

# New Patient Information



Welcome to The Glebe Practice and thank you for registering with us. Please fill in this form as accurately as possible as it will enable us to collect some background information about you before we receive your medical records from your previous practice. Please take advantage of our practice welcome check with the nurse which can be arranged when you submit your registration forms.

First name..... Middle name.....

Surname..... DOB.....

Ethnicity..... Main spoken language.....

Home telephone number ..... Mobile telephone number.....

Have you ever had any serious illness or operations?  
.....  
.....  
.....  
.....

Are you taking any medication?

Please bring details of any medication you may be taking to your welcome check. Please note we require either the right hand side of your prescription or the packaging of the medication you are taking. This is to ensure you are not issued with the incorrect medication.

Do you have any known allergies?  
.....

Do you smoke?

Never Smoked Tobacco     Ex-Smoker     Current Smoker .....Per day

Do you drink?

Teetotal     Drink alcohol ..... Units per week

Please provide any other medical information you think we should know  
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.....  
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The Glebe Practice participates in the NHS Shared Care Records scheme whereby we share core clinical data about our patients to A&E and Out-Of-Hours services including information about medication, allergies and any adverse reactions. Additional data can also be shared including diagnoses and care plans if you express consent to this. For more information please speak to your clinician. Patients can opt out of this scheme if they wish, please tick your preference:

Share my core data                       Share my core data AND additional information                       Opt out

If we don't receive a response we will assume implied consent to share core data

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The practice uses an online service, Patient Access, to allow patients to order repeat medications, make routine appointments up to two weeks in advance, view medical records and test results and change contact details. Please ask the receptionist if you wish to register for Patient Access.

If you would like to join our Virtual Patient Participation Group please ask the receptionist for details. This will give you the opportunity to have your say on how our services are delivered.

The practice uses MJog which is an automated digital messaging service via Email and SMS. If you would like to be contacted by Email and/or SMS and receive any correspondence in this way please read the statement below and sign in the space provided.

I am aware that whilst the NHS mail system is fully secure, I will be responsible for the security of my own Email and SMS accounts and the Practice cannot be held responsible for access rights to my accounts. I understand that this permission will remain in force until cancelled by me in writing.

Email address .....

Signed .....

Please inform the practice if your details change to ensure that you receive any communications

**Please hand in this form at reception along with your completed GMS1 registration form**