**PENN SURGERY**

2a Coalway Road

Penn, Wolverhampton

West Midlands. WV3 7LR

***Surgery Telephone: 01902 333408 Website: www.pennsurgery.co.uk***

**New patient registration/Babies & Children**

To register with the Practice this questionnaire MUST BE completed as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment. There is a requirement for patients to attend a new patient assessment with the Health Care Assistant**.**

| Full Name  |  |
| --- | --- |
| Address |  |
| Postcode |  | Date of birth |
| Home Tel No. |  | Mobile Tel No.  |

| Next of kin |  |
| --- | --- |
| Relationship to you |  |
| Contact No.  |  |

**\*FOR PRACTICE USE ONLY**

| Proof of ID seen (Birth Certificate / red book / other) |  |
| --- | --- |

Staff initials ……………………………………….

**Named Accountable GP**

Every patient at our practice has a named accountable GP who is responsible for their overall care at the practice.  Unless you are told otherwise, this is the GP you are registered with, but this does not stop you from seeing any other GPs at the surgery. ***Your named GP is Dr. I Martin***

***Ethnicity***

***Please tick which ethnic 2001 census group you feel you belong to:***

***WHITE***

 ( ) White British ( ) Irish

 ( ) other white background

***MIXED***

 ( ) White & Black Caribbean

 ( ) White & Black African

 ( ) White & ( )Other mixed background

**ASIAN OR ASIAN BRITISH**

( ) Indian or British Indian ( ) Pakistani or British Pakistani

( ) Bangladeshi or British Bangladeshi ( ) other Asian background

***BLACK OR BLACK BRITISH***

 ( ) Caribbean ( ) African

 ( ) other Black background

***OTHER ETHNIC GOUPS***

( ) Chinese ( ) Kosovan

( ) Irish Travellers

( ) Gypsy/Romany ( ) Other - please state ………………………………………

***What religion do you practice?***

 ( ) Christian(including C of E, Catholic, Protestant and other Christian faiths

 ( ) Buddist ( ) Hindu

 ( ) Jewish ( ) Muslim

 ( ) Sikh ( ) None

 ( ) Other please state ………………………………………………………………………………………………………………………………………………………….

***What is your preferred Language?***

English ( ) ( ) Punjabi

Spanish ( ) ( ) Hindi

Bengali ( ) ( ) Urdu

Cantonese ( ) other (please state) ………………………………………………………

***Spoken / Visual***

Mirpuri ( ) Pashto ( )

Sylheti ( ) British Sign Language ( )

| Do you require an interpreter? | Yes / No | (*Please state which language*)  |
| --- | --- | --- |

**Permission to View Your NHS Summary Care Record**

 Your Summary Care Record contains information from your health record such as your current prescription, allergies and any bad reactions to medication you have had in the past. It will also include your name, address, date of birth and your unique NHS Number to help identify you correctly.

Clinicians involved in providing care to you would like to view your Summary Care Record in order to provide the best possible care for you from the most up to date information available.

*Only the clinician involved in your care will be able to access your Summary Care Record*. Whenever your record is accessed their details will be recorded should you wish to question this at any point in the future.

You can change this permission at any point just by informing reception

I give permission for a clinician to access my Summary Care Record:

*Patient Name……………………………………………………………… Signature ………………………………………*

**Mjog Text Messaging Services**

The GP Practice will on occasion wish to send either a SMS Text Message to your mobile phone OR SMS Voice Messageto notify you of any or all of the following

| Confirmation of your booked appointment | Changes to your booked appointment |
| --- | --- |
| National Issues such as Flu Pandemics | Practice being closed due to unforeseen circumstances |
| Other notifications the practice deem necessary to your health care provision |

*Disclaimer:*

*If you agree to the GP Practice contacting you via your mobile or fixed landline number, the GP Practice agrees to adhere to the following:*

1. *The mobile phone number or fixed land line number will only be used by the GP Practice and will not be passed to any other parties.*
2. *2 If at any time you would like to opt out of any of the above services, please make a personal request to the GP Practice and you will be opted out of the service within 48 hours. You may also like to include your reason for opting out to help us review and improve the service in the future.*
3. *Your mobile number will solely be used by the GP Practice in relation to the healthcare services offered by the GP Practice. You will not be contacted in relation to any other types of products or services.*

*Patient Name……………………………………………………………… Signature ………………………………………*

***Thank you for completing this questionnaire. The practice will process this new registration and will contact you in the next 2 working days to confirm and book you a `new patient appointment` with our HCA (Health Care Assistant) to complete your registration.***