**Salisbury Medical Centre – Adult New Patient Form**

**Name: DOB:**

**Email Address:**

**Have you been registered at Salisbury Medical Centre before? YES NO**

**If YES, what was your reason for leaving?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the reason you left your most recent registered Practice?**

*(Please tick most appropriate response)*

**□ You Have Not Been Registered with a UK Practice □ Immediate Removal for Violent Behaviour/ Paragraph 21**

**□ Moved Out of Their Catchment** *(You* ***must*** *inform the Practice if this is the case)*

**□ Family are Registered at Salisbury □ Eight Day Removal for GP/Patient Breakdown**

**□ Unhappy with Service □ Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list any children you have. If they do not reside at your address, please include their address.**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **DOB** | **GP PRACTICE REGISTERED AT IF NOT SALISBURY** | **ADDRESS IF DIFFERENT TO YOURS** |
|  |  |  |  |
|  |  |  |  |

*Continue on another page if required*

**Have you or your family ever had any social work involvement? YES NO**

If YES:

Please provide the name and contact details of the lead social worker.

If you no longer have involvement, please give an approximate date when this ended and the name and contact details of who the lead social worker was at the time.

**The Practice may send you text messages, for example to remind you of a clinic appointment. If you do not wish to receive texts, please clearly circle ‘Opt Out’.**

**OPT OUT**

**Do you have any disability that means you have difficulty accessing the telephone i.e. hearing loss? YES NO**

If YES, Please give Details:

**Do you require use of an interpreter at appointments? YES NO**

If YES, Please specify what require i.e. BSL/language **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICATION**

Please provide the Practice with written confirmation of your medications from your recent Practice. Medication cannot be prescribed without this confirmation. This can be handed in or emailed ([gp.z00086@gp.hscni.net](mailto:gp.z00086@gp.hscni.net)).

**Do you have any allergies? If so, please state drug name(s) and the reaction you have.**

In the interest of safe prescribing, it is practice policy to not prescribe the following medications unless you provide evidence from your previous GP.

* Benzodiapines: diazepam, temazepam, nitrazepan, lorazepam
* Chlordiazepoxide
* Morphine derivatives: dihydrocodeine, fentanyl, buprenorphine patches, codeine
* Z-drugs: zopliclone, zolpidem

Due to the nature of these medications and the dangers in long-term usage, the GP and or Practice Pharmacist will review these upon registration with the aim to commit to a reduction strategy.

**Which local chemist do you wish to pick up your prescription?**

***Please state which chemist***

*Please ensure the chemist you choose has a collection service with the Practice. Ask reception if you are unsure. If you elect a pharmacy to collect your prescriptions all your orders must go there unless it is an urgent acute item such as an antibiotic.*

**ALCOHOL SCREEN**

*(Please circle the most appropriate answer)*

**How often did you have a drink containing alcohol in the past year?**

Never Monthly or less 2-4 times a month

2-3 times per week 4 or more times a week

**How many drinks did you have on a typical day when you were drinking in the past year?**

1 or 2 3 or 4 5 or 6 7 or 8 10+

**How often did you have six or more drinks on one occasion in the past year?**

Never Less than monthly monthly week daily or almost daily

**HEIGHT AND WEIGHT – Please enter below**

**Height**

**Weight**

**SMOKING HISTORY**

**□ Never Smoked**

**□ EX- Smoker** Approx. date stopped

**□ Smoker**  cigarettes per day

Cigars per day

Tobacco per day

**STAFF USE ONLY**

* Ensure all details completed in form
  + Enter all details into patients journal upon registration
* Read code new patient appt given/declined #9NY0
* Read code interpreter #9NU
  + Return
  + Go down until correct language
* Read code social if there is work involvement #13G4
  + Free hand type contact details
* Read code if in nursing home #13F6100
  + Let Rebecca know
* Read code asylum seeker/refugee/Ukrainian National #13ZN/#13ZB/#13di
  + *(check blue from – reason for coming question)*
  + Let Jacquie know
* If patient select ‘opt out’ above read code #9NdQ
* If removed for violent behaviour or GP/Patient breakdown let Rebecca know

**ALCOHOL**

* Guidelines
* NHS Health Check v3.1
* Audit C (AHK)
* Put in Values as above
* Calculate
* Save to vision > yes > ok
* Readcode: #9k17