



Welcome to Langport Surgery!

Please fill out all the forms enclosed and return them to the surgery; your registration can take up to 2 weeks to complete and you will be notified when this has been done. If you need be seen urgently, please make the Receptionist aware and this process will be expedited for you.

HOW TO CONTACT THE DOCTOR

Urgent Care Appointments

For same day medical problems, please call Reception before 4.00pm to be given an appointment with our Acute Care Team.

Routine Appointments

For non-urgent medical issues, you can book in advance via Reception by calling 01458 250464 or submitting an Online Consultation Monday to Friday between 8.00am and 6.30pm. Our receptionists may ask you a series of questions to determine the type and length of appointment you need; this may not always be your GP but could be with a Nurse Practitioner, Musculoskeletal Practitioner or Physicians Associate for example. Your appointment may take place in person, via telephone or video consultation depending on your medical problem.

Online Consultation

An Online Consultation is a way to send a secure message to request help or advice or tell the doctor about your problem. The doctor may be able to deal with your query online; simply submit your query via our website and the reception team will book a slot for the Doctor to get back to you.

You can also submit a request to be booked for a routine appointment via this system if you prefer not to phone the surgery. Please be aware that this system should not be used for urgent same day medical problems; these should always come via phone.

What do I need to do now?

For submitting online consultations, please go to our webpage www.langportsurgery.co.uk and click on the blue box titled 'Online Consultations'. You can submit routine problems and query requests here. Please DO NOT submit urgent or same day queries through the online system.

If you do not have access to the internet or are struggling to submit your request, please do contact Reception on 01458 250464 where a receptionist will be happy to help you or book an appointment for you!

How long until I hear back?

We aim to respond to all online consultations within 3 working days; if you have not received a response in this time, please call reception.

USEFUL INFORMATION

| | |
|--------------------------------------|--|
| Langport Surgery Main Number: | 01458 250464 |
| Repeat Prescription Line: | 01458 253253 Open from 9:30am – 11:00am |
| Langport Surgery Website: | www.langportsurgery.co.uk |
| Acute Eyecare Service (ACES): | Please contact Reception for local ACES provision |
| Dental Advice Line: | NHS 111 |
| Local Minor Injuries Units: | Bridgwater Community Hospital, Bower Ln, Bridgwater TA6 4GU (8am – 8.30pm) West Mendip Hospital, Old Wells Rd, Glastonbury BA6 8JD (8am – 8.30pm) |



Langport Surgery

Please complete all pages in FULL using BLOCK capitals

CONFIDENTIAL MEDICAL REGISTRATION FORM (ADULT)

Title: Mr Mrs Miss Ms Mx

Sex: Male Female

Surname

First Names (in full)

Preferred Calling Name

Previous Surname(s)

Date of Birth (dd/mm/yyyy) NHS Number (10 digits)

Town & Country of Birth

Address
Post Code:

Telephone number Mobile number

Email address

Please help us trace your previous medical records by providing the following information:

Your previous address in the UK
Post Code:

Name of Previous GP

Name and Address of Previous GP Surgery
Post Code:

If you are from abroad (Overseas Questionnaire also to be completed):

Your first UK address where Registered with a GP
Post Code:

If previously resident in the Date you first

UK date of leaving

came to the UK

If you are returning from the Armed Forces:

Addresss before enlisting

[Large text box for address] Post Code: [Text box]

Enlistment date

[Text box]

Date of leaving forces

[Text box]

Please tell us about yourself:

Please list any allergies you have

[Large text box for allergies]

What is your height?

[Text box]

What is your weight?

[Text box]

Lifestyle smoking

Do you smoke?

Yes No

If yes, which of the following do you smoke;

Cigarettes Roll Own Cigarettes

Are you an ex-smoker?

Yes No

When did you give up?

[Text box]

How many cigarettes do you or did you smoke?

<1/day 1-9/day 10-19/day 20-39/day 40+/day

If you smoke rolled cigarettes how many grams a week do you or did you smoke?

[Text box]

Lifestyle alcohol

Do you drink alcohol?

Yes No

If yes how many units a week?

[Text box]

(1 unit = 1/2 pint of beer/cider, 1 glass of wine, 1 measure of spirit)

Please also complete our Alcohol Use Questionnaire

Family History

Has a close relative suffered with any of the following?

Heart disease under 60 years of age?

Yes No

Which relative(s)

[Text box]

Heart disease over 60 years of age?

Yes No

Which relative(s)

[Text box]

Stroke?

Yes No

Which relative(s)

[Text box]

Are you Housebound? Yes No

Do you have a carer? Yes No

A carer as defined by Carer UK is someone of any age who "provides unpaid care and support to ill, frail or disabled friends or family members who could not manage without help"

Information about your carer:

Full Name

Relationship

Address
(if different from yours)
Post Code:

Telephone Number Mobile Number

Is this person registered at Langport Surgery? Yes No

Communication requirements

Do you have any communication needs relating to a disability, impairment or sensory loss?
For example Large Print, Sign Language, Easyread, Braille etc.

If so, please state

Ethnicity

Please indicate your ethnic origin:

- British or mixed British Irish African Caribbean Indian Pakistani
 Bangladeshi Chinese Other (please state):
 Do not wish to state

Spoken First Language

Next of kin

Name

Relationship to Patient

Address
Post Code:

Telephone Number Mobile Number

Supply of Medicines and Appliances Prescribed by Langport Surgery

We are a dispensing practice for any patient who resides more than 1 mile (1.6 kilometres) 'as the crow flies' from a chemist. They have the choice for their prescriptions to be provided by the dispensary at the surgery. If this applies to you and you wish us to dispense your prescriptions please tick the box below:

I live more than 1 mile 'as the crow flies' from the nearest chemist

Signature

I confirm that the information I have provided is true to the best of my knowledge.

Sign:

Date:

Signature of patient Signature on behalf of patient

NHS Organ and Blood Donation Register

If you wish to register on the NHS Organ or Blood Donation Register please self-register on www.nhsbt.nhs.uk or telephone the helpdesk on 0300 123 2323

IMPORTANT INFORMATION

Patients **MUST** bring the following documents when handing in this form at reception;

Photographic Identification – Passport or Driving Licence

AND

Document confirming address –

Tenants Rental Agreement, Mortgage Company letter, Solicitors letter, Insurance Company letter, Utility Bill (not mobile phone), Bank Correspondence

Patients from Overseas who are registering with a GP surgery for the first time and intend to reside in the UK permanently **MUST** bring the following documents when handing in this form at reception;

Photographic Identification – Passport or Identity Card

AND

Document which shows proof of settled residency –

Rental/Housing agreement, Utility Bill (not mobile phone), Bank Correspondence, Document from employer confirming employment



Alcohol Use Disorders Identification Test

Full Name

DOB

For each question select your answer and tick the appropriate box (please complete ALL questions)

One unit of alcohol is: ½ pint average strength beer/lager OR one glass of wine OR one single measure of spirits. A can of high strength beer or lager may contain 3-4 units.

1. How often do you have a drink containing alcohol?

Never Monthly or less 2-4 times a month 2-3 times a week 4 or more times a week

2. How many units of alcohol do you drink on a typical day when you are drinking?

1 or 2 3 or 4 5 or 6 7, 8 or 9 10 or more

3. How often do you have six or more units of alcohol on one occasion?

Never Less than monthly Monthly Weekly Daily or almost daily

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

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

Never Less than monthly Monthly Weekly Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never Less than monthly Monthly Weekly Daily or almost daily

7. 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

8. 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

9. Have you or someone else been injured as a result of your drinking?

No Yes, but not in the last year Yes, during the last year

10. Has a relative or friend or doctor or another health worker been concerned about your drinking or suggested you cut down?

No Yes, but not in the last year Yes, during the last year

STAFF USE ONLY

Code 38D4
(Total out of 12)

Code 38D4
(Total out of 40)



Langport Surgery

Please complete all pages in FULL using BLOCK capitals

ONLINE MEDICATION ORDERING

Do you take any Repeat Medications? Set up online prescription ordering today by downloading the NHS App or visiting www.patientaccess.com

You will be sent a Linkage Key and an Account Code to the email you have provided below once you have been registered at the surgery. This will link you to Langport Surgery and allow you to order your medication online.

I would like to set up Online Prescription Ordering

Full Name

Date of Birth (dd/mm/yyyy)

Mobile number

Email address

By Signing below, I agree to Langport Surgery activating my online Medication Ordering via Patient Access or the NHS App.

Signed:

Date:

OFFICE USE ONLY

Date application form received.....

ID verified by

Method of identification (please tick all that apply):

- Identification document(s) provided (please state).....
- Identification vouched by staff member (please state).....
- Identification vouched with confirmation of information held in medical record

Please tick the following once completed:

- EMIS settings configured
- Patient informed/provided with logon details

Date of completion.....



NHS Summary Care Record



Langport Surgery

Langport Surgery is supporting Summary Care Records and as a patient you have a choice.

What is the NHS Summary Care Record?

The NHS Summary Care Record is a short summary of your GP medical records. Its intention is to help clinicians in Accident and Emergency, 'Out of Hours' and other health services, that do not know your medical history but wish to provide you with safe, timely and effective treatment.

Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs. Having a Summary Care Record helps you recall vital information when receiving care. Only authorised healthcare professionals providing you with care in England, will be allowed to access your record, this is once they have asked your permission.

What medical information is included in the NHS Summary Care Record?

The **Basic Summary Care Record** contains basic information about:

- Allergies you suffer from
- Medication you are taking
- Any bad reactions to medicines you have previously taken

The **Enhanced Summary Care Record** contains additional information including:

- Your illnesses and health problems
- Operations and vaccinations you have had in the past
- How you would like to be treated - such as where you would prefer to receive care
- What support you might need
- Who should be contacted for more information about you

Please tick a box and sign below:

Yes I want a **Basic** Summary Care Record (Code as: 9Ndm)

Yes I want an **Enhanced** Summary Care Record (Code as: 9Ndn)

No I do not want a Summary Care Record (Code as: 9Ndo)

Name of patient: Date of Birth:

Signature: Date:

If you are completing this form on behalf of another person, please ensure that you fill out their details above; **you** sign the form above and provide your details below:

Name:

Capacity – please circle one

| | | |
|--------|----------------|--|
| Parent | Legal Guardian | Lasting power of attorney for health and welfare |
|--------|----------------|--|