

RAVENSWORTH SURGERY

Horsley Hill Road
 South Shields, NE33 3ET
 Tel: 0191 455 2093
 Fax: 0191 427 6159
 Email [NOT for personal health related queries]:

THE MEDICAL CENTRE

Wear Street
 Jarrow, NE32 3JN
 Tel: 0191 428 0606

Stynccg.a88608@nhs.net

APPLICATION TO REGISTER

Please be aware that we are an **SCR** practice. "**Summary Care Record**" [SCR] is an electronic summary of a patient's key clinical information which is hosted on the spine. It is accessible by healthcare staff that are providing emergency or urgent care.

Please read the attached information about your **SCR**, make your choice and hand back to the reception team.

Please also read the leaflet regarding use of your **data within the NHS generally**. Data is collected by NHS Digital from a variety of sources, not just GP surgeries. If you wish to opt out of NHS Digital using any of your information from any care provider services, please telephone them on the number given or go on line-the surgery cannot do this for you.

Finally, if you do not wish any of your information to leave the GP surgery, other than to be used for your individual care, please

confirm you wish to make a **Type 1 objection** and we will code your record accordingly [9Nu0]

<i>Title</i>	<i>Forename</i>	<i>Surname</i>	
<i>Date of Birth</i>	<i>NHS Number</i>	<i>Marital Status</i>	<i>Sex</i>
		Single Mar Div Sep Wid	M F
<i>Home Name / Number & Street</i>		<i>Town / City</i>	<i>Postcode</i>
<i>Nursing Home Pt or Residential Home Pt</i>		<i>Home Telephone Number:</i>	
<i>Email address :</i>		<i>Mobile Telephone Number :</i>	
Occupation →		<i>Are you a carer for anyone?</i>	
<i>Have you served in the Armed Forces?</i> YES NO		YES NO	
<i>Ethnic Origin</i>			
White British Black or Black British Asian or Asian British Chinese Mixed Other			
Do you have any information or communication difficulties [ie: visual/hearing/other]?.....			
If so, how can we meet your needs in this respect?.....			

<i>Title</i>	<i>Forename</i>	<i>Surname</i>	
<i>Date of Birth</i>	<i>NHS Number</i>	<i>Marital Status</i>	<i>Sex</i>
		Single Mar Div Sep Wid	M F
<i>Home Name / Number & Street</i>		<i>Town / City</i>	
<i>County</i>		<i>Postcode</i>	
<i>Home Telephone Number</i>		<i>Mobile Telephone Number</i>	
<i>Occupation :</i>			
<i>Relationship to Patient</i>			
Spouse / Partner Mother / Father Brother / Sister Son / Daughter Uncle / Aunt Other			

Do you have a carer (anyone who looks after you during illness, this could be husband or wife, relative or friend) ?

YES NO

<i>Title</i>	<i>Forename</i>	<i>Surname</i>	
<i>Date of Birth</i>	<i>NHS Number</i>	<i>Marital Status</i>	<i>Sex</i>
		Single Mar Div Sep Wid	M F
<i>Home Name / Number & Street</i>		<i>Town / City</i>	

County	Postcode
Home Telephone Number	Mobile Telephone Number

Is there a history of any of the following?		
Diabetes	YES	NO
Coronary Heart Disease	YES	NO
Chronic Obstructive Airways Disease:	YES	NO
Asthma:	YES	NO
Hypertension:	YES	NO
Osteoporosis:	YES	NO

Please list any medication you are currently taking, including over the counter medicines, HRT or contraceptives.	

Children: Are you upto date with childhood immunisations?		YES	NO
Adults: Please list any holiday or occupational health vaccinations:			
Females:			
Aged between 25 and 65, are you up to date with smears?		When was your last smear?	
YES NO			
Are you currently pregnant?		Where was your last smear taken?	
YES NO			
Date of ECD			
If you are using contraceptives please specify			

<p>Please note this practice focuses on health education and preventative care and therefore encourages patients to take responsibility for their own healthcare by being up to date with childhood immunisations, cervical smears and other health related screening. A New Patient Medical with the Practice Nurse is a final stage to registration-please ensure you keep that appointment but should something prevent you from attending-please contact reception beforehand to change the date & time. Please bring a urine sample with you to that appointment-sample bottles available from reception.</p> <p>The surgery uses Mjog text messaging service to remind of appointments and occasionally other health related matters, please ensure your personal mobile 'phone number is always updated with us. If you wish to opt out of this service please tick here :</p> <p>I accept responsibility for my own healthcare working in partnership with the practice.</p>	
Signed:	Date:
<div style="display: flex; justify-content: space-around;"> ACCEPTED REJECTED </div>	