

New Patient Registration Information

Please complete the GMS1 Registration form and the following pages in full. This will form your medical record until we receive your full records.

Then take your blood pressure using the machine in the reception area and give it to the receptionist with your completed forms.

You will need proof of address i.e. a recent utility bill, council tax bill, or tenancy agreement (business headed letter) and Proof of I.D or student card.

If you were born outside of the UK, bring your Passport and Visa with you.

Use the area checker on our website to see if you are residing within our practice catchment area: www.rmgmc.co.uk

Please do not attend the surgery for registrations until after 10.30am to allow us to deal with clinical matters.

123 Rectory Lane
Chelmsford
CM1 1TR

Tel: 01245 348688 / Fax: 01245 458800

(Branch site)
158 Wood Street
Chelmsford
CM2 8BN

Tel: 01245 354732 / Fax: 01245 344562

Title: Surname:.....

Forenames: Middle Name:

Date of Birth:Town of Birth:.....

Country of Birth:

NHS Number (if known):

Address:.....

..... Post code

Tel: Home:..... Mob:.....

Do you consent to receiving SMS messages ? Yes No

If no box is ticked it will be assumed that your consent is given.

Would you like to become part of our virtual patient group?

Yes No This is only via email, no attendance is required.

Email:.....

Occupation:

Ethnic Origin please tick:

White British Irish European If 'other' please specify:

.....

Black Caribbean African Other Mixed If 'other' please specify:

Asian Indian Pakistani Chinese If 'other' please specify:

.....

Mixed White/Black Caribbean White/Black African

White +Asian If 'other' please specify:

Lifestyle Information:

Never smoked Smoker How many a day?

Ex-smoker When stopped?

How many units of alcohol do you drink per week?

(1 unit = a half pint of normal strength beer or 1 measure of spirits and 2 units = one small glass of wine).

Physical Activity: Active Inactive

Height: Weight:

Current Medication: Are you currently receiving care at any other medical establishment? Yes No

Kindly attach your repeat medication list. - Please list any known allergies:

Do you currently have or had any of the following?

Diabetes Yes No Heart Attack Yes No
Asthma or COPD Yes No Stroke Yes No
High Blood Pressure Yes No Angina Yes No

Females Only:

Date of your last smear test:.....

Have you had any children? Yes No

Please give dates of birth:.....

Have you had a hysterectomy? Yes No

If 'yes' please state date:

Do you have a coil or implant? Yes No

If 'yes' please state date fitted.....

Family History:

Are you adopted? Yes No

Does anyone in your family have or previously had any of the following:

Cancer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	High BP	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Heart Disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Stroke	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Glaucoma	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Next of Kin:

Name:.....

Relationship:Contact No:

Do you have a carer who looks after you? Yes No

If 'yes' carer's name:

Are you a carer for someone? Yes No

If 'yes' person's name.....Contact No:.....

Responsible GP: You will be allocated a GP who will be responsible for your overall care at the practice. However, you do not have to see this GP and have the choice to see any of the doctors for your care.

If you are taking regular medication you will need to book an appointment with the doctor for your first Repeat Prescription.

Zero Tolerance

We have a policy of zero tolerance of verbal or physical violence towards our staff or other patients. Patients who ignore this will be removed from the list and may face police action.

On-Line Services

Would you like to register for On-line services: Yes No

You can book/cancel appointments, order prescriptions and see your read coded record and results.

If 'yes' ask the receptionist for a registration form and information leaflet. You will need photo ID with you to complete the process. Over 16yrs only.

Accessible Information Standard

The accessible information standard tell organization how they should ensure that disabled patients / service users and, where appropriate, carers and parents, receive information in formats that they can understand, and that they receive appropriate support to help them communicate. Please complete the section below to help us identify any specific communication needs you may have.

Do you need information communicated to you in a specific format? Yes No If yes, give details of the format that you need:

.....

Do you need support when attending the surgery? Yes No If yes, please given details of the support you need?

.....

www.englands.nhs.uk/accessibleinfo

Summary Care Record (SCR)

Is a summary of a patient's sensitivities/allergies/current medication, which is uploaded to the national Spine. It can be accessed by any legitimate Clinician and is beneficial when a patient is seen at a hospital /Out of Hours/temporary resident at a GP practice. It is advisable to stay registered for this service.

Do you consent to sharing you summary care record? Yes No

This must be indicated for your children also, if applicable.

For more information about the practice and to see our practice leaflet, visit our website: www.rmgmc.co.uk

For office use only:

New Patient Questionnaire complete Enter code: 9187.

Staff Initials..... Date.....

Document to be scanned to patient medical record.