KINGSTON HEALTH CENTRE

Welcome to Kingston Health Centre

Have you been registered with a GP before in the UK?

Are you eligible to register with the NHS?

'The National Health Service is primarily for the benefit of people who live in this country. It is therefore considered that eligibility to receive free medical treatment should relate to whether a person is ordinarily resident in the United Kingdom (UK) and not to nationality, the payment of National Insurance contributions or taxes.

The courts have decided that a person is regarded as "ordinarily resident" in the UK if he or she is lawfully living in the UK voluntarily and for a settled purpose as part of the regular order of his or her life for the time being. A person must have an identifiable purpose for his or her residence here and that purpose must have a sufficient degree of continuity to be properly described as settled. It is unlikely that anyone coming to live in the UK, intending to stay for less than 6 months, will fulfil these criteria.'

(source: http://www.hpa.org.uk/webc/hpawebfile/hpaweb_c/1194947353623)

In summary

- ❒ They will be in the UK for at least 6 months.
- ❒ Their passport is open-ended – allowing them to stay for at least 1 year, without any restrictions.

Please sign below if you feel you are eligible to register with an NHS GP

Sign Date

Please complete this form fully to allow us to plan your care.

THANK YOU.

Mr/Mrs/Miss/Ms/Other:	Full Name:	
Marital Status:	Date of Birth:	
Telephone number home:	Telephone Number Mobile:	
Email contact details:		
Are you happy for us to send you text message / email reminders? Yes ☐ No ☐		
Next of Kin Name	Relationship to you:	
Address:	Telephone Numbers: Home: Mobile	
Do you have a Carer? Yes ☐ No ☐		
I am CARED FOR BY / I am a CARER FOR (Please circle) Name:	Relationship to you:	
Address:	Telephone Numbers: Home: Mobile:	

Please list any relevant medical history and approximate dates (e.g. illnesses, conditions, operations)

Do you take any regular medication ? (Include any medication you buy without a prescription, including asthma inhalers, contraception)

PLEASE MAKE AN APPOINTMENT FOR A MEDICATION REVIEW BEFORE YOU REQUIRE A FURTHER PRESCRIPTION. YOUR MEDICATION MAY BE CHANGED TO REFLECT LOCAL GUIDELINES.

Are you allergic or intolerant to any medication? Please specify
Are you allergic or intolerant to anything else? Please specify

Does your mother, father, brother or sister suffer from the following: (please state which relative)	
Heart Disease:	Diabetes:
High Blood Pressure:	High Cholesterol:

LIFESTYLE QUESTIONS

Your height:			Your weight:
Smoking status			
Never Smoked		Yes ☐	
Current Smoker	Cigarettes	Yes ☐	how many do you smoke a day?
	Pipe Smoker	Yes ☐	how much tobacco do you smoke a day?
	Cigar Smoker	Yes ☐	how many do you smoke a day?
	Shesha Smoker	Yes ☐	how much shesha do you smoke a day?
Ex Smoker		Yes ☐	When did you give up?

FEMALE PATIENTS

Date of last cervical smear:	Result:
Where was this done? GP Surgery ☐ Other ☐	Have you ever had a cervical smear which was not "normal"? Yes ☐ No ☐ When?
Type of contraception used:	

ALCOHOL- Audit – C Screening Toolkit (Bush et al 1998)

Do you drink alcohol? Yes ☐ No ☐			How many units per week?			
	0	1	2	3	4	Score
How often do you have a drink that contains Alcohol?	Never	Monthly or Less	2 – 4 times a month	2 – 3 times a week	4 + times a week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 – 2	3 – 4	5 -6	7 -8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Total Score						

The Department of Health has asked us to collect ethnicity data to ensure everyone has equal access to health care.

Ethnic Category		Please tick		Please tick
White	British		Irish	
	Other white			
Mixed	White & Black Caribbean		White & Black Asian	
	White & Asian		Other mixed	
Asian / Asian British	Indian		Bangladeshi	
	Pakistani		Sri Lankan	
	Other Asian		Korean	
Black / Black British	Black Caribbean		Black African	
	Other Black			
Other	Chinese		Arab	
	Other ethnic category		Not Stated	
What is your country of origin?		What is your first language?		
Do you speak English ? Yes ☐ No ☐		If no do you require assistance? Yes ☐ No ☐		

We offer the following checks & NHS services for our patients, please indicate if you would like to book an appointment

	Yes	No
New Patient Screening – if you would like a new patient screening appointment with one of our Health Care Team	❍	❍
Sexual Health **Contraception -** If you would like to discuss alternative methods of contraception i.e. coil, implants	❍	❍
Chlamydia Screen - If you are between the ages of 15 – 24 and sexually active you are entitled to a FREE Chlamydia Screen. You do not need an appointment, please speak a member of the team. (***Why it is important:*** *There are no visual signs that you have Chlamydia. It is completely invisible. If untreated in women it can lead to infertility and in men it can cause many symptoms one of which is painful testicles*)	❍	❍
Hepatitis B Vaccination – is available for anyone who is at increased risk of Hepatitis B or its complications (*people who inject drugs or have a partner who injects drugs, people who change their sexual partners frequently, men who have sex with men, male and female sex workers, people who work somewhere that places them at risk of contact with blood or body fluids, such as nurses, prison staff, doctors, dentists and laboratory staff)*	❍	❍
HIV Testing – we recommend that **all newly registered** patients have an HIV test (as per local guidelines). (***Why it is important:*** *HIV is a treatable disease, it is recommended that even low risk patients are tested. Having the test does not affect any insurance life premiums*)	❍	❍
Health Checks for patients aged 40 – 74 is offered every 5 years to assess your risk of developing heart disease, stroke, kidney disease or diabetes and offer advice on how to reduce your risk	❍	❍
Medication Review with GP – essential for all new patients on regular medication. We will be unable to prescribe any repeat medication if you have not had a review.	❍	❍
Chronic Conditions – if you have a chronic condition please book: **Diabetic** – blood test and review **Asthma -** review with Practice Nurse **COPD -** annual Spirometry & review **Heart Disease –** annual bloods and review **High BP –** blood pressure check with Health Care Assistant	❍	❍
Weigh – to – Go Clinic - In house weight loss clinic. We run group sessions for those people who would like healthy eating and weight loss advice. Course of 10 sessions	❍	❍
Smoking Cessation / *Smoking Advice* - Our medical and nursing team strongly advise that patients do not smoke. If you would like help in giving up please make an appointment with our qualified stop smoking advisor, alternatively some of the local pharmacists are qualified advisors. For local information on Stop Smoking call 0800 085 2903	❍	❍