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LISTER HOUSE SURGERY

THE COMMON
HATFIELD
HERTFORDSHIRE
AL10 0NL

T: 01707 283450
F: 01707 270186

FOR APPOINTMENTS TELEPHONE 01707 283450 8.30 am - 6.00 pm

Welcome to Lister House Surgery

Registering As a patient at Lister House Surgery

Thank you for your interest in registering with our Practice. To ensure your registration process runs smoothly, you need to:

a. Complete a registration GMS1 form
b. Complete a practice New Patient Questionnaire form
c. Bring in proof of ID (passport or driving licence)
d. Bring in (1X) proof of address (i.e. council tax, utility bill, bank/building society cards/statements, local authority rent card, payslip, letter from Benefits Agency/benefit book/signing on card).

We can only accept patients who live in the Practice catchment area

You will be asked to supply proof of 1 photo ID (passport/ driving licence) and recent proof of address such as a utility bill, bank statement, council tax bill, etc. Any document provided should show your name and current address in the area, and be dated **within the last 3 months**.

You need to completed new patients forms

- Please complete a New Patient Questionnaire form and hand it in with your proof of address/ID
- Parents/guardians registering children under five years must provide details of all previous immunisations for each child.

Online Access

- You will be automatically enrolled for online access and SMS text messaging services at the practice at the point of registering with the practice.
- We will generate a username and password for you with instructions of how to access this. You must come back to reception to collect these details. Please allow at least 7 days for this. Online access* allows you to book appointments, order prescriptions online. You should advise the receptionist if you do not wish to have online access or SMS services.

Appointment Cancellations

- If you cannot attend an appointment please cancel it as soon as possible by contacting the Practice
- As by our practice policies, we do sometimes remove patients who persistently fail to attend booked appointments without cancellation.

Out Of Hours

- If you require a Doctor out of hours, please call NHS **111 (dial 111)**; you will be advised on the best course of action.

Please read our Practice booklet or visit our website at www.listerhouse.nhs.uk to keep up to date.

Lister House Surgery strongly supports the NHS Zero Tolerance policy; any abusive or threatening behaviour towards any member or our team or other patients, will result in removal from our list. This includes verbal abuse and aggressive language.

We look forward to welcoming you to the Practise.

*If you wish to see your full medical records you must put this in writing to practice manager.

Lister House Surgery New patient Questionnaire (Adults) 16+

PLEASE WRITE IN BLOCK CAPITALS

PERSONAL INFORMATION

Your First Name:.....Surname.....

DOB:.....

White British / Irish / Greek Cypriot / Turkish / Kurdish/ Polish / Other please specify	**Asian** Indian / Pakistani / Bangladeshi / East African Other please specify:.....
Black Caribbean / African / Black British/ Other please specify:.....	**Mixed** White & black Caribbean / white & black African /white & Asian / Other please specify:..... ...
Chinese Chinese / Other please specify	**Other** Other please specify:.....

What is your religion? (circle one answer)

Buddhists/ Christian / Hindu / Jewish/ Muslim/ Sikh/ None / Other (please specify).....

What is your main spoken language? (circle one answer)

English/ Bengali/ Polish/ Guajarati/ Hindu/ Punjabi / Patois/ creole/ French/ Italian/ Spanish/ Any other language please specify.....

How well do you speak English?

Very well/ Fairly well/ slightly / Not at all

Do you have difficulties communicating? Yes ☐ No ☐ If **yes** what is your preferred method of communication? Please specify .....

HEALTH

What is your height (either)	cms	(or)	ft& ins
What is your weight (either)	kgs	(or)	st &lbs

SMOKING

Current Smoker: Yes ☐ No ☐ Amount per day..... Cigars/ Cigarettes/ Tobacco.

Never smoked: Yes ☐ No ☐

Ex-smoker: Yes ☐ No ☐ Date stopped smoking.....

FEMALE PATIENTS

Have you had a cervical smear? **Yes ☐ No ☐**

If yes, year..... Result:.....

Have you had a hysterectomy **Yes ☐ No ☐** If yes year.....

CARERS

Carer: A carer is someone (irrespective of age) who looks after a person who is ill, frail, disabled or mentally ill, including parents of children with learning or physical disabilities.

Do you care for someone?	**Yes ☐** **No ☐**	(state who)
Do you have a carer?	**Yes ☐** **No ☐**	(state who) (contact number)

IMMUNISATIONS

If you are unsure that your immunisations are up to date please book an appointment with the nurse.

CURRENT TREATMENTS / ILLNESS

Illness	**Do YOU suffer with any of the following? Y/ N**	**If applicable tell us which RELATIVE suffers with any of the following? i.e. mum/ uncle/**	**Approx. age of diagnosis of relative i.e. 35yrs**
COPD			
Heart Attack/Angina/ disease			
Liver disease			
Diabetes			
Cancer			
Asthma			
Eczema			
Rheumatoid Arthritis			
Glaucoma			
High Blood Pressure			
Dementia			
Depression			
Mental health issues			
Is there any other condition that runs in your family that you are aware of?			

Have you;
Had any disabilities Yes ☐ No ☐
If Yes, *give details*.....

Had any operations Yes ☐ No ☐
If Yes, *give details*.....

Has any allergies Yes ☐ No ☐
If Yes, *give details*.....

Currently under hospital treatment for any condition? **Yes ☐ No ☐**
If Yes, *please state dates and reasons*.....
.....

Have you attended A&E in the last 2 years? **Yes ☐ No ☐**
If Yes, *please state dates and reasons*.....
.....

Are you on regular medication? **Yes ☐ No ☐**
If ***Yes****, give details:*.....
.....

If you are on long term medication for any medical condition you will initially need to see a doctor to obtain a prescription.

Alcohol / Audit C

Alcohol (1 unit=½ pint of beer or 1 small glass of wine or 1 single measure of spirits)

Do you drink alcohol	Yes/No	How much per week? Units			
Questions	**Scoring System**				**Your Score**
	0	1	2	3	4	
How often to you have a drink containing alcohol?	Never	Monthly Or less	2-4 times per month	2-3 times per week	4+ times per 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	
Scoring: If score is 5 or more, please continue and complete the other questions. A total score of 5+ indicates increasing or higher risk drinking.					**Total Score**	

Alcohol questions continued

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	
Audit Score: **For office use only:**					Total score	

LISTER HOUSE SURGERY

SMS SERVICE CONSENT FORM

Lister House Surgery would like to offer you the ability to receive text messages from the practice. To do this we need your permission that we can contact you in this way, along with a valid mobile telephone number.

Communication by text could include:

- Reminders about appointments.
- Notifications to collect prescriptions or documents.
- Test results.
- Follow-up reminders about any annual reviews that we have written to you about and asked you to make an appointment for.
- Ad hoc messages containing personal sensitive medical information about you.
- Notifications with regards to cancelled appointments and unforeseen closures.
- Information about special clinics

If you would like to be contacted by text we will require your permission; either by completion of our consent form or responding to an electronic message sent from the Practice about text messaging.

We will not give your contact details to anybody else.

Your Responsibilities:

- The Practice does not accept responsibility for costs associated with downloading data we may send; e.g. links to videos.
- Please be aware that if you provide the Practice with false identification; e.g. not your details, then this could lead to legal/criminal proceedings.
- It is your responsibility to check your messages. In addition, if other people have access to your mobile phone then you need to decide if you are happy for them to see this information and if you have any doubts about the level of confidentiality that you can ensure then you should not use our text Messaging service.
- It is your responsibility to ensure we hold your up to date mobile number. (The Practice will not accept responsibility for text messages being sent to incorrect mobile numbers).
- Text messages (which could include links to health/educational videos may be sensitive to some people) are generated using a secure facility but you must understand that they are transmitted over a public network onto a personal telephone and as such full security is not guaranteed.
- If the Practice sends you a text/video link it is your responsibility to ensure that you read and understand the message sent.

These responsibilities are available to view on our website

Consent form for SMS/Text messaging

I confirm that I understand the above statement and that I am the patient listed below. If I decide that I no longer want to receive text messages then it is my responsibility to let the Surgery know.

Full Name	
Date of Birth	
Mobile Telephone Number	
Patient signature	
Date	
I want to receive text messages	☐
I DO NOT want to receive text messages	☐
Office use only	
Preference updated on system Y/N Initials:	

****YOU MUST LET US KNOW IF YOU CHANGE YOUR MOBILE NUMBER****

Please complete this form and return to the receptionist.

ONLINE SERVICES – REGISTRATION FORM

When registering in our surgery you will be assigned an online account. Once registered you will receive your username and password by text message, which it will be needed to access your online account through the surgery website: https://www.listerhouse.nhs.uk/

Patient Details	**Please complete in BLOCK CAPITALS**
Patient forename	
Patient surname	
Date of birth	
Home address	
E-mail address	
Mobile number	

Please tick to confirm (✓)

1. I have read and understood the information leaflet provided by the practice ☐
2. I will be responsible for the security of the information that I see or download ☐
3. I give consent for my mobile number to be used for sending text reminders ☐
4. If I choose to share **my e-mail account or mobile phone** with anyone else, this is at my own risk as appointment and prescription information may be accessible to anyone sharing the same e-mail address or mobile phone ☐
5. I will contact the practice as soon as possible if I suspect that my account has been accessed by somebody else without my agreement ☐

Signature	
Date	

Staff use only	
Patient ID seen	
Type of ID	
Staff name	
Date	

NOK Contact Details

Name	
home address	
telephone number	

name of your next of kin	
address of your next of kin	
telephone number	
relationship	

name of your next of kin	
address of your next of kin	
telephone number	
relationship	

This information will be treated as confidential.

Please be aware that it is your responsibility to update us of any changes.