

2 Irnham Road  
Minehead  
Somerset  
TA24 5DL  
Tel: 01643 703441  
Email: [somccg.mineheadmedicalcentre@nhs.net](mailto:somccg.mineheadmedicalcentre@nhs.net)



Dear New Patient

Welcome to Minehead Medical Centre. This pack contains the details you need to become a patient of our practice including a copy of our practice booklet, registration forms and new patient questionnaire.

In order to register, please complete the New Patient Questionnaire form **in full**. It is important that we have your NHS number and if you do not know this please contact your previous surgery. You will also need to complete the GMS1 form. These forms provide us with vital information to enable us to treat you whilst we are awaiting receipt of your medical records. When both forms are complete, please bring/post/email these to the surgery.

If for any reason you have any problems completing the forms please contact our reception who will be happy to advise and assist.

As a newly registered patient you are registered with the practice. A named GP will be allocated to you on our medical records system. If you wish to nominate a particular GP as your doctor please let reception know. We will try and meet this request wherever possible but please note that not all of our doctors are full-time so there are likely to be occasions where you will need to consult with another GP.

New patients who are on long-term medication will need to book a telephone call for a new patient consultation as soon as possible on joining us to make sure all long-term medication has been successfully transferred from your previous practice. If you require medication, you will need to have this call ahead of ordering any repeat prescriptions. Please notify reception if this is the case.

We hope that you will enjoy your experience with our surgery. Should you have any suggestions as to how we can improve our services please feel free to place your comments in our suggestion box, contact our Practice Manager, Janet Hewlett or get in touch with our Patient Participation Group via Julie Furse.

Kind regards

The Minehead Medical Centre team

**MINEHEAD MEDICAL CENTRE**

Partners: Dr J O'Dowd, Dr E Ford, Dr E Gillies, Dr A Simmons

Salaried GP: Dr R Goddard, Dr S Ashworth

# COLLECTING INFORMATION ABOUT YOUR ETHNIC GROUP

**Everyone belongs to an ethnic group**, so all our patients are being asked to describe their ethnic group.

**We are collecting this information to help the NHS:**

- **Understand the needs of patients** from different groups and so provide better and more appropriate services for you;
- **Identify risk factors** – some groups are more at risk of specific diseases and care needs, so ethnic group data can help treat patients by alerting staff to high-risk groups;
- **Improve public health** by making sure that our services are reaching all of our local communities and that we are delivering our services fairly to everyone who needs them;
- **Comply with the law** as the Race Relations (Amendment) Act 2000 gives public authorities such as NHS providers a duty to promote race equality and good race relations. Ethnic monitoring is important in making sure that race discrimination is not taking place.

**The 16 ethnic groups** used are standard categories for collecting ethnic group information. Using these codes will help us to compare information about the groups using our services with information from the census which tells us about our local population. The list of groups is designed to allow most people to identify themselves. The list is not intended to leave out any groups of people, but to keep the collection of ethnic information simple. It is important to us that you are able to **describe your own ethnic group**. If you need to complete any of the boxes labelled 'any other group' then please give some details so that we can better understand your needs.

You do not have to complete the question but providing this information is very important. It will help us with diagnosis and assessment of your needs, and it will also help us to plan and improve our service. Experience shows that when people are asked their ethnic group, the proportion of people who choose not to answer is small.

The information you provide will be treated as part of your confidential NHS or care notes and will not be shared with any other person or organisation. The NHS and social services have strict standards regarding data protection and your information will be carefully safeguarded.

If you have any concerns or questions regarding this request please contact the surgery

We would be grateful if you would complete this questionnaire with your registration. These details will be kept strictly confidential.

Title.....Full Name..... Male  Female

Date of Birth..... Address.....

..... Post Code.....

Tel. (Home).....(Mobile).....(Work).....

Minehead Medical Centre operates a mobile phone text message service for appointment reminders and other health-related messages. If you wish to opt out of this service, please tick this box

E-mail Address.....

Next of Kin Details..... Tel. No.....

Relationship to Next of Kin .....

Do you have any communication/information needs, e.g. large print, braille, sign language interpreter, and if so how can we assist you? .....

Consent to share this communication information with service providers

If you are a Military Service Veteran please tick here

**ETHNIC GROUP** - Please read the accompanying letter before completing this form.

What is your first language ?.....

What is your ethnic group? Choose ONE section for A to E, then tick the appropriate box to indicate your ethnic group.

- A: White**
- British
  - Irish
  - Any other White background (please write in) .....
- B: Mixed**
- White and Black Caribbean
  - White and Black African
  - White and Asian
  - Any other Mixed background (please write in).....
- C: Asian or Asian British**
- Indian
  - Pakistani
  - Bangladeshi
  - Any other Asian background (please write in).....
- D: Black or British Black**
- Caribbean
  - African
  - Any other Black background (please write in).....
- E: Chinese or other ethnic group**
- Chinese
  - Any other (please write in) .....
- Not Stated**
- Not stated

Approx. Height.....Approx. Weight.....

**Alcohol**

Questions	0	1	2	3	4	Score
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per 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 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	

*If your score is 5 or above please complete the extra alcohol form attached*

**Smoking - Please complete as appropriate**

CURRENT SMOKER	
How many cigarettes do you smoke per day	
How many cigars do you smoke per day	
How many grams of tobacco per week	
Electronic cigarette smoker	

EX-SMOKER / NEVER SMOKED	
Never smoked	
Ex-Light 1-9 per day	
Ex-Moderate 10-19 per day	
Ex-Heavy 20-39 per day	
Ex-Very heavy 40+ per day	
Ex-electronic cigarette smoker	

- Somerset Stop Smoking Service - 01823 356222
- Text QUIT to 66777
- Somerset Stop Smoking website - [www.healthysomerset.co.uk/smokefree](http://www.healthysomerset.co.uk/smokefree)
- NHS Stop Smoking website – [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree) - app, email, text and face to face support available
- Visit a local pharmacist for advice

Do you have a carer? YES/NO

Are you a carer? (Not including paid employment) YES/NO

*Ensure you complete the below questions asking about your medical problems (if none – please write NONE)*

Current Medical Problems.....

Significant Past Medical Problems (Incl. any operations).....

Are you on any drugs that require regular monitoring with blood tests YES/NO

If Yes which drug and when was your last blood test?.....

Any Drug Allergies .....

What Reaction do you get?.....

Any Other Allergies.....

What Reaction do you get?.....

Current Medication (Please include dose if known).....

**WOMEN ONLY**

Are you on the contraceptive pill? YES/NO

If YES, name of pill?.....

Are you fitted with the coil. YES/NO

Have you had a smear? YES/NO

If YES, when was your last smear?.....

Was it Normal? YES/NO

# Are you drinking too much?

Name.....DOB.....

<b>UNITS</b>	 <b>2</b> Pint of Regular Beer/Lager/Cider	 <b>1.5</b> Alcopop or Can of Lager	 <b>2</b> Glass of Wine (175ml)	 <b>1</b> Single Measure of Spirits	 <b>9</b> Bottle of Wine
--------------	---	--	--	--	---

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 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	
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	

Your Score	
------------	--

**Scoring 0-7=sensible drinking 8-15=hazardous drinking 16-19=harmful drinking 20+ =possible dependence**





## Letter for new patients: important information about your Summary Care Record

Dear patient,

The NHS in England has introduced the Summary Care Record, an electronic health record that can be accessed when you need urgent treatment from somebody other than your own GP.

Summary Care Records contain key information about the medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had in the past. You will be able to add other information too if you and your GP agree that it is a good idea to do so.

If you have an accident or fall ill, the people caring for you in places like accident and emergency departments and GP out of hours services will be better equipped to treat you if they have this information. Your Summary Care Record will be available to authorised healthcare staff whenever and wherever you need treatment in England, and they will ask your permission before they look at it.

### You need to make a decision

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

- **Yes, I would like a Summary Care Record.** If you want a summary care record you do not need to do anything further, one will be created for you when you register with your GP practice. If you opted out of having a record in the past but have now changed your mind, speak to your GP practice and they can create one for you.
- **No, I do not want a Summary Care Record.** If you do not want a record, you need to fill in the Summary Care Record opt out form. You should do this even if you have already completed a form at your previous practice. Opt out forms are available from your GP practice.

You are free to change your decision at any time by informing your GP practice.

Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, please tell them about Summary Care Records and explain the options available to them.

For more information talk to your GP practice, or call the Health and Social Care Information Centre on 0300 303 5678.

Yours sincerely

Minehead Medical Centre