

**Ashfield Medical Centre**  
Drs Walling & Nathan  
15 Austhorpe Road, Cross Gates  
Leeds, LS15 8BA

**Grange Medical Centre**  
999 York Road, Seacroft  
Leeds, LS14 6NX

Tel: 0113 2951828 / 1838  
Fax: 0113264 3220 / 0113 273 2959  
Email: [reception.ashfield@nhs.net](mailto:reception.ashfield@nhs.net)  
[www.amedicalcentre.co.uk](http://www.amedicalcentre.co.uk)

## **Welcome to our Practice**

You will find in your registration pack the following:

- Family Doctor Service Registration
- New Patient Health Questionnaire
- Alcohol Questionnaire
- Ethnicity & First Language questionnaire
- Invite to join the Practice Patient Participation group
- Information about the Summary Care Record
- Information informing you of your named GP

Please complete ALL of the questionnaires and the registration form as soon as possible to avoid delay in your registration. If you have any children under 15 years who are to join the practice please ask for additional forms. A separate form is required for each person joining the practice. The forms will help provide useful information to help the surgery provide you with your medical care. Please answer all the questions if you can. If you have any difficulty filling in the forms for any reason please ask at reception for help and advice.

As part of the registration process we would like to offer you a New Patient Health Check, you will be weighed, your height measured and your blood pressure recorded. This will be undertaken by one of our nursing team. If you have indicated on your patient questionnaire that you have a medical condition you may have additional investigations such as blood tests performed.

Please hand your completed health questionnaires and registration forms in to reception. If you would like a New Patient Health Check please inform the receptionist who will book an appointment for you.

Thank you for your cooperation.



Please list any other serious illnesses, operations, disabilities etc which you have suffered from in the past or you have at present?

Date	Condition	Give details

If you take any regular medication, please list or provide us with a copy of your repeat prescription list:

- 1)
- 2)
- 3)
- 4)
- 5)

Do you suffer from any allergies?  
If so, please list:

- 1)
- 2)
- 3)
- 4)
- 5)

**Are you a carer? Please indicate below**

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

I am a carer

Please ask our Reception Team for a Carers pack.



## Family history

Do any members of your family have or have had any of the following conditions?  
Please tick all that apply and provide details)

<b>Medical condition</b>	<b>Tick</b>	<b>Details: relationship ad age they suffered the problem</b>

**Female patients only**

Have you ever given birth to any children? Yes / No .....

If Yes, how many?.....

Have you had any miscarriages? Yes/No .....

If yes, how many?.....

Have you ever had a termination of pregnancy? Yes/No .....

If yes, what date (s).....

Have you ever had any problems or complications during pregnancy?

Yes/No.....

If yes, please give details.....

Have you ever had a cervical smear? Yes/No.....

If yes, Please give approximate date of last smear?.....

Are you currently using any form on contraception? Yes/No.....

(If yes, please select)

<b>Method</b>	<b>Tick</b>	<b>Method</b>	<b>Tick</b>
Condoms		Implant	
Contraceptive pill		Coil fitted	
Contraceptive injections		Other method	

## Smoking status

Please tick all those that apply and add additional information where requested

Smoking status	Tick		Details
Never smoked		n/a	n/a
Current smoker		Amount daily	
Ex smoker		Date started	
		Dated stopped	
		Amount used to smoke daily	

If you are a smoker, stopping smoking is the single most helpful thing you can do to improve your health and the health of people around you.

The practice would like to provide you with support to stop smoking. For further information or to make an appointment to see a local advisor, please call:

**0800 169 4219**

## Online access to appointments and repeat prescriptions

Do you want to be able to book appointments and order repeat prescriptions online?

Yes/No

## Fair processing notice

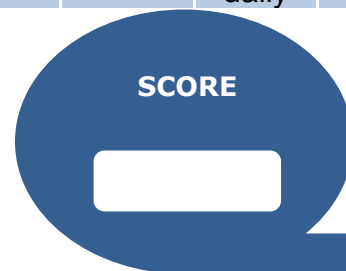
The information on this form will be processed according to data protection legislation on the legal basis of public task GDPR Article 6(1)(e) and special categories of personal data GDPR Article 9(2)(h). It may be disclosed to other NHS authorities for the direct provision of healthcare or for the purpose of healthcare, commissioning and planning. Please see our website for full details on how your information is stored, protected and shared.

We text patients with appointment reminders and information about our services. Are you happy for us to contact you in this way?

Yes/No

## Alcohol Questionnaire

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	



### Scoring:

If you score a total of 3 or more please continue on the next page



**Score from Alcohol Questionnaire  
(previous page)**

**Remaining AUDIT questions**

Questions	Scoring system					Your score
	0	1	2	3	4	
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	

**Scoring:** If your score is above 8 you are at risk of increasing Dependence, please book an appointment with the practice for help and Advice.

## **PLEASE HELP US BY PROVIDING INFORMATION ABOUT YOUR ETHNIC GROUP AND FIRST LANGUAGE**

Everyone belongs to an ethnic group, so all patients are being asked to describe their ethnic group. We are collecting this information to help the NHS and social services.

- Understand the needs of patients and service users from different groups and so provide better and more appropriate services for you.
- Identify risk factors – some groups are more at risk of specific disease and care needs, so ethnic group data can help treat patients and support service users by alerting staff to high risk groups.
- Improve public health by making sure that our services are reaching all of our local communities and that we are delivering our systems fairly to everyone that needs them.
- Comply with the law as race relations (Amendment) Act 2000 gives public authorities a duty to promote race equality and good race relations, and ethnic monitoring is important in making sure that race discrimination is not taking place.
- The 15 ethnic groups used are standard categories for collecting ethnic group information about the groups using our services with information from the census which tells us about our local population.

The list is not intended to leave out any groups of people, but to keep the group of ethnic information simple it is important to us that you are able to describe your own ethnic group.

If you need to complete any of the boxes labelled “any other group” then please give us some details so that we can better understand your needs. You do not have to complete the question but by providing this information is very important. It will help us with diagnosis and assessment of your needs, and it will also help us to plan and improve our service. The information that you provide will be treated as part of your confidential NHS record. The NHS and social services have strict standards regarding data protection and your information will be carefully safeguarded.

The Department of Health has asked us to record the ethnic origin and first language of all new patients.

This information will be added to your medical record.

If you do not wish to provide this, please tick the ‘information refused’ box at the end of the list.

**Ethnic origin** (please tick the description which you feel is most appropriate)

White - British	
White - Irish	
Other White Background	
Other White Background	
White - Traveller English	
White – Traveller Irish	
Mixed – White & Black Caribbean	
Mixed – White & Black African	
Mixed – White & Asian	
Other mixed background	
Asian or Asian British - Indian	
Asian or Asian British - Pakistani	
Asian or Asian British - Bangladeshi	
Other Asian background	
Black or Black British - African	
Black or Black British - Caribbean	
Other Black background	
Chinese	
Other ethnic background	
Information refused	

**First Language**

Albanian		Bengali		Cantonese	
Chinese		Croatian		English	
Ethiopian		French		German	
Greek		Hindi		Polish	
Spanish		Turkish		Urdu	
Other Spoken Language					

**Administration use only:**

Please use **AMC new patient health check template** to enter information

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### Re: Patient Involvement

Dear New Patient

The staff would like to welcome you to the practice "patient participation group" (PPG). We meet at least three times a year to discuss issues which impact on patients and the practice.

We also have a virtual patient participation group that allows patients to get involved online without having to attend meetings.

We want to know what you think of our practice so that we can continue to improve the services we offer. There are lots of ways you can tell us what you think:

- On the practice website [www.amedicalcentre.co.uk](http://www.amedicalcentre.co.uk)
- The Friends and Family Test Questionnaire (FFT) either located on the practice website or in the surgery waiting areas
- Patient surveys
- NHS Choices online
- Write something and post it anonymously in our comments box
- Speak to our practice operations manager, Kim Holloway.

If you are interested in these groups please fill in your details below or speak to a member of staff.

Your contact details will be kept separate to your medical records and will only be used for the purposes of patient involvement.

Yours sincerely

Kim Holloway  
Practice Operations Manager

### Please tear off and hand into reception

.....  
Name -

Address -

Telephone number -

Email address –



**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).

**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 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 .....

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### **Ref: Named GP**

Dear patient,

You may be aware that all practices are required to provide all their patients with a named GP.

We are now required to notify you of your GP and we wish to inform you that **Dr Nathan** is your named GP.

Whilst you have a named GP please note you are still able to see any Doctor in the practice at any time as you currently do.

You do not need to take any further action, but if you have any questions, or wish to discuss this further with us, please ask at reception or contact us either by post or telephone using the contact details above.

Kind Regards

Drs Walling, Nathan & Morris

## Accessible Information Standard

We will always try to provide correspondence and information in formats patients will find easy to understand-if you have any communication requirements (e.g. if you are blind, deaf or have difficulty reading or if you require sign interpreters etc.) please let us know and we will help.

This form has been written so you can let us know of any specific needs you might, have so we can record these on your records for future reference

### The Communication Support You Require

- I use a legal advocate
- I use a citizen advocate
- I use a hearing aid
- I use sign language
- I use British sign language
- I use Makaton sign language
- I use lip-reading
- I use a manual note taker
- I use a electronic note taker
- I use a speech to text reporter
- I use a cued speech transliterator
- I use a lipspeaker
- I use a textphone
- My preferred method of communication is written
- I use an alternative communication skill which is: -  
\_\_\_\_\_
- I use a Personal Communication Passport
- I use a communication device which is: -  
\_\_\_\_\_
- I use a deafblind intervener
- I require slow verbal communication
- I require loud verbal communication
- Other: -  
\_\_\_\_\_

### The Specific Contact Method You Require

- I require contact by telephone
- I require contact by text relay
- I require contact by short message service text message
- I require contact by letter
- I require contact by email
- I require audible alert
- I require visual alert
- I require tactile alert
- Other: -  
\_\_\_\_\_

### The Specific Information Format You Require

- I require information verbally
- I require information on digital versatile disc (DVD)
- I require information on compact disc (CD)
- I require information on audio cassette tape
- I require information in Easyread format
- I require information by email
- I require information in electronic audio format
- I require information in Moon alphabet
- I require information in Makaton
- I require information in contracted (Grade 2) Braille
- I require information in uncontracted (Grade 1) Braille
- I require written information in at least 20 point sans serif font
- I require written information in at least 24 point sans serif font
- I require written information in at least 28 point sans serif font
- I require information on USB mass storage device
- I require information in electronic downloadable format
- Other: -  
\_\_\_\_\_



## The Communication Professional You Require

- I require a British Sign Language (BSL) interpreter
- I require a Makaton Sign Language interpreter
- I require an advocate
- I require a deafblind communicator guide
- I require I need a Sign Supported English interpreter
- I require a deafblind manual alphabet interpreter
- I require a deafblind block alphabet interpreter
- I require a deafblind haptic communication interpreter
- I require a manual note taker
- I require a lipspeaker
- I require a Visual frame sign language interpreter
- I require a Hands-on signing interpreter
- I require speech to text reporter
- Other: -  
\_\_\_\_\_

## The Nature of your Communication Need

- Registered partially sighted
- Registered blind
- Deafness
- Bilateral deafness
- Unilateral deafness
- Partial deafness
- On learning disability register
- Autistic spectrum disorder
- Dyslexia
- Other: \_\_\_\_\_

