local Patient Advice Liaison Service (PALS); or</li> <li>contact your GP practice.</li> </ul>
FOR NHS USE ONLY		
Actioned by practice yes/no		Date
		Ref: 4705

Opt\_Out\_V2 Indd 1 33/08/2011 15:48

#### **Appropriate Appointment Guide**

Conditions appropriate for 999	Conditions appropriate for A&E
<ul> <li>Chest Pains in patients over 40</li> </ul>	Head Injury
<ul> <li>Difficulty Breathing/unusual for the patient</li> </ul>	Sprain/Fracture/Acute Injury
<ul> <li>Loss of Consciousness/difficulty rousing</li> </ul>	<ul> <li>First Fit or Prolonged Fit (10 mins or more)</li> </ul>
Acute Loss of Vision	Epileptic Seizures
<ul> <li>Severe bleeding/Haemorrhage</li> </ul>	Persistent Nose Bleed (15 minutes or more)
Floppy Drowsy Babies/Children	New/same day injuries
Stroke	Serious Burns/Scalds
<ul> <li>Vomiting Significant amounts of blood</li> </ul>	Poisoning
Suicide Attempts	
Early Pregnancy/Severe abdominal pain	
Same Day Appointment with GP -	- Urgent/Immediate/Complex Need

- Allergic Reactions to Insect Bites/Stings
- Drug/Allergic Reactions
- Severe Pain not responding to painkillers
- Persistent Diarrhoea/Vomiting
- Vomiting blood
- Insulin dependent Diabetics

- Concern over Patients who are
  - o Children
  - Elderly ... and/or suffer from
  - o Chronic Conditions
  - o Multiple Conditions
  - Terminal Illness

# Same Day Appointment with Nurse – Minor Conditions (Patients over 12 months old)

- Coughs and Colds
- Sore Throats
- Flu-like symptoms
- Urine infections/cystitis
- Earache
- Chest infections
- Hay fever
- Insect bites

- Eye infections
- Sinusitis
- Diabetics with Acute Problem
- Diarrhoea or vomiting
- Emergency contraception
- Skin rashes
- Vaginal discharge

Your local Pharmacist offers advice and over the counter medications for a wide range of minor conditions. By using Pharmacy services you will be helping your Doctors to retain 'same day' appointments for those greatest in need.

Treating Common Conditions: <a href="http://www.nhs.uk/Livewell/Pharmacy/Pages/Commonconditions.aspx">http://www.nhs.uk/Livewell/Pharmacy/Pages/Commonconditions.aspx</a>

#### **Appointments in Advance (Pre-books)**

- To discuss a new problem which may be causing concern but there is no immediate need
- Review of an ongoing problem
- Contraception and Advice
- BP or other regular checks

- Travel Vaccinations
- Health Checks
- Annual Reviews for Chronic Conditions
- Flu Vaccinations
- Review or discussion of current medications

Where ever possible please consider booking an advance appointment as this allows us to retain 'same day' appointments for those who are in greatest need

No Appointment Required			Practice Clinics				
•	Repeat Prescriptions	•	Seasonal Flu	•	Baby Clinics		
•	Medication Queries	•	Minor Ops	•	Green Dreams (Social Support)		
•	Some Fit for Work Certificates (Provided upon Hospital	•	Anti-Natal				
	Discharge and Continuation Certificates)						

## **External Services**

- Bloods requested by hospital
- Health Visitor
- District Nurse, Treatment Wound Care, Ear Syringing
- Minor Eye Conditions

Drop In Clinic – Burnley General Hospital

The Chai Centre 01282 628549 St Peters Centre - 01282 805920

Contact your Optician for 'drop in' availability

Visit www.thursbysurgery.co.uk for a copy of the 'Burnley Directory of Services' for patients and carers.

Please answer the following questions to help us better understand the mix of patients we serve.

Gen	der	Ethn	icity	Car	<b>ers</b> – Are You
O	Male	White		$\mathbf{c}$	The Carer
0	Female	0	White British	O	The Patient or Carer
•		Ö	White/Irish	O	The Patient & Carer
		Ö	Other White Background		
Age		9	Other White Background	Ori	entation
		Asian	or Asian British		
O	0 - 15	0	Indian	•	Heterosexual/straight
O	16 - 24	Ö	Pakistani	O	Gay/Lesbian
O	25 - 34	ŏ	Bangladeshi	O	Bisexual
Ö	35 - 44	ŏ	Chinese	Ö	Other
ŏ	45 - 54	0		Ö	Prefer not to say
<u> </u>	55 - 64	9	Other Asian Background	•	Freier not to say
		<b>5.</b> .	DI 1 D 22 1		
$\circ$	65 - 74		or Black British	Mai	rital
O	75 - 84	<b>O</b>	Caribbean		
0	85+	O	African	$\mathbf{O}$	Married
		$\mathbf{O}$	Indian	$\mathbf{O}$	Single
		$\mathbf{O}$	Other Black Background	$\mathbf{O}$	Widowed
				0	Separated/Divorced
		Mixed		•	Co-habiting
		•	White and Black Caribbean		20
Цаа	lth Canditians	O	White & Black African	ב⊿.	iootion
пеа	Ith Conditions	Ö	White & Asian	Eut	ucation
_	<b>5</b>	Ö	Other Mixed Background	_	
0	Do you have a disability	•	Other Mixed Background	O	High School
O	Physical impairment	Othor		O	College
O	Psychological/emotional	Other		O	Bachelor's degree
O	A learning difficulty	O	Any other Ethnicity	O	Post-graduate
O	Long term chronic condition	•	Prefer not to say	$\mathbf{O}$	Professional
O	Condition limiting physical activity				
O	Deafness or hearing impairment			۸۵۵	cess
O	Blindness or visual impairment			ACC	,633
Ö	None of the above			Con	you take time away
Ö	Prefer not to say				you take time away
•	Fieler flot to say				work to see a Doctor?
				O	Yes
				0	No
				0	N/A
Reli	gion	Emp	loyment	Chi	ldren
$\sim$	Nine	0	Was Ellicas		III. de a E
O	None	O	Yes - Full-time	O	Under 5
<b>O</b>	Buddhist	O	Yes - Part-time	O	6-12 years
0	Christian	•	No - Unemployed	•	13-17 years old
O	Hindu	$\mathbf{O}$	No - Home responsibilities	O	18+
O	Jewish	$\mathbf{O}$	No - Student	$\mathbf{O}$	No children
$\circ$	Muslim	$\mathbf{O}$	No - Retired		
$\mathbf{O}$	Sikh	$\circ$	No – Sick/Disabled		
O	Other				
O	Prefer not to say				
Hea	lth	Appo	pintments	Sig	ning
ls voi	ur health?	How	often do you visit your GP?	Δre	you a deaf person that
<b>O</b>	Excellent	O	Never		s sign language?
0	Very Good	Ö	Rarely	O	Yes
$\circ$	Good Fair	<b>O</b>	Occasionally	0	No
O O	Poor	•	Frequently		
$\mathbf{J}$	FUUI				

# **Patient Declarations**

#### If accepted as a patient I confirm:

- I have completed each section of the application
- I have/have not completed the Summary Care Record 'Opt Out Form'
- I understand that if my postcode is outside the Practice Catchment area that I may be registered as an 'Out of Area' Patient and understand what this entails.
- I have been informed that I will be allocated a 'named GP' and understand what this entails.
- That registration with the Practice remains dependent upon my willingness to be considerate of all Practice policies
- To use the services offered in appropriate manner and agree not to:
  - Use routine appointments inappropriately, i.e.
    - For repeat prescriptions (which should always be ordered 48 hours in advance)
    - ♣ Sick notes that as a patient you have failed to order time
    - Minor conditions that could be dealt with via an alternative route, (for example, self-care, over the counter medication).
    - ♣ Request emergency/urgent appointments for non-urgent conditions
    - ♣ Inform the Practice that something is urgent when it is not Urgent means Urgent Clinical Need
  - Demand to order repeat prescriptions over the phone.
  - Fail to turn up for appointments, or, cancel/change appointments at short notice
  - Adopt an aggressive or verbally abusive approach when requesting services or treatment

Any breach of this agreement will indicate a breakdown in the Practice/Patient relationship and the Practice retains the right to immediately remove you from the Practice register.

PRINT NAME	
SIGNED	
DATE	

# **For Office Use Only**

New Patient Applications A clinician has reviewed your registration request and/or records to determine if registration is practically/clinically appropriate	Clinician Review Date	Review Outcome (Please Tick)
Accepted		Register and Process SCR
Accepted as an 'Out of Area registered patient' without any obligation to provide home visits.		Read Code 912N
Not Accepted - Not clinically/practically appropriate for registration. The patient is advised to seek registration with an alternative Practice.		Inform Patient
GP Comments:		Inform Patient