Cranfield Surgery, 137 High Street, Cranfield, Bedford MK43 0HZ
Tel: 01234 750234
Marston Surgery, 59 Bedford Road, Marston Moretaine, Bedford MK43 0LA
Tel: 01234 766551

CRANFIELD & MARSTON SURGERY - NEW PATIENT INFORMATION

Your named, accountable GP is Dr Ismail – please note you are able to see any of our clinicians.

To ensure completeness of your registration records please return this form to the surgery as soon as possible. Thank you

Surname…….. Date……

First Name(s)……..

Full Address……..

…… Postcode……..

Tel No (Home) …… (Work)…… Mobile No ……

By giving us your contact phone numbers you agree to the Practice contacting you by phone. Please let the practice know if you change your number or if the phone is lost or stolen.

Do you consent to receiving text messages from the Practice Yes ☐ No ☐

Email address ……..

Marital Status…… Date of Birth …….. Sex……

Next of Kin …….. Relationship …… Contact No ……..

Children Under 16 – Please give parent/guardian name ……Contact No……

We will only contact your next of kin in the case of an emergency

If you are a student at Cranfield University please give leaving date……..

Veteran Status – have you served in the British Armed forces for more than one day Yes / No

Ethnic Origin – please tick as appropriate

British/Mixed British	☐	Caribbean	☐	
Irish	☐	African	☐	
Other White	☐	Asian	☐	
Indian	☐	Pakistani	☐	
Chinese	☐	Other	☐	Please indicate……

First Language - please tick as appropriate

English	☐	Other	☐	Please Indicate……..

CARER DETAILS

Are you a carer? ..... Does a carer look after you? ……..

Carer's Name…….. Carer's Address ……..

…….. Contact No……..

Please complete carers form if applicable. Form available from Reception

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GENERAL MEDICAL HISTORY

Weight……kg Height……cm Waist Measurement*……cm

**To find your true waist, feel for your hip bone on one side of your body. Move upwards until you can feel the bones of your bottom rib. Halfway between is your waist. For most people this is where their tummy button is.*

Blood Pressure…… (To be taken by the Nurse at your check up)

Diet (please give details of any special dietary requirements, eg, vegetarian, gluten free, etc)

……

Exercise (number of 30 minutes sessions per week) .....

Smoking Status Please tick Smoker ☐ Ex Smoker ☐ Never Smoked ☐

How much tobacco or cigarettes do you smoke? Number of Cigarettes per day ……

Ounces of Tobacco per week ……..

Alcohol questionnaire – please complete the attached alcohol questionnaire and return it with this form.

Please give details of any medical conditions including dates

Asthma/COPD ☐ Date of Onset …….

Diabetes ☐ Date of Onset …….

Heart Problem ☐ Date of Onset …….

Stroke ☐ Date of Onset …….

Epilepsy ☐ Date of Onset …….

Cancer ☐ Date of Onset …….

Hypertension ☐ Date of Onset …….

Depression/Mental Illness ☐ Date of Onset …….

Have you ever suffered with depression or anxiety? ……..

Have you received any treatment for depression or anxiety? .....

If yes, what treatment have you received…….

DISABILITIES (visual, hearing, communication needs etc – please specify) & PHOBIAS - Please give details of any other disabilities you wish to make us aware of including date of onset

1. …….. Date of Onset ……
2. …….. Date of Onset ……
3. …….. Date of Onset ……

OTHER CONDITIONS - Please give details of any other conditions including date of onset

1. …….. Date of Onset ……
2. …….. Date of Onset ……
3. …….. Date of Onset ……

OPERATIONS - Please give details of any operations including dates

1. …….. Date ……
2. …….. Date ……
3. …….. Date ……

CURRENT MEDICATION - Please list current medications together with dosage or attach repeat prescription sheet

1. …….. 5. ……
2. ……..... 6. ……
3. ……. 7. ……..
4. ……. 8. ……

Please indicate where you wish to collect your prescriptions from:

Cranfield Surgery ☐ Cranfield Chemist ☐ Marston Surgery ☐ Marston Chemist ☐

Other (please specify)……

ALLERGIES - Please list any allergies & reaction to allergy

1. …… Mild ☐ Moderate ☐ Severe ☐ Anaphylaxis ☐
2. …… Mild ☐ Moderate ☐ Severe ☐ Anaphylaxis ☐
3. No known Allergies ☐

FAMILY HISTORY

If any of your blood relatives have had any of the following conditions please tick the appropriate box and indicate the date of onset of the condition and their relationship to you eg, parents, grandparents, brother, sister etc

Heart Attack	☐	Relation……	Date of onset……
Cancer	☐	Relation……	Date of Onset……
Diabetes	☐	Relation……	Date of Onset……
High Blood Pressure	☐	Relation……	Date of Onset……
High Cholesterol	☐	Relation……	Date of Onset……
Asthma	☐	Relation……	Date of Onset……
Tuberculosis	☐	Relation……	Date of Onset……
Stroke	☐	Relation……	Date of Onset……
Coronary Heart Disease	☐	Relation……	Date of Onset……
		Under 60 yrs Over 60 yrs	
Other - please indicate		Relation……	Date of Onset……

VACCINATIONS

Date of Last Tetanus ……

Date of MMR ……

Date of Meningitis C ……

Dates of Other Vaccinations (eg, HepA, HepB etc) ……

FAMILY DETAILS

How many children do you have? …… Please give ages……

FOR FEMALES ONLY

Which method of contraception are you using at present? ……

When was your last cervical screening within the UK? ……

Do you regularly self-examine breasts*? Yes ☐ No ☐

** Please see leaflet on website*

FOR MALES ONLY

Do you regularly self-examine testicles*? Yes ☐ No ☐

** Please see leaflet on website*

Patient Signature ……..

Date ……

To be completed by all patients aged 16 years and over

Around 9 million adults in England drink at levels that pose some risk to their health

We kindly ask you to complete this **confidential questionnaire**

Please enter your details here:

Name: _____

Date of birth: _____

Postcode: _____

Telephone no: _____

Ethnicity: _____

This is one unit of alcohol...

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 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	
How often during 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 during the last year have you failed to do what was normally expected from you because of your 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, 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 is: _____

0 – 4 Lower Risk, your current drinking is not harmful to your health.

5-15 Increasing Risk, your drinking could be harming your health

16+ Higher Risk, your drinking could be significantly harming your health

If you would like further details complete patient details listed above and tick one of the following options:

I would like to be sent a safer drinking pack ☐

I would like to see a CALS (alcohol) worker for advice and guidance ☐

Signature_____

CAN

Childhood Immunisation Programme

To be completed for all children under 16 years of age

Name ……..

Address ……..

…… Postcode ……

Date of Birth ……...

At what age to immunise	Diseases protected against	Date given
Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib)	
	Pneumococcal infection	
	Rotavirus (Oral)	
	Meningitis B	
Three months old	Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (Hib)	
	Meningitis C (meningococcal group C)	
	Rotavirus (Oral)	
Four months old	Diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (Hib)	
	Pneumococcal infection	
	Meningitis B	
Between 12 and 13 months old	Haemophilus influenzae type b (Hib) Meningitis C	
	Measles, mumps and rubella (German measles)	
	Pneumococcal infection	
	Meningitis B booster	
Three years and four months or soon after	Diphtheria, tetanus, pertussis and polio	
	Measles, mumps and rubella	
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus types 16 and 18	
13 to 18 years old	Tetanus, diphtheria and polio	
	Meningitis C	

Introduction to Summary Care Records

Today, records are kept in all the places where you receive care. These places can usually only share information from your records by letter, email, fax or phone. At times, this can slow down treatment and sometimes make it hard to access information.

Summary Care Records are being introduced to improve the safety and quality of patient care. Because the Summary Care Record is an electronic record, it will give healthcare staff faster, easier access to essential information about you, and help to give you safe treatment during an emergency or when your GP surgery is closed.

For example, a person who lives in London is on holiday in Brighton. One evening, they're knocked unconscious in a car accident and taken to an accident and emergency (A&E) department. Under the current system of storing health records, it would be difficult for A&E staff to find out whether there are any important factors to consider when treating the person (such as any serious allergies to medications), especially as their GP surgery is likely to be closed. If healthcare staff cannot get the relevant health information quickly, some patients may be at risk.

A Summary Care Record is an electronic record that's stored at a central location. As the name suggests, the record will not contain detailed information about your medical history, but will only contain important health information, such as:

- whether you're taking any prescription medication
- whether you have any allergies
- whether you've previously had a bad reaction to any medication

Access to your Summary Care Record will be strictly controlled. The only people who can see the information will be healthcare staff directly involved in your care who have a special smartcard and access number (like a chip-and-pin credit card).

Healthcare staff will ask your permission every time they need to look at your Summary Care Record. If they cannot ask you, e.g. because you're unconscious, healthcare staff may look at your record without asking you. If they have to do this, they will make a note on your record.

Do I have to have a Summary Care Record?

You can choose to have a Summary Care Record. If you would like one, you won't need to do anything. It will happen automatically.

You can choose not to have a Summary Care Record. Let your GP surgery know by filling in and returning the opt-out form overleaf.

More information about Summary Care Records is available at www.nhscarerecords.nhs.uk

Your emergency care summary

CONFIDENTIAL

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

A. Please complete in BLOCK CAPITALS

Title ..... Surname / Family name .....

Forename(s) .....

Address .....

Postcode ..... Phone No ..... Date of birth .....

NHS Number (if known) ..... Signature .....

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name ..... Your signature .....

Relationship to patient ..... Date .....

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

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 Summary Care Record information Line on 0300 123 3020;
- contact your local Patient Advice Liaison Service (PALS); or
- contact your GP practice.

FOR NHS USE ONLY

Actioned by practice: yes/no Date .....

Ref: 4705

Online Access

You can now use the internet to book appointments with a GP, request repeat prescriptions and look at your medical record online. You can still use the telephone or call in to the surgery for these services as well.

As this is access to sensitive information, you will be required to apply for access to this service and offer proof of who you are. You will be given login details and you will then be able to use the links on our website to manage your appointments and prescriptions. You can even download the App for your smartphone.

To apply for online access, please complete the application form below and bring it to the surgery along with proof of your identity. A copy of the form is also available from reception. If you wish to request access to a third party record please ask at Reception.

Application for online access to my medical record

Surname	Date of birth
First name	
Address Postcode	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

Booking appointments	
Requesting repeat prescriptions	
Accessing my summary medical record	
Accessing my detailed coded record	

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	
I will be responsible for the security of the information that I see or download	
If I choose to share my information with anyone else, this is at my own risk	
I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	
If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	

You will be asked to provide proof two forms of identity, one photo ID and one proof of your address.

Signature	Date

For practice use only

Patient NHS number		
Identity verified by (initials)	Date	Method Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐ ID: Driving licence ☐ Passport ☐ Bank statement ☐
Authorised by		Date
Date account created		
Date passphrase sent		
Level of record access enabled Prospective ☐ Retrospective ☐		Notes / explanation

Cranfield University Latent TB Infection (LTBI) Screening

Cranfield & Marston Surgery are taking part in TB Screening to offer screening to all eligible patients. Please complete and return the form below. If you are eligible for screening you will be sent a letter to arrange an appointment for a blood test.

Name _____

Date of Birth ___/___/_____

NHS Number _____

Gender **Male** ☐ **Female** ☐

1. Have you ever been treated for TB in the past? Yes ☐ **No** ☐

(***Please note those who have been treated for TB previously are*** **NOT** ***eligible for inclusion***)

2. Age _____ **years**

(*Only those aged between 16-35 years are eligible for inclusion*)

3. Country of birth ……..

***(Please see the list of countries overleaf for eligibility*)**

4. Year of entry to the UK _____

(*Only those who have been in the UK for less than 5 years are eligible for inclusion*)

List of Eligible Countries

Afghanistan	Malawi
Angola	Mali
Bangladesh	Marshall Islands
Benin	Mauritania
Bhutan	Mauritius
Botswana	Mongolia
Burkina Faso	Mozambique
Burma	Myanmar
Burundi	Namibia
Cambodia	Nepal
Cameroon	Niger
Cape Verde Islands	Nigeria
Central African Republic	North Korea
Chad	Pakistan
Comoros Islands	Palau
Congo	Papua New Guinea
Democratic People's Republic of Korea	Philippines
Democratic Republic of Congo	Republic of Korea
Djibouti	Republic of Moldova
East Timor	Republic of Moldova
Equatorial Guinea	Rwanda
Eritrea	Sao Tome and Principe
Ethiopia	Senegal
Federated States of Micronesia	Seychelles
Gabon	Sierra Leone
Gambia	Somalia
Ghana	South Africa
Greenland	South Korea
Guinea Bissau	Sudan
Guinea Republic	Swaziland
Haiti	Tajikistan
India	Tanzania
Indonesia	Timor-Leste
Ivory Coast	Togo
Kenya	Tuvalu
Kiribati	Uganda
Laos	Vietnam
Lesotho	Zambia
Liberia	Zimbabwe
Madagascar	