

# RAVENSWORTH SURGERY

Horsley Hill Road  
 South Shields, NE33 3ET  
 Tel: 0191 455 2093  
 Email [NOT for personal health related queries]: nencicb-styn.a88608@nhs.net

# THE MEDICAL CENTRE

Wear Street  
 Jarrow, NE32 3JN  
 Tel: 0191 428 0606

## APPLICATION TO REGISTER

Please be aware that we are an **SCR** practice. “**Summary Care Record**” [SCR] is an electronic summary of a patient’s key clinical information which is hosted on the spine. It is accessible by healthcare staff that are providing emergency or urgent care. Please read the attached information about your **SCR**, make your choice and hand back to the reception team. Please also read the leaflet regarding use of your **data within the NHS generally**. Data is collected by NHS Digital from a variety of sources, not just GP surgeries. If you wish to opt out of NHS Digital using any of your information from any care provider services, please telephone them on the number given or go on line-the surgery cannot do this for you. Finally, if you do not wish any of your information to leave the GP surgery, other than to be used for your individual care, please confirm you wish to make a **Type 1 objection** and we will code your record accordingly [9Nu0]

### PATIENT INFO

<i>Title:</i>	<i>Forename:</i>	<i>Surname:</i>	
<i>Date of Birth:</i>	<i>NHS Number:</i>	<i>Marital Status</i> ♂	<i>Gender</i> ♂
<i>What is your preferred name: What are your preferred nouns-ie: he/she/they etc.</i>		<input type="checkbox"/> Single <input type="checkbox"/> Mar <input type="checkbox"/> Civil Partnership <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid	<input type="checkbox"/> M <input type="checkbox"/> F  Is your gender the same as you were assigned at birth? <input type="checkbox"/> Y <input type="checkbox"/> N
<i>Regarding your birth assigned gender-are you up to date</i> <input type="checkbox"/> Y <input type="checkbox"/> N	<i>with screening ie: cervical smear/breast/testicular etc?</i>		
<i>Which of the following options best describes how you</i> <i>Woman/trans woman</i> <input type="checkbox"/> <i>Man/trans man</i> <input type="checkbox"/> <i>Non-binary</i>	<i>think of yourself?</i> <input type="checkbox"/> In another way <input type="checkbox"/> please state if you wish.....		
<i>Which of the following options best describes how you</i> <i>Heterosexual or straight</i> <input type="checkbox"/> <i>Gay or lesbian</i> <input type="checkbox"/> <i>Bisexual</i>	<i>think of yourself?</i> <input type="checkbox"/> Other sexual orientation not listed <input type="checkbox"/> .....		
<i>Home Name / Number &amp; Street</i> ♂	<i>Town / City</i> ♂	<i>Postcode</i> ♂	
<i>Nursing Home Pt</i> <input type="checkbox"/> <i>or Residential Home Pt</i> <input type="checkbox"/>	<i>Home Telephone Number:</i>		
<i>Email address:</i>	<i>Mobile Telephone Number:</i>		
<b>Occupation</b> →	<i>Are you a carer for anyone?</i> ♂		
<i>Have you served in the Armed Forces?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES & if our patient, whom?.....		<input type="checkbox"/> NO
<b>Additional personal information [please state]:</b>			
<i>What is your ethnic origin and your first language?:</i> <i>If we are able to provide, would you require an interpreter for consultations and if so, which language? .....</i>			
<i>Please state any communication or other difficulties [ie: loss of hearing/impaired vision/phobia etc].....</i> <i>If we are able to provide, would you require a signer for consultations?.....</i>			
<b>How can we help you to be more comfortable and involved in your consultations?.....</b> ..... .....			

### NEXT OF KIN INFO (Emergency Contact)

<i>Title</i> ♂	<i>Forename</i> ♂	<i>Surname</i> ♂	
<i>Date of Birth</i> ♂			
<i>Home Name / Number &amp; Street</i> ♂	<i>Town / City</i> ♂		
<i>County</i> ♂	<i>Postcode</i> ♂		

Home Telephone Number ☞	Mobile Telephone Number ☞
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<b>Please confirm your consent to contact this person</b>	<b>&amp; share your health info in emergency/urgency:</b>
Relationship to Patient ☞	
<input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Mother / Father <input type="checkbox"/> Brother / Sister <input type="checkbox"/> Son / Daughter <input type="checkbox"/> Uncle / Aunt <input type="checkbox"/> Other .....	

**CARER INFO [Emergency Contact]**

Do **you** have a carer (anyone who looks after you during illness, this could be husband or wife, relative or friend)?  
 YES    NO

Title:	Forename:	Surname:
Date of Birth:	If a relative, which?:	
Home Name / Number/ Street:		Town / City/ Postcode:

Carer Home Telephone Number:	Carer Mobile Telephone Number:
<b>Please confirm your consent to contact this person</b>	<b>&amp; share your health info in emergency/urgency:</b>

**FAMILY HISTORY**

Is there a history of any of the following? ☞

Diabetes	<input type="checkbox"/> YES & which relative.....	<input type="checkbox"/> NO
Coronary Heart Disease	<input type="checkbox"/> YES & which relative.....	<input type="checkbox"/> NO
Chronic Obstructive Airways Disease:	<input type="checkbox"/> YES & which relative.....	<input type="checkbox"/> NO
Asthma:	<input type="checkbox"/> YES & which relative.....	<input type="checkbox"/> NO
Hypertension:	<input type="checkbox"/> YES & which relative.....	<input type="checkbox"/> NO
Osteoporosis:	<input type="checkbox"/> YES & which relative.....	<input type="checkbox"/> NO

**CURRENT MEDICATION**

Please list any medication **you** are currently taking, including over the counter medicines, HRT or contraceptives. ☞


**HEALTH PROMOTION AND PREVENTITIVE CARE**

**Children:** Are you up to date with childhood immunisations? ☞  YES    NO

**Adults:**  
Please list any holiday or occupational health vaccinations: ☞

**Please only answer the below questions that apply to you/your body:**

**Cervical Screening [smears/HPV]**  
Aged 25 to 65, are you up to date with smears?      When & where was your last smear?  
 YES       NO

Are you currently pregnant? ☞      Are you up to date with breast screening-where appropriate?  
 YES – expected delivery date:       NO       YES       NO

If you are using contraceptives please specify:

**Prostate / Testicular screening:** Are you up to date? Date of last known:

## DECLARATION

Please note this practice focuses on health education and preventative care and therefore encourages patients to take responsibility for their own healthcare by being up to date with childhood immunisations, cervical smears and other health related screening and partaking in Shared Care discussions wherever appropriate.

The surgery uses Accuryx & possibly other text/sms messaging services to remind of appointments and occasionally other health related matters, please ensure your personal mobile 'phone number is always updated with us.

If you wish to opt out of these services please tick here:

I accept responsibility for my own healthcare, working in partnership with the practice.

Signed:

Date:

### OFFICE USE ONLY

ACCEPTED

REJECTED