|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  | | --- | | See the source image | | |  |  | | --- | --- | |  | Wibsey & Queensbury Medical Practice | | |  |  | |  | | --- | | **Dr Maguire, Dr Button, Dr Baig, Dr Nigam**  **Wibsey & Queensbury Medical Practice**  [Queensbury Health Centre  Russell Road  Queensbury  Bradford  BD13 2AG](http://maps.google.com/?saddr=Current%20Location&daddr=%20Queensbury%20Health%20CentreRussell%20RoadQueensburyBradfordBD13%202AG)  01274 880577  [Wibsey Medical Centre  Fair Road [Wibsey Medical Centre  Fair Road  Wibsey, Bradford  BD6 1TD](http://maps.google.com/?saddr=Current%20Location&daddr=%20Wibsey%20Medical%20CentreFair%20RoadWibsey,%20BradfordBD6%201TD)](http://maps.google.com/?saddr=Current%20Location&daddr=%20Wibsey%20Medical%20CentreFair%20RoadWibsey,%20BradfordBD6%201TD) 01274 677457 | | C:\Users\Colletta\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\HAE83J99\IMG_6414.jpg  [www.wibseyandqueensbury.co.uk](http://www.wibseyandqueensbury.co.uk)  Patient Registration form - 27/05/2020 | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Please help us to help you by completing this form. The information you provide will remain completely confidential.  Patient Registration form  **Welcome to Wibsey & Queensbury Medical Practice**  Dear patient,  Thankyou for registering with Wibsey & Queensbury Medical Practice. We aim to give you the best possible care.  **Wibsey & Queensbury Medical Practice is open every week day from 8:00am - 6:00pm daily.**  Our four partner practice offers a full range of medical services to the communities of both Wibsey & Queensbury. Our two male and two female doctors have extensive experience within the NHS, and hold various surgeries throughout the day, every weekday. The practice has a strong training and development ethos demonstrated by its commitment to staff development.  This ethos enables the practice to be continually innovative, keeping up to date with current medical advances. The doctors are supported by an experienced team of healthcare specialists and nurses who ensure that our patients receive the highest possible quality of care and treatment they require.  Please check our website for further details. We regularly keep it up to date with any news, developments & details that are relevant to the practice & our patients. You can also find further details on our Facebook page.  Yours Sincerely  Dr Maguire, Dr Button, Dr Baig, Dr Nigam  PATIENT PARTICIPATION GROUP  The Wibsey & Queensbury Medical Practice Participation Group which meets once a month. The practice is keen to involve patients in the development of services and care. At Wibsey & Queensbury Medical Practice we are always looking for patients from all age groups, social and culture backgrounds to join the group. If you would like more information about the group please speak to one of our receptionist. |  | New Patient Pack –  To enable us to keep accurate records please fill in the following information:  Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Post Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NHS Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel : Home \_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Next of Kin : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Their Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Post code :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Next of Kin Telephone Numbers (where applicable)  Tel : Home \_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PLEASE INFORM US OF ANY CHANGES TO THE ABOVE INFORMATION AS SOON AS POSSIBLE TO HELP KEEP YOUR RECORDS UP TO DATE  Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Patient Registration form |
|  |  |  | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Family Medical History:**  Do any members of your immediate family (Father, Mother, Brother, Sister) suffer from any of the following  illnesses and at what age were they diagnosed. If they are dead please indicate the age they died and the cause.  Heart Attack\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Angina\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stroke \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  High Blood Pressure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Diabetes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Psychiatric Problems \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cancer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  What type?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Drugs and Medicines:** Please list all tablets, medicines, creams or injections that are prescribed for you on a regular basis. (If possible please  provide us with a repeat prescription slip from your previous GP surgery)  Name of Drug Strength How often and when do you take it  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Drug Allergies: Do you have any known drug allergies/sensitivities. If YES, please give details below:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Patient Registration form |  |  | See the source image APPOINTMENT REMINDERS- SMS TEXT MESSAGING SERVICE  The Practice can automatically send you appointment reminders via text message to your mobile phone. The practice may also, on certain occasions send you a text message inviting you to book an appointment.  **If you wish to receive an appointment reminder please tick the consent box below.**  Please advise the practice if your mobile number changes or is no longer in your possession. You can cancel the text message facility at any time.  At Wibsey & Queensbury Medical Practice we offer the following one services.  Appointment booking – you can book, view or cancel appointments online.  Order repeat prescriptions – order and view your list of repeat prescriptions.  Access your summary care records – view your summary care record online.  **To Register please speak to one of our receptionists.**  **I consent** to the practice contacting me by text message for the purpose of appointment reminders / appointment invitation requests.  Patient Registration form   |  |  |  | | --- | --- | --- | | |  | | --- | |  | |  | |
|  |  |  | 1 |

|  |  |  |  |
| --- | --- | --- | --- |
| See the source image  ELETRONIC PRESCRIPTION SERVICE (EPS)  The Electronic Prescription service (EPS) is an NHS service. It gives you the chance to change how your GP sends your prescription to the place you choose to get your medication or appliances from.  WHAT DOES UT MEAN FOR YOU?   * If you collect your repeat prescription form your GP you will not have to visit your GP Practice to pick up your prescription. Instead your GP will send it electronically to the place you choose saving you tie. * You will have more choice about where to get your medication from because they can be collected from a pharmacy near to where you live, work or shop. * You may not have to wait as long at the pharmacy as there will be time for your repeat prescription to be ready before you arrive.   IS THIS THE RIGHT SERVICE FOR YOU?  YES if you have a stable condition and you   * Don’t want to go to your GP practice every time to collect your repeat prescription * Collect your medication from the same place most of the time or use a prescription collection service now.   It may not be in you don’t get prescriptions very often or pick up your medications from different places.  HOW CAN YOU USE EPS?  You need to choose a place for you GP Practice to electronically send your prescription to. This is called nomination. You can choose a pharmacy or a dispensing appliance contractor (if you use one).  Ask any pharmacy or dispensing contractor that offers EPS or your GP Practice to add a nomination for you. You don not need a computer for this.  Patient Registration form |  |  | Patient Name (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sharing In – This controls whether you agree for the practice to view information you’ve agreed to share at other NHS Care Services. PLEASE RECORD YOUR PLREFERENCE (Please tick):  Sharing In : Yes Shared No not shared  Sharing Out – This controls whether your full GP electronic patient record can be shared with other NHS Care Services where you are treated. PLEASE RECORD YOUR PREFERENCE(Please tick ):  Sharing out : Yes Shared No Not shared  YOUR ELCTRONIC PATIENT RECORD & THE SHARING OF INFORMATION  **Please read this carefully, it will give you information about the sharing of your electronic patient record and the choices you need to make.**  Today electronic records are kept in all the places where you review healthcare. These NHS care services can usually only share information from your records by letter, email or phone. At times this can slow down your treatment and mean information is hard to access.  The Wibsey & Queensbury Medical Practice uses a computer system called SystmOne that allows the sharing of electronic records across different NHS Care services. We are telling you about this as a patient at this practice you have a choice to make about how the practice shares information about your care from your electronic patient record. This form is not about your summary care record (scr). It is asking your sharing preferences regarding your full electronic GP record. You can choose to share or not share your electronic records with the NHS Care Services.  How is my decision recorded? Our practice computer system have 2 settings to allow you to control how your medical record is shared.  Patient Registration form |



|  |
| --- |
| PRACTICE MANAGEMENT:  **Mrs Jill Wilson (f)**  Practice Manager |
| **Mrs Amy Collett (f)**  Patient Services Manager  RECEPTION:   |  | | --- | | **Charlotte Dacre (f)**  **Judith Langley (f)** | | **Gemma Banham (f)** | |  | | **Alison Goodison (f)** | | **Alexis Leavesley (f)** | | **Tina Ross (f)** | | **Beverley Walker (f)** | | **Sandi Ambrose (f)** | | **Millie Vickers (f)** | | **Michelle Brady (f)** | |  | | **Miss Aiman Ashfaq (f)**  SECRETARIES:  **Kerrie Foley (f)**   |  | | --- | | ADMINISTRATION:  **Jacqueline Helliwell (f)** | | **Julie Sampson (f)**  **Karen Moore (f)**  Samantha Stevens (f) | | |

Practice Staff :

DOCTORS :

|  |
| --- |
| **Dr John Maguire (m)** |
| **Dr Ragni Nigam (f)** |
| **Dr Calvin Button (m)** |
| **Dr Nasreen Baig (f)** |

NURSES:

|  |
| --- |
| **Jacqueline Bowes (f)** |
| **Catherine Cockburn (f)** |
| **Sue Chapman (f)** |

HEALTHCARE ASSISTANTS:

|  |
| --- |
| **Jo-anne Hamer (f)**  **Laura Cupples (F)** |

**Try Your Local Pharmacy First**

**They can give advice and treatment for the following:**



Patient Registration form

Patient Registration form



Patient Registration form

Patient Registration form

|  |  |  |  |
| --- | --- | --- | --- |
| COMMUNICATION NEEDS (Tick all that apply)  Do you have any communication or information support needs? YES NO  D you need information in braille, large print or easy read format?  Braille Large Print  Easy Read Format  How do you prefer to be contacted ? Face to face Telephone Letter  Do you need a British sign language interpreter or advocate? YES  NO  Can you explain what support would be helpful ?  ARE YOU A CARER? A carer is someone who looks after a relative, friend or neighbour who could not manager without their help ?  Are you a carer ? YES  NO  Do you have a carer? YES  NO  ARE YOU A MILTARY VETERAN?  Have you served in the military and left this service? YES NO  ETHNIC ORGIN – The NHS is required to collect details about your ethnicity, This information is for monitoring purposes only. (white) British (Asian or Asian British) Other Asian ethnic group (white) Irish (Black or Black British ) Black Caribbean (White) other ethnic group (Black or Black British) Black African (Mixed) White and black Caribbean (Black or Black British) Other black ethnic group (Mixed) White and back African Chinese (Mixed) White and Asian other ethnic group (Asian or Asian British )Indian Decline to state (Asian or Asian British) Pakistani (Asian or Asian British) Bangladeshi  Main language spoke\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | ALCOHOL:  How many units of alcohol do you drink I a week ?  units  (1 unit = ½ pint beer, 1 small glass of wine, 1 singe spirit, 1 small glass sherry)  How often do you have a drink containing alcohol? (tick)  Never Monthly or less 2-4 times per month 2-3 times a week 4+per week  How many units of alcohol do you drink on a typical day when you are drinking?  0-2 3-4 5-6 7-9 10=    How often have you had 6 or more units of alcohol on a single occasion?  Never Less than monthly Monthly Weekly Daily or almost daily    NEW PATIENT HEALTH QUESTIONNAIRE  YOUR HEIGHT:  YOUR WEIGHT:  SMOKING STATUS If you currently smoke how many ?  Never Smoked Cigarettes per day\_\_\_\_\_\_ Cigars per day \_\_\_\_\_\_\_  Ex Smoker  IF YOU SMOKE, WE STRONGLY ADVISE THAT YOU STOP SMOKING. We offer counselling treatment to help you stop. Would you like to make an appointment with the smoking cessation services:.  YES  NO |
|  |  |  | 3 |