**Whitehouse Centre - New Patient Registration Questionnaire**

**For Asylum Seekers**

Thank you for registering at the Whitehouse Centre. The Whitehouse Centre is a GP surgery for patients who are either:

1. Homeless or in emergency accommodation
2. Seeking asylum

***AND***

1. Living in Greater Huddersfield

You will be a patient at The Whitehouse Centre for one year. When your situation is deemed stable you will be required to register with a mainstream general practice.

We aim to give you the best care possible. The information you give us is confidential.

**Patient and Practice Expectations**

**By registering here we expect that you will:**

* Treat all staff with respect
* Attend appointments on time. If you are more than 10 minutes late you may not be seen
* Cancel any appointments you cannot attend or no longer need giving us as much notice as possible
* Give 48 hours’ notice when requesting repeat prescriptions
* Not to drink alcohol, consume any illegal drugs, fight or be aggressive towards anyone within the surgery. Nor are you permitted to bring animals into the surgery.
* Ring or come into the surgery at 9.00am to book a same day appointment if needed.

**In return, you can expect that we will:**

* Treat you with dignity and respect
* Try to see you at the time of your appointment, though this is not always possible
* Provide interpreters if needed
* Try to have appointments available with both male and female clinicians, although this may not always be possible for same day appointments.
* Enable you to speak to someone on the same day if you have an urgent health need
* Provide a range of services including a full health check on registration, advice and treatment for general health problems, vaccinations and immunisations, contraception advice, cervical screening services, smoking cessation, management of drug and alcohol misuse issues, health promotion and disease prevention, midwifery services and phlebotomy services.

**Please note:**

* This surgery does not normally offer home visits
* Our telephone lines are open: Monday – Friday 9am – 5pm

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you been registered with our practice before?** | **Yes** | **☐** | **No**  | **☐** |

**First name: ……………………………………………..**

**Middle name(s): ……………………………………………..**

**Surname: ……………………………………………… DoB: ………………………**

**Occupation: ………………………………………… Marital Status: …………………………….**

**Email Address:**

**About Your Family:** Please list other members of your family at this surgery:

|  |  |  |
| --- | --- | --- |
| Name: | Relationship: | DOB: |
| Name: | Relationship: | DOB: |
| Name: | Relationship: | DOB: |
| Name:  | Relationship: | DOB: |
| Name: | Relationship: | DOB: |

**Please give details of your next of kin:**

|  |  |  |
| --- | --- | --- |
| Name: | Address: | Relationship: |

**Country of Birth:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| http://3.bp.blogspot.com/_yjuZcyldH6w/TB_ZfPUN3xI/AAAAAAAAAqs/n9eypQKH4hU/s1600/england+flag.jpg | http://www.olstars.com/images/flags/Big/ie.gif | http://www.theflagshop.co.uk/ekmps/shops/speed/images/70-nations-world-flag-4902-p.png | http://www.ultimateflags.com/images/P/albania-flag.gif | http://www.theflagshop.co.uk/ekmps/shops/speed/images/70-nations-world-flag-4902-p.png | http://www.theflagshop.co.uk/ekmps/shops/speed/images/70-nations-world-flag-4902-p.png | http://www.theflagshop.co.uk/ekmps/shops/speed/images/70-nations-world-flag-4902-p.png | http://www.mapsnworld.com/eritrea/eritrea-flag.jpg |
| England | **☐** | Ireland | **☐** | Afghanistan | **☐** | Albania | **☐** | China | **☐** | Congo | **☐** | Ethiopia | **☐** | Eritrea | **☐** |
| http://www.vbfreepictures.com/picture/flags/iran_flag.gif | http://www.worldatlas.com/webimage/flags/countrys/zzzflags/iqlarge.jpg | http://www.theflagshop.co.uk/ekmps/shops/speed/images/70-nations-world-flag-4902-p.png | http://www.theflagshop.co.uk/ekmps/shops/speed/images/70-nations-world-flag-4902-p.png | http://www.africa.upenn.edu/Flags_GIFS/Somalia_Flag_11207.gif | http://www.flags-and-anthems.com/media/flags/flagge-sudan.gif | http://etc.usf.edu/clipart/72300/72356/72356_sy_flag_col_lg.gif | http://1.bp.blogspot.com/-nF_ZfJomITY/TwzBaDCIJmI/AAAAAAABDKo/50cr6rpY5e0/s1600/Zimbabwe_Flag3.jpg |
| Iran | **☐** | Iraq | **☐** | Nigeria | **☐** | Pakistan | **☐** | Somalia | **☐** | Sudan | **☐** | Syria | **☐** | Zimbabwe | **☐** |
| **Other (please state):** |

**What is your First Language?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| English | **☐** | العربية | **☐** | Français | **☐** | کوردیی ناوەندی | **☐** | کرمانجی  | **☐** |
| English | Arabic | French | Kurdish (Sorani) | Kurdish (Kurmanji) |
| 普通话 | **☐** | ትግርኛ | **☐** | አማርኛ | **☐** | فارسی | **☐** | Other, please state. | **☐** |
| Mandarin | Tigrinya | Amharic | Farsi  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do you need an interpreter** | **No** | **☐** | **Yes**  | **☐** |

**Ethnic Group**

|  |  |
| --- | --- |
| We collect information on ethnic origin for the purpose of monitoring only. If you do not wish to disclose your ethnic origin please tick this box. | **☐** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **A: White** |  | **D: Black or Black British** |  |
| British | **☐** | Caribbean | **☐** |
| Irish | **☐** | African | **☐** |
| Any other White background (please write in)….………………………………………… | **☐** | Any other Black background (please write in)……………………………………………….. | **☐** |
| **B: Mixed** |  | **E: Other ethnic groups** |  |
| White and Black Caribbean | **☐** | Chinese | **☐** |
| White and Black African | **☐** | Arab | **☐** |
| White and Asian | **☐** | Middle Eastern | **☐** |
| Any other mixed background (please write in)……………………………………………… | **☐** | Iranian | **☐** |
| Kurdish | **☐** |
| **C: Asian or Asian British** |  | Any other (please state)……………………………………………… | **☐** |
| Indian | **☐** |
| Pakistani | **☐** |  |  |
| Bangladeshi | **☐** |  |  |
| Any other Asian background (please write in)……………………………………………… | **☐** |  |  |

**What is your Religion?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **None** | **☐** | http://jeffgoins.myadventures.org/blogphotos/myadventures/jeffgoins/christian_symbolism.jpg**Christian**  | **☐** | Dharmachakra - The Wheel Of The Law**Buddhist**  | **☐** | http://www.ancient-symbols.com/images/hindu-symbols/original/om.jpg**Hindu**  | **☐** | http://ts1.mm.bing.net/th?id=HN.608020404157941260&pid=1.7**Jewish**  | **☐** |
| http://www.surrogacyclinics.com/wp-content/gallery/surrogacy-blog-images/symbol-of-islam.jpg**Muslim**  | **☐** | http://i.ebayimg.com/t/Sikh-Khanda-Sword-Symbol-Decal-Sticker-You-Pick-Color-/00/$(KGrHqEOKjUE3B,zI6T8BNz943Iuo!~~_3.JPG**Sikh**   | **☐** | **Any Other** | **☐** |  |  | **Not Stated** | **☐** |

**Immigration Status (for those born outside of the UK only)**

|  |  |  |  |
| --- | --- | --- | --- |
| I am an Asylum Seeker | **☐** | I have leave to remain (Refugee) | **☐** |
| I am visiting from oversees  | **☐** | I am a student here | **☐** |
| I have a visa to work here | **☐** | Other: Please state: ……………………….. |

**Health**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any health problems? If yes, give details | Yes | **☐** | No | **☐** |

…………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………..

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you take any medication? If yes, what is it? | Yes | **☐** | No | **☐** |

……………………………………………………………………………………………………………..…

………………………………………………………………………………………………………………..

**Smoking Status:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you smoke? http://nativemothering.com/wp-content/uploads/2011/04/ciggie.jpg | Yes | **☐** | No | **☐** |

If you answered yes, please answer the following:

|  |  |
| --- | --- |
| Do you smoke cigarettes/pipe/roll ups? ………………………………………………. | Smoker - average number smoked per day?…………………………………………………… |
| Ex-Smoker? Yes/No | Yes | **☐** | No | **☐** |
| If yes, date stopped? ……………… |

**Information for Smokers:** We strongly advise that you stop smoking. We offer counselling and treatment to help you stop. Please make an appointment with our nurse for a Smoking Cessation appointment to help if you wish to stop smoking.

|  |  |
| --- | --- |
| I am aware that I can book an appointment with the Nurse to help me stop smoking. | **☐** |

Signature: ……………………………………………………………………………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Have you been in the armed forces?** | **Yes** | **☐** | **No** | **☐** |

**Consent for Communicating via SMS (Text) Messaging**

We provide a text reminder system from the surgery. Please read the following terms and conditions and if you agree to them, provide your mobile phone number in the space provided. If you do not wish to use this service then you can choose that option.

* The service is free of charge
* It is your responsibility to maintain the safety of your phone to avoid anyone else being able to access the SMS Text sent to you.
* You agree to provide us your mobile number to receive SMS messages, such as confirmation and reminders of appointments.
* If you change your number, your phone is lost or stolen, or no longer wish to use this service, it is your responsibility to inform us as soon as possible.

**Please tick the appropriate box:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | I have understood the above and agree to receive communications from the practice via SMS (text) messages**. ☐** |  | I do not wish to receive and SMS (Text) Messages **☐** |  |

**Mobile number**: ……………………………………… **Date**: …………………………………….

**Full Name**: ..................................................... **Date of Birth**: ……………………………….

**Patient’s Signature**: ……………………………………………………………………………….

**Electronic Patient Record and the Sharing of Information**

**Please read this information carefully. It will give you information about the sharing of your electronic patient record and the choices you need to make.**

Today, electronic records are kept in all the places where you receive healthcare. These NHS Care Services can usually only share information from your records by letter, email, fax or phone. This means at times, this could slow down your treatment as the information is hard to access.

Your GP practice uses a computer system called SystmOne that allows the sharing of full electronic records across different NHS Care Services. We are telling you about this as a patient because you have a choice to make about how your information about your care from your electronic patient record is shared. This form is not about your Summary Care Record (SCR), it is asking your sharing preferences regarding your full electronic patient record. You can choose to share or not to share your electronic GP record with other NHS Care Services and vice versa.

**Sharing Out**

Can your GP full electronic patient record be shared with other NHS Care Services where you are treated?

|  |  |
| --- | --- |
| **Yes**, share my record | **☐** |
| **No**, do not share my record | **☐** |

**Sharing In**

Do you agree for us to view information you’ve agreed to share at other NHS Care Services?

|  |  |
| --- | --- |
| **Yes**, you can view information from other NHS services | **☐** |
| **No**, I don’t want you to view information from other NHS services | **☐** |

**Your Signature:** ……………………………………………………………………………………………

**For office Use only**:

Witnessed by: …………………………………………………… Job Title: ……………………………………………………

Signature………………………………………………………….. ..Date:…………………………………………………………..