

Section 1 – Your Details

Preferred Surgery: Maidenbower Northgate (Town Centre)

Marital status: Single Married/Civil Partnership Divorced Separated Widowed

Ethnicity¹:

White or White British (Specify if appropriate) [Click or tap here to enter text.](#)

Black or Black British (Specify if appropriate) [Click or tap here to enter text.](#)

Asian or Asian British (Specify if appropriate) [Click or tap here to enter text.](#)

Other (Specify if appropriate) [Click or tap here to enter text.](#)

Prefer not to say

Preferred Language: English Other (please specify) [Click or tap here to enter text.](#)

Do you require an interpreter? Yes No

Section 2 – Contact Details

Telephone Number (please tick preferred)

Mobile [Click or tap here to enter text.](#)

Home [Click or tap here to enter text.](#)

Work [Click or tap here to enter text.](#)

None

Please confirm if the surgery can contact you via SMS: Consent Dissent

Consent to receive appointment reminders: Consent Dissent

Consent to receive Health Promotions: Consent Dissent

E-mail Address: [Click or tap here to enter text.](#)

Preferred method of contact: SMS Email Letter Telephone

Information and Communication Needs

Do you have any special communication needs? Yes / No If Yes, please specify:

Sign Language Large Print Other (please specify) [Click or tap here to enter text.](#)

Would you like access to your medical records online? Yes No

You can order your prescriptions online via this online service

¹ The NHS ask for ethnicity to measure and improve health outcomes nationally.

Section 3 – Data Sharing

Summary Care Record (SCR)

Your emergency care summary

This is a condensed version of your medical record which can be accessed immediately by Hospitals and Emergency Services. The Core version will contain your current allergies and medication, the Enriched will contain additional information such as medical conditions.

For more information on Summary Care Records, you can visit

<https://www.england.nhs.uk/learning-disabilities/improving-health/summary-care-records/>

Please tick which access you would like to provide:

Enriched

Core

None

Should there be any information which you do not wish to be shared, you have the right to have this marked as 'private'² whilst sharing your other medical information.

Enhanced data sharing model (eDSM) –

Sharing of your medical records between health professionals

This is a full view of your medical record, which is accessible by your examiner should you be seen by a minor injuries unit, district nurses, or in the case of children their health visitor or school nurse. Consenting to the sharing of information will aid in your treatment and in the co-ordination of your care between health providers.

SHARING OUT I consent to the sharing of data recorded by my GP with any organisation that may care for me

Yes

No

SHARING IN I consent to the viewing of data by my GP that is recorded at other care services that may care for me where I have agreed to make the data shareable

Yes

No

² To do this, you will need to inform our patient services team that you would like a given piece of information Excluded from your Summary Care Record.

Section 5 - Your Pharmacy

Please choose or state your preferred pharmacy. Prescriptions processed electronically will be sent here to be collected once signed.

Asda, Town Centre

Boots: Maidenbower Town Centre

Crawley Chemist, Town Centre

Day Lewis, West Green

Geddes, Three Bridges

Kamsons: Tilgate Furnace Green Pound Hill Southgate (SMG) Southgate (Town Centre)

Kassam, Three Bridges

Jades Chemist, Northgate

Lloyds: Langley Green Ifield

Sainsbury's, West Green

Tesco, Three Bridges

Other [Click or tap here to enter text.](#)

Section 6 – Patient Charter

Patient Charter 2022

Commitments from the Practice
To Treat all with courtesy & respect.
You will have the choice to be seen by a male or female doctor for routine appointments (if available).
You will have appropriate treatment prescribed and clearly explained.
You will be assessed by a clinician the same day if you have a medically urgent complaint, though you may not be able to see your usual doctor in some circumstances.
You will be referred to a consultant when your GP feels it necessary.
All referrals will usually be sent within 2 working days unless an internal second opinion is sought first.
You can have access your Health Records via the online service once you have shown proof of identity.
You will be offered appropriate advice by the Practice Team regarding keeping healthy
Your complaints will be investigated thoroughly and promptly as per NHS complaints procedure. We endeavor to resolve complaints verbally but where a complaint requires investigation we will write to you with the outcome.
All children will be offered Immunisations in line with NHS guidelines.
We recognise your need to discuss your concerns in private and will ensure privacy for consultations and confidentiality at all times.
You will have the option of a trained chaperone should you require one. Your chaperone will always be of your gender.
We will endeavor to provide appropriate arrangements for patients with special circumstances, needs or communication difficulties. If this is the case please discuss this with your clinician or the practice team.
In the same way as patients can choose their doctor, the doctors reserve the right to accept or remove a patient from their list. This may happen if a patient is unable to work cooperatively with the Practice.
Your records, both written and computerised, will be kept secure and confidential at all times, in line with data protection guidelines, GDPR and NHS confidentiality policy.
Waiting times at the surgery are usually kept to a minimum, but delays are sometime unavoidable and you will be advised if there is a delay of more than 10-15 minutes, and you will be offered the choice of waiting or making an alternative appointment.
Non-NHS work e.g. insurance forms, will not be treated as a priority over NHS medical care, but the Practice will complete this work within statutory timelines.

Rights & Responsibilities of Patients
To treat practice staff with courtesy and respect.
To be a 'patient' patient.
To respect that we are working very hard to provide the best service we can for all our patients. Any violent, aggressive or abusive behaviour may lead to being removed from the practice list, and in extreme cases could lead to police involvement.
To notify us as soon as possible you are unable to keep an appointment as this allows other patients to be seen and keeps waiting times down.
To understand that our staff are limited in the information they can provide due to data protection. We can only divulge private information related to a patient either with their written consent or a legal mandate such as a power of attorney
To ring the practice after 10.30am if you have a non-urgent enquiry.
To be on time for your appointments and notify us as soon as possible if you need to cancel an appointment. Your clinician may not be able to see you if you are late, and persistent missed appointments may lead to being removed from the practice list.
To avoid delays by allowing at least 2 full working days when requesting a repeat prescription; repeat prescriptions will not be taken over the telephone (requests can be made by letter, email, via online request service or by visiting the practice)
To ring the practice after 10.30am if you have a non-urgent enquiry.
There is no need for you to ring the practice for test results; most results are normal and, therefore we will contact you if a doctor has identified an abnormality. Alternatively you can access all your test results via the NHS App or SystmOnline; just ask reception for access to online services.
To inform us if you change address or telephone number – we may need to contact you urgently. You will also ask for family members at the same address to do the same
To make allowances when waiting in the surgery for the fact that emergency cases will have to be given priority.
To understand that there is a charge for non-NHS work e.g. holiday cancellation letters, insurance forms, and they will take up to six weeks to process as NHS work will need to take priority.

Section 7: Patient declaration

I confirm that I have completed this form to the best of my knowledge

To aid my registration process, I confirm I have provided:

A proof of Address

A proof of Identity

If this registration is for a child under 5 years old, I confirm I have provided the Red Book or vaccination records for this child.

I do not have access to this

I confirm I will abide by the Patient Charter. If I do not do so, I may be at risk of being removed from the Saxonbrook patient list.

Patient Signature:

Date of Signature:

To enable us to provide you with the best medical care we would like to ask a few questions. Please complete the questionnaire below.

Patient Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Do you smoke?

I have never smoked I am an ex-smoker I am a smoker (how many daily?)

How often do you have a drink containing alcohol?

Never Monthly or less 2-4 times a month 2-3 times a week 4 or more times a week

How many units containing alcohol do you have on a typical day when you are drinking?

N/A 1-2 3-4 5-6 7-9 10 or more



How often have you had 6 or more units (if female) or 8 or more units (if male) on a single occasion in the past 12 months?

N/A Never Less than monthly Monthly Weekly More than once a week

If you know your current Height and Weight, you can input this here:

Height: Click or tap here to enter text. Weight: Click or tap here to enter text.

If you own a Blood Pressure recorder, please could you provide your last known reading: Click or tap here to enter text.

Have you or a member of your family been diagnosed with any of the following?

Asthma Me Family member Click or tap here to enter text. Date of Diagnosis Click or tap here to enter text.

Diabetes Me Family member Click or tap here to enter text. Date of Diagnosis Click or tap here to enter text.

Heart Disease Me Family member Click or tap here to enter text. Date of Diagnosis Click or tap here to enter text.

Stroke Me Family member Click or tap here to enter text. Date of Diagnosis Click or tap here to enter text.

Cancer Me Family member Click or tap here to enter text. Date of Diagnosis Click or tap here to enter text.

Epilepsy Me Family member Click or tap here to enter text. Date of Diagnosis Click or tap here to enter text.

What Medications do you take?

Medication Name	Dose	Times take per day

Do you have any other pre-existing medical conditions or allergies? Yes No

If yes, please specify: [Click or tap here to enter text.](#)