**NOVUM HEALTH PARTNERSHIP**

#### Rushey Green Site Baring Road Site

Hawstead Road, SE6 4JG 282 Baring Road, SE12 0DS

Head Office: The Primary Care Centre, Hawstead Road, London SE6 4JH

Email: lew-pct.g85633-general@nhs.net Tel: 020 7138 7150 Fax: 020 8690 7185

Dr Judy Chen Dr Shashi Arora Dr Alberto Febles Dr Michael Ho

**NEW PATIENT REGISTRATION FORM**

**Please return fully completed forms to the Practice *in person*   
 Monday – Friday between 8.30am – 6.30pm. Please note during busy times you may have to wait, as the telephone’s take priority. Thank you.**

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**Patient Details:**

**Title:** Mr / Mrs / Miss / Ms **Date of Birth:**………/...…..…/……..

**Gender:** Male / Female **Marital Status: ………………..…….**

**Surname:**….…………………………… **First Name:**………………………………

|  |
| --- |
| **Have you lived in UK for more than 5 years: Yes No**  **If the answer to the above question is No, which year did you enter the UK?** ……….  **If you have not lived in the UK for more than 5 years, which country/countries did you live in before coming to the UK?** ……………………………………………………….  **Have you travelled abroad in the last 6 months? Yes No**  **If the answer to the above question is Yes, which country/countries did you visit?**  …………………………………………………………………………………………… |

**Home Address including Post Code:** …………………………………….…………………………………………………………

**Mobile Number:** …………………………..**Home Number:** …………………………….

**Work Number:** …………………………**Email Address:**………………............................

*All patients will be registered for online access when they provide email address details*.

**Main language spoken:**………………………………**Interpreter needed: y Yes No**

**Previous or current contact with Social Services: Yes No**

**Next of Kin (emergency contact):**

**Full Name:** …………………………………**Relationship:** ..........................................

**Telephone Number(s):** ………………………………………………………………

**Text Message Appointment Reminders**:

Do you want to use the SMS text message service? **Yes No**

**SMS Text Messaging:** You can take advantage of our SMS messaging service, by authorising us to use your mobile telephone number. We can send you details direct to your mobile phone about your forthcoming appointments, time, date and who your appointment is with.

**Lifestyle:**

Height: ………………………………. Weight: ……………………….………….

Any known allergies: …………………………………………………………………..

**Smoking Information:** ( ) I have never smoked

( ) I currently smoke ………… cigarettes

( ) I am an ex smoker

**I currently smoke and would like to give up smoking Yes No**

**Alcohol:** Units per week ………….………of alcohol

**Smear Test (females 25 to 65 years old):**

Date of last smear: …………Result of last smear: ……………Location/where:…………….

If you have not had a smear test within the last 3-5 years would you like to book one?

🞏 Yes 🞏 No **(disclaimer to be signed, ask Reception)**

**Ethnic Monitoring**

Please tick which ethnic group best describes your background?

**White Asian or Mixed Black**

**Asian British**

* British 🞏 Indian 🞏 Black Caribbean & White 🞏 Caribbean
* Irish 🞏 Pakistani 🞏 Black African & White 🞏 African
* Other White 🞏 Other Asian 🞏 Other Mixed 🞏 Other Black

**Carer Information**

A Carer is someone who looks after a family member, a partner or friend in need of help because they are mentally or physically ill, frail or disabled.

Are you a Carer? Yes No

If yes, please state who you care for:

Name:…………………………………………………Relationship:………………………

Is someone a Carer for you? Yes No

If yes, please state Carer’s name:………………………………………….DoB:…./…./

Address:………………………………………………………………………………………

**Patient/Representative to sign below to acknowledge:**

* **Novum Health Partnership Patient Agreement.**
* **We require all patients to choose a pharmacy of choice for Electric Prescription Service.**
* **By signing this application you are giving consent for the practice to use your data as set out in out in General Data Protection Regulations – Practice and Patient Privacy Information sheets. They can both be found at** [**www.novumhealth.co.uk**](http://www.novumhealth.co.uk)

**Signed……………………………………………………………………….**

**Date…………………………………………………………………………..**

**For Practice Use only**

|  |  |
| --- | --- |
| **Receptionist Name and Date Form checked:** |  |
| **Missing/Vulnerable Families Register checked:** |  |
| **Proof of Address seen I.e. bank statement, council tax bill etc** |  |
| **ID copy taken for Online access:** | Yes or No |
| **New Patient Check Appointment if born before 1978** | Date: Time: |
| **Named Accountable GP** | Dr Chen / Dr Febles / Dr Ho |
| **Details entered on EMIS:** |  |
| **EMIS Access emailed:** | Yes or No |
| **EPS Pharmacy given:** | No or Name of Pharmacy: |

**Novum Health Partnership Patient Agreement**

**Please understand that by completing and signing this form you agree to the following:**

1. That you have completed the registration questionnaire to the best of your knowledge.
2. To keep your appointments and if you are unable to do so you will inform the practice as soon as possible. (We will remind you of your appointments by text if you give us a mobile number).
3. That you undergo a new patient health check if over 40 years old or have not lived in the UK for more than 5 years to validate your registration
4. To keep us updated of any change of address or telephone number
5. **To behave towards the Practice staff as you would expect us to behave towards you, not using threatening, aggressive or bullying behaviour towards our staff / other patients.**
6. **To not deface or cause damage to any part of the building or its grounds.**

**Signature of Patient:**...................................................... **Date:** ....... / ....... / .......

**What Happens Next?**

* Please take these completed forms to the Practice anytime, however it may be better not to come during our peak periods (8am – 11am or 1pm - 2pm) together with your proof your address and photo ID, and you can expect to be registered **within 7 working days**.
* You will be booked a New Patient Health Check if over 40 years old or have not lived in UK for more than 5 years to validate your registration.
* If we are unable to register you, we will notify you of the reasons in writing.
* Your NHS medical card will be sent to you from NHS England within 12 weeks of registration if you are new to the area.
* Your named GP will be Dr…………..………... but you are entitled to see any Doctor at the Practice.
* You are encouraged to ask to see the same Doctor whenever you book a routine appointment. For an urgent appointment you will be allocated any of the doctors available for the session.

**THANK YOU FOR COMPLETING THIS FORM**