

Welcome to Carepoint Practice

Where we provide Healthcare for the Whole Family

We provide a modern and dynamic service for the growing needs of our community. We work uniquely to deliver care that is specifically tailored to manage your health needs on the go. We specialise in same day Tele-clinics to ensure quick initial management of your concerns whilst giving you the convenience of not having to visit the practice. Face-to-Face clinics are also available and bookable online via Patient Access.

Temporary Patients

You can be registered as a temporary patient if you are staying with one of our existing patients and are entitled to NHS treatment. You need to be resident for between 2 weeks and 3 months and you should not be registered with another doctor in the Hillingdon area.

1. Demographics

These questions have been designed to help your new GP get to know you and your medical problems.

The information you provide will be handled confidentially by your Doctor but if you are concerned about any of the questions please leave them blank. Your doctor will be happy to clarify any points. Please return the completed form to the surgery as soon as possible with your registration form.

Title _____ First Name (s) _____ Surname: _____

Date of Birth: _____ Gender: _____

Address: _____

Home Tel No: _____ Work Tel No: _____

Mobile Tel No: _____ ☐ I agree to be contacted via text message

Email: _____

First Language Spoken: _____

*Place of Birth: _____ *Have you been in the country for more than 5 years **Yes/No**

*If **NO**, please give the date of entry to UK _____

Emergency contact and their telephone number.

Name _____ Relationship _____ Contact No _____

2. Medical History

Please list any SERIOUS illnesses, accidents or operations/admissions to hospital with dates and details. Please also list and present illnesses you may have and/or any ongoing hospital consultations/treatments.

Family History:

	Y/N	Family Member and Age
Ischaemic Heart Disease <60		
Ischaemic Heart Disease >60		
Angina in 1 st Degree Male Relative <55		
Myocardial Infarct in 1 st Degree Male Relative <55		
CVA/Stroke		
Hypertension		
Diabetes mellitus		
Kidney Disease		
Asthma		

Do you have a learning disability? **Yes/No** If so please give details

Is there any other information that you may think helpful?

3. Blood Pressure

Using the Blood Pressure machine in the waiting room, rest for five minutes before taking the average of **TWO** blood pressure readings. Then hand the slips in with this form.

	Higher Number	Lower Number	Pulse Rate
Reading 1			
Reading 2			

If you have a medical condition such as diabetes we recommend having readings below 135/85 and to do measurements every three months. If your blood pressure is higher than this on a regular basis, although you can continue to make dietary and lifestyle changes, it is essential for you to lower it and we suggest you drop in your readings so we can analyse them.

If you have no medical conditions than your readings can be below 140/90. If they are consistently above this then please make an appointment with our HCA who can look through your results and determine the next outcome.

4. Medication

Are you taking any medication that is **prescribed**. If so please attach proof of current medication (Repeat Prescription or Brief summary from previous GP)

NB: Please note that medications will not be authorised unless proof of medication is attached.

Do you take any other medication on a daily basis that you buy from the chemist i.e. Aspirin? **Yes/No**

Please tell us what you are taking and the dose _____

Are you allergic or sensitive to any medicines/food/animals etc.? _____

5. Electronic 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 medicines or appliances from. If you want to use EPS ask someone at your GP surgery or at any pharmacy or dispensing appliance contractor that offers EPS to add your nomination for you. Nomination means you **choose** a place for your GP practice to electronically send your prescription to. **You don't need a computer to use EPS.** For more information, please visit our website.

Would you like to set up EPS **Yes/No**

If yes, please provide the name/address of the pharmacy you would like to nominate

Would you like us to nominate you to the closest pharmacy **Yes/No**

Official Use Only - Staff Checklist

- ☐ 1. Demographics completed?
- ☐ 2. Medical History completed?
- ☐ 3. Blood Pressure Readings – Two provided if applicable?
- ☐ 4. Medication - proof provided?
- ☐ 5. EPS Nomination completed? PDS Blue
- ☐ 6. Please code all information on emis with “68R2”

Initials _____

Date _____
