

EMIS NUMBER:

## WOODSTOCK SURGERY

Woodstock Surgery  
Park Lane  
Woodstock  
OX20 1UD  
Telephone: 01993 811452  
[www.woodstocksurgery.co.uk](http://www.woodstocksurgery.co.uk)

Partners

Dr Trevor Turner  
Dr Tanya Frankel

Dr Duncan Becker  
Dr Hassan Ali

### Registration

Welcome to Woodstock Surgery

We require the following information to help with your patient care until your new records transfer from your previous surgery. If you are an overseas patient we will not receive your previous records and you should be aware that you may not be entitled to secondary care under the NHS.

**New patients are asked to produce two forms of ID when registering.**

**Personal ID: preferably with a photograph e.g. driving license, passport**

**Residency: proof of address, less than three months old.**

Title:	First name:	Middle name:	Surname:
Address:			Known As:
			Postcode:
Date of birth:	Home telephone: <input type="checkbox"/> (tick preferred contact)		
Work number: <input type="checkbox"/>	Mobile Number: <input type="checkbox"/>		
Previous address:			

#### Telephone Communication

Important note about your telephone numbers: **We may leave an answerphone message asking you to contact the surgery. We will not give any other information.** If you do not wish a message to be left please tick this box

We will then contact you by letter, but please be aware this may cause delay in your care.

#### Text Messages

I consent to the practice contacting me by text message for the purposes of health promotion, including seasonal health campaigns and for appointment reminders. I understand that the appointment reminders are an additional reminder and responsibility for attending appointments or cancelling those remains with me.

I can cancel this service at any time and understand it is my responsibility to inform the surgery of any changes in contact details.

The surgery does not offer a reply facility and does not transmit any information that would enable an individual patient to be identified. However, I understand that text messages are transmitted over a public network onto a personal telephone and as such may not be secure. I will update the surgery if I change my contact details.

Patient Name

Mobile Number to use:

Patient Signature

Date

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## Summary Care record and Oxfordshire Care Summary – your choice

Please note that these records are NOT CONNECTED with the health and Social Care Information (HSCIC) single database care data project.

Your patient records are used only for the purpose of enabling informed care to be supplied directly to you as an individual.

Your patient record is securely and confidentially held on the electronic system in your surgery. If you require treatment in another NHS healthcare setting (such as the Emergency Department at the hospital) those people are able to give you the most appropriate care if they have sight of some of the information that is available to us.

- |   |                                       |                                 |
|---|---------------------------------------|---------------------------------|
| 1 | <b>The Summary Care Record (SCR)</b>  | Used nationally across England  |
| 2 | <b>Oxfordshire Care Summary (OCS)</b> | Used locally across Oxfordshire |

In both cases, the information will be used only by authorised health care professionals directly involved in your care. Your permission will be asked before information is accessed, unless the clinician is unable to ask you and there is clinical reason for access.

A parent or guardian can request to opt out children under 16 but ultimately it is the GP's decision whether to create the records or not, because their duty of care is to the child. If you are the parent or guardian of a child under 16 and feel that they are able to understand, then you should make this information available to them.

It is important to complete this form as we cannot make a decision for you. The information that you give will be entered on your patient records.

Please select yes/no for each option:

<i>Please circle your answer:</i>	SCR		OCS	
	Yes	No	Yes	No
I give my consent for information about my medications, allergies and adverse reactions to be shared				
I give consent for information about my medications, allergies adverse reactions and other information to be shared				
Other information includes your long term conditions, relevant medical history, health care preferences and immunisations				
Further information is available at Reception or <a href="http://www.oxfordshireoccg.nhs.uk/yourhealth/summary-care-record">www.oxfordshireoccg.nhs.uk/yourhealth/summary-care-record</a>				

## Online Access – Your choice

If you wish you can now use the internet to book appointments with your GP, request repeat prescriptions and look at your records online. Online access will give you the opportunity to book an appointments at a time convenient to you, change the destination of your repeat prescription and check your medical history e.g. immunisations. You can continue to do all these things at the Surgery.

For confidentiality and security this service is not available for patients between 12 & 15 years old. Proxy access may be agreed with the doctor under specific circumstances.

Access to appointments, repeat prescriptions and online medical history	<input checked="" type="checkbox"/>	I understand that to share information with anyone else is at my own risk and I will contact Woodstock Surgery if I suspect that my account has been accessed by someone without my agreement
Access to appointments/ repeat prescriptions only	<input checked="" type="checkbox"/>	
<b>Signed</b>		<b>Date:</b>

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## Electronic prescription Service

**We offer an electronic prescribing service. This means your prescriptions are sent via computer to your nominated pharmacy. Our local pharmacy Woodstock Pharmacy operates a delivery to certain villages – please contact reception or the pharmacy for further details.**

### Local Pharmacies

Please tick one box:

Woodstock Pharmacy                       Sainsbury's, Kidlington

Lloyds (Kidlington centre)                       Westlake, Yarnton

Other  Please give details...

If you are on regular medication you will need to make an appointment to see the nurse or doctor before any further medication can be issued.

## Details of anyone we can contact relating to your care: You do not need to complete this section unless you wish to.

### First person

<b>Title:</b>	<b>First name:</b>	<b>Surname:</b>
Address:		
Telephone number:		
Home:	Mobile:	Work:
Relationship to you e.g. son, daughter, neighbour, carer		
Is the contact a patient at Woodstock Surgery?		
Should we contact this person in an emergency situation?		
Do you give permission for us to discuss your medical record with this person?		
Is this person a carer for you? (Company details, holds POA etc. - if appropriate)		

### Second person if applicable

<b>Title:</b>	<b>First name:</b>	<b>Surname:</b>
Address:		
Telephone number:		
Home:	Mobile:	Work:
Relationship to you e.g. son, daughter, neighbour, carer		
Is the contact a patient at Woodstock Surgery?		
Should we contact this person in an emergency situation?		
Do you give permission for us to discuss your medical record with this person?		
Is this person a carer for you? (Company details, holds POA etc. - if appropriate)		

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### Information as part of your health care

#### Ethnicity

British White <input type="checkbox"/>	British Asian <input type="checkbox"/>	British Black <input type="checkbox"/>
Other mixed British <input type="checkbox"/>	Other white <input type="checkbox"/>	Asian <input type="checkbox"/>
African <input type="checkbox"/>	Americas <input type="checkbox"/>	Other ethnic group <input type="checkbox"/>

#### Communication needs

What is your first language?	
Do you require a language interpreter?	
Do you have any information or communication needs? (please discuss with the receptionist)	

#### Veterans

A veteran is someone who has served in our services for at least one day. Telling us about your veteran status will trigger the transfer of your full medical information from the MOD to your GP and you will be able to benefit from veteran specific services.	YES / NO
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#### Family History

If any members of your family have suffered from any of these illnesses, please tick the box or put age at onset (if known)

Condition	Father	Mother	Brother	Sister
Heart Attack				
Angina				
High Blood pressure				
Stroke				
High Cholesterol				
Diabetes				
Cancer – type?				
Thyroid disease				
Osteoporosis				
Senile dementia				
Glaucoma				
Asthma				

#### Practice Area

Although we accept patients who live outside the practice area, we do not provide home visits for these patients if they become too unwell to visit the practice. If you require a visit a local GP can be found by calling 111. You may also prefer to register with a practice closer to home. Our reception team will advise you if you live outside our boundary or please check our practice leaflet.
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### Your Care

**There is an automatic height and weight machine in the corridor which will provide you with a paper slip. This can be attached to your form. Please add your name.**

Height:	Weight:
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Are you currently under medical care of any sort?	Details:
Do you take regular medication? - Remember to make an appointment to have a medication review before you need to order more medication.	Details:
Do you suffer from any allergies? The reaction may be (Please highlight):  Rash Swelling Collapse Hospital Admission	What was the cause of the reaction?
Significant medical history, including hospital admissions and operations. Details:	

### Social History

What is your occupation?			
Have you ever smoked tobacco? YES / NO	Do you smoke now? YES / NO	If yes how many do you smoke per day?	Do you use e-cigarettes YES /NO
How active are you?	No exercise taken <input type="checkbox"/>	Engage in moderate activity 1-2 times per week <input type="checkbox"/>	Engage in a number of activities per week <input type="checkbox"/>
<b>Please see over...</b>			

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**Alcohol Intake**

**Units**

A 750ml bottle of red, white or rosé wine (ABV 13.5%) contains 10 units.



A single small shot of spirits 25ml, ABV 40%) contains 1 unit

A bottle of lager/beer /cider (330ml, ABV 5%) contains 1.7 units.



You can work out how many **units** there are in any drink by multiplying the total volume of a drink (in ml) by its ABV (measured as a percentage) and dividing the result by 1,000. For example, to work out the number of **units** in a pint (568ml) of strong lager (ABV 5.2%):  $5.2 (\%) \times 568 (\text{ml}) \div 1,000 = 2.95$  **units**.

The following questions are validated as screening tools for alcohol use

AUDIT – C Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	
How many units of alcohol do you drink on a typical day when you are drinking	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Total						

A score of less than 5 indicates lower risk drinking. A total of 5+ indicates increasing or higher risk drinking.

**Female Patients Only**

Are you pregnant?	YES / NO	Due date:
Details of past pregnancies/ births	Pregnancies:	Deliveries:  Dates:
Have you had a hysterectomy?	YES / NO	
Details of any contraception being used:		

Signed by patient

Date

Information given out: GMS 1, Practice Leaflet; Your Data Matters to the NHS;

Other:

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