

## New Patient Registration

As part of your registration with the Golden Brook Practice, you will be required to book and attend a New Patient check. This must be done when you return your paperwork to the Surgery. Failure to attend for this may result in your application form being declined and your application to join the Practice terminated. If you intend leaving the area within 4 weeks please ask to be seen as a temporary resident.

Mr/Mrs/Miss/Ms/etc.....	Address .....
Surname .....	.....
Previous Surname(s) .....	Postcode .....
Forename(s).....	Tel number .....
Previous forename(s).....	Mobile number .....
DOB.....	Email address .....
NHS number .....	Occupation .....

Other household members and their relationship to you.....

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Significant Health Problems/Operations.....

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If you have a copy of your previous repeat prescriptions then please attach this. If not please list your regular medications .....

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Do you smoke? Yes  If so how many..... Never  Ex-smoker

If you would like help stopping then please speak to our reception

Do you need information in a different way? Yes/No. If YES please speak to a receptionist.

As a patient of the Golden Brook Practice I understand that there is a **zero tolerance policy** to any patient that may be rude, abusive or aggressive with any member of staff. This means that you will be removed from the practice list if you behave in this way.

Certain medications such as antidepressants, sedatives (diazepam etc), sleeping tablets (zopiclone, temazepam etc) and strong pain killers (codeine, tramadol) will only be prescribed when the GP is satisfied of genuine need. They will only be put on to repeat prescription if there is a long standing, and ongoing need for the tablets and the GP is comfortable that they are being used appropriately. The management of patients with addiction to heroin etc is done by the substance misuse team. We therefore do not prescribe Methadone, Diamorphine or Buprenorphine.

Many hours of doctor and nurse time is wasted each week by people not turning up to appointments. If you are unable to attend please inform the practice at your earliest convenience. If you repeatedly do not turn up to appointment the Practice reserves the right to remove you.

**If you have supplied us with a mobile telephone number we may use texts to send appointment reminders etc. to you.**

**I am happy to receive text messages (please tick this box).**

**I am happy for my email address to be used as part of my direct care**

**I would like to sign up for online services (photo ID required)**

Signature of patient .....

(or if child, person with parental responsibility)

Print name and relationship to patient if parental responsibility .....

Date .....