

PARKVIEW MEDICAL PRACTICE

WELCOME TO PARKVIEW MEDICAL PRACTICE

This surgery opens at 8.00am until 6.30 daily

Dr A Bhatnagar and Dr M Bhatnagar use the eConsult system whereby they assess your problem from the eConsult submitted by yourself. Should you need an appointment to come into surgery they will organise that with you or the receptionist.

NURSE APPOINTMENTS ONLY CAN BE PRE-BOOKED.

Please be mindful that it is a very busy surgery and we do our very best to answer as many calls as soon as possible.

Once you are registered with us – we can supply an online log in and password which is yours exclusively to order your prescriptions on line using SystemOne.

Alternatively, our email address is warccg.parkview@nhs.net should you rather use an email.

Parkview Medical Practice

Please note ALL forms must be completed and signed including 1 form of Photo ID attached before we can accept the registration application and book your health check with our nurse.

Any medical information e.g. NHS number, medication list, immunisations can be obtained from your previous GP surgery.

Any children registering please ensure their red book is brought with you where possible if not we will need an immunisation history from their previous GP surgery.

If travelling from abroad we will need your date of entry and any previous medical history.

Unfortunately without this information we will be unable to process your registration. If you require further information please don't hesitate to speak to our patient care advisors.

Please note only Adults over the age of 16 are required to have a Health check upon registration, any children will be registered once parent/guardian has completed check.

You will not be registered with the practice until health check has been completed.

Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Surname
Date of birth	First names
NHS No.	Previous surname/s
<input type="checkbox"/> Male <input type="checkbox"/> Female	Town and country of birth
Home address	
Postcode	Telephone number

Please help us trace your previous medical records by providing the following information

Your previous address in UK	Name of previous GP practice while at that address
	Address of previous GP practice

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving	Date you first came to live in UK
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Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: ☐ Regular ☐ Reservist ☐ Veteran ☐ Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting:	Postcode
Service or Personnel number:	Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

- ☐ I live more than 1.6km in a straight line from the nearest chemist
- ☐ I would have serious difficulty in getting them from a chemist

*Not all doctors are authorised to dispense medicines

<input type="checkbox"/> Signature of Patient	<input type="checkbox"/> Signature on behalf of patient	Date

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

- ☐ Any of my organs and tissue or
- ☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas

Signature confirming my consent to join the NHS Organ Donor Register Date

Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit www.organdonation.nhs.uk or call 0300 123 23 23 to register your decision.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years ☐

Signature confirming my consent to join the NHS Blood Donor Register Date

My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode:

All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

NHS England use only

Patient registered for ☐ GMS ☐ Dispensing

To be completed by the GP Practice

Practice Name

Practice Code

☐ I have accepted this patient for general medical services on behalf of the practice

☐ I will dispense medicines/appliances to this patient subject to NHS England approval.

I declare to the best of my belief this information is correct

Practice Stamp

Authorised Signature

Name

Date ____/____/____

SUPPLEMENTARY QUESTIONS QUESTIONS - These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a) ☐ I understand that I may need to pay for NHS treatment outside of the GP practice
- b) ☐ I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- c) ☐ I do not know my chargeable status


I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:		Date:	
Print name:		Relationship to patient:	
On behalf of:			

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS AND S1 FORMS

Do you have a non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</p>	Country Code: <input type="text"/>	
	3: Name	
	4: Given Names	
	5: Date of Birth	
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	
PRC validity period (a) From:		(b) To:

Please tick ☐ if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

Application for online access to my medical record

Surname	Date of Birth
First Name	
Address	
Postcode	
Email Address	
Telephone Number	Mobile Number

I wish to have access to the following online services (please circle all that apply):

Booking Appointments	Yes/No
Requesting Repeat Prescriptions	Yes/No
Access to My Medical Record	Yes/No

I wish to access my medical record online and understand and agree with each statement:

I will be responsible for the security of the information that I see or download	Yes/No
If I choose to share my information with anyone else, this is at my own risk	Yes/No
I will contact the practice as soon as possible if I suspect that my account has been Accessed by someone without my agreement	Yes/No
If I see information in my record that is not about me or is inaccurate, I will contact the Practice as soon as possible	Yes/No
Signature	Date

FOR PRACTICE USE ONLY

Patient NHS Number	Photo ID Type:
	Photo ID Number:
	Photo ID Expiry Date:
Identity verified by (initials)	Date
	Proof of Residence Type:
	Proof of Residence Ref No:
	Dated within last 3 months:
Authorised by:	Date:
Date account created	
Date Passphrase sent	
Level of record access enabled	Notes/explanation
Contractual minimum Yes/No	
Other	

RECORD SHARING PREFERENCES

NAME:

DOB:.....

ADDRESS:.....

.....

Post Code:

An informed patient, in consultation with a Health Care Professional, can choose to permit or restrict access to the information entered into their records at each System One organisation that access their records.

The patient will be asked to give their record sharing consent at each organisation at which they receive care. The patients' consent can be changed at any time.

Sharing Out (Please circle preferences)

Does the patient consent to the sharing of data recorded here with any other organisation that may care for the patient that use System one?

Yes – Share data with other organisations

No – Do not share any data recorded here

CONSENT NOT ASKED

Sharing in (please circle preference)

Consent given

Consent refused

Consent not asked



Your emergency care summary

CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice

A. Please complete in BLOCK CAPITALS

Title Surname / Family name

Forename(s)

Address

Postcode Phone No Date of birth

NHS Number (if known) Signature

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name Your signature

Relationship to patient: Date

What does it mean if I **DO NOT** have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please contact your GP practice.

FOR NHS USE ONLY

Actioned by practice: yes / no

Date

R4.4703

ZERO TOLERANCE

Our Policy on Violence and Aggression

Park View Medical Practice pledges to treat Patients with dignity and respect.
Our Staff have the right to be treated with dignity and respect in return.

We will not tolerate violence in any form, including foul language, towards our employees.

Gillian Adamson
Practice Manager

Health Check Questionnaire

Name:

Date of Birth: Age:

Waist Measurement cm

Hip Measurement cm

Ethnic Category

British	W&B African	Pakistani	Black African
Irish	White & Asian	Bangladeshi	Other Black
Other White	Other Mixed	Other Asian	Chinese
W&B Caribbean	Indian	Caribbean	Other

Smoking status

I have never smoked ☐ or I stopped smokingyears ago

This calculator will help us to produce a numerical value of lifetime tobacco exposure called pack years. A pack year is defined as twenty cigarettes smoked every day for one year. People who smoke often vary their smoking habits over the years which can make it difficult to create a pack score. This smoking pack year calculator simplifies the task.

Cigarettes		per day		yrs
Cigarettes		per day		yrs
Cigarettes		per day		yrs
Cigars or spliffs		per day		yrs
Cigarillos		per day		yrs
Pipe (no. of bowls)		per day		yrs
Tobacco (ozs)		per week		yrs
Tobacco (grams)		per week		yrs
Water pipe (20 min session)		per week		yrs

The Nurse will use this information to calculate your smoking pack years during your review consultation.

Alcohol Consumption

Medium glass of wine (14%) 175ml = 2.5units

Large glass wine (14%) 250ml = 3.5units

Can beer, larger, cider 5.0% 440ml = 2.2units

AUDIT - C

Single spirit (40%) 25mls = 1.0unit

Beer, larger, cider (5.2%) Pint = 3.0units

Super strength B, L, C (9.0%) pint = 5.1units

Can Super strength B, L, C = 4.0units

How many units of alcohol do you drink in a week?

Units

How often do you have a drink containing alcohol?	Never <input type="checkbox"/>	Monthly or less <input type="checkbox"/>	2-4 times a month <input type="checkbox"/>	2-3 times a week <input type="checkbox"/>	4 + times Per week <input type="checkbox"/>
How many units of alcohol do you drink on a typical day when you are drinking?	1-2 <input type="checkbox"/>	3-4 <input type="checkbox"/>	5-6 <input type="checkbox"/>	7-9 <input type="checkbox"/>	10+ <input type="checkbox"/>
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 <input type="checkbox"/>	Less than monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily or almost daily <input type="checkbox"/>

Is your drinking a problem for you or anyone in your family Yes ☐ No ☐

Physical Activity

1. Please tell us the type and amount of physical activity involved in your work.

		Please mark one box only
A	I am not in employment (e.g. retired, retired for health reasons, unemployed, fulltime carer etc.)	
B	I spend most of my time at work sitting (such as in an office)	
C	I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	
D	My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)	
E	My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	

2. During the last week, how many hours did you spend on each of the following activities?

		None	Some but less than 1 hour	1 hour but less than 3 hours	3 hours or more
A	Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc.				
B	b Cycling, including cycling to work and				
C	Walking, including walking to work, shopping, for pleasure etc.				
D	Housework/Childcare				
E	Gardening/DIY				

3. How would you describe your usual walking pace? Please mark one box only.

Slow pace (i.e. less than 3 mph) ☐

Brisk pace Steady ☐

Average pace ☐

Fast pace (i.e. over 4mph) ☐

Family History

Are you aware of any close family relatives (parents, siblings or children) who have cardiovascular disease (CVD) and where diagnosed with the condition before the age of 60yrs?

This includes all the diseases of the heart and circulation including coronary heart disease, angina, heart attack and strokes.

Yes ☐ Please state their relationship to you

No ☐

Diet

On average I eat less than 5 portions of fruit and vegetables each day ☐

On average I eat more than 5 portions of fruit and vegetables each day ☐

For completion by nurse at review.

Smoking ☐ Diet and or weight control ☐ exercise ☐ Cholesterol ☐ Alcohol ☐

As discussed at your 'Heath Check Review' the above areas have been identified as potentially having a negative impact on your health. Further help and advice can be found at www.nhschoices.uk/

NAME -----

Are you a MILITARY VETERAN?

Military veterans are entitled to priority healthcare and can be fast tracked into treatment, please inform the surgery if you are. You are classed as a military veteran for serving just one day in the Armed Forces.

YES -----

No -----

NAME _____

Are you a carer?

Do you look after a relative or friend who needs help because of disability, illness, addiction or age without payment? Then you are a carer!

Over 7.2 million people care for a relative, friend or partner, or for a child with a disability. They care part-time or full time for people who cannot manage without their help because of disability, illness or frailty.

YES -----

NO -----

Baby clinic, childhood immunisations, Cervical smears, family planning, antenatal & postnatal, counselling, Minor Surgery, Chronic Disease Management reviews (Asthma, COPD, Diabetes, Heart Disease, Cardio-Vascular Disease, Hypertension), Weight Management, Smoking Cessation, Travel Vaccinations, Well man/Woman, Ultrasound clinics

Out of Hours Assistance & Emergencies

If you need to speak to a Doctor or if you require EMERGENCY MEDICAL ATTENTION out of hours when the surgery is closed (between 6.30pm and 8.00am) Monday to Friday or from 6.30pm Friday to 8am Monday), or on a Bank Holiday, please speak to the NHS111 service by calling **111**

Your pharmacist may also be able to help you.

Rights & Responsibilities of Patients

Patients can expect to be given the medical care that they require and be treated in a polite and efficient manner.

* Patients are entitled to see any GP.

* Staff can access patient information; however this will not be divulged to other individuals including relatives without the consent of the patient.

* We expect our patients to keep all their appointments, arrive promptly & treat all staff politely.

* It is important for patients to attend for all reviews when they are due, especially those with chronic diseases.

We operate a **Zero Tolerance Policy** towards patients who are abusive, threatening or violent towards staff.

Complaints Procedures / Suggestions

We value constructive comments or complaints and will act on these to improve our service to you. Please contact:

Gillian Adamson (Practice Manager)

Tel: 01925 303230

or by writing to:

Parkview Medical Practice

Orford Jubilee Health Centre

Jubilee Way

Orford

Warrington, WA2 8HE

Alternatively, for complaints advice

NHS England Contact Centre

PO Box 16738H

Redditch B87 9PT

contactus@nhs.uk

Tel: 0300 311 22 33

Patient Participation Group (PPG)

Parkview Medical Practice values the opinions of its patients, and we are looking for patients who would like to, share their opinions and get involved in our PPG. If you would be interested in joining the PPG please contact Gill Adamson 01925 303230.

Access to Medical Records

The practice is registered and complies with the Data Protection Act 1988. Any request for access to notes by a patient, patients' representative or outside body will be dealt with according to the Act.

Parkview Medical Practice



INFORMATION LEAFLET

PARKVIEW MEDICAL PRACTICE

Orford Jubilee Health Centre

Jubilee Way

Orford

Warrington

WA2 8HE

Tel: 01925 303230

Email: warccg.parkview@nhs.net

www.parkviewmedicalpractice.co.uk

The Doctors

Dr M Bhatnagar
GMC 2201566

Dr A Bhatnagar
GMC 6122435

Nurse
Janet Southwell

The Management Team

Practice Manager: Gillian Adamson
Secretary: Jeanette Vaughan

The Clinical Staff and management team are fully supported by a full complement of Patient Care Advisors, Administrative and Secretarial staff

Practice Chaperone Policy

A chaperone is available for both male & female patients if required

OPENING HOURS

Core Hours (appointments)

Monday to Friday 8:00am to 6.00pm

Reception Hours

Mon to Fri - 8:00am to 6.30pm

Surgeries/Clinics

Appointments: All consultations are by appointment. Routine appointments can be booked up to 1 week in

advance and same day appointments are available for urgent/acute problems. Please complete a eConsult and you will be contacted by the practice.

Online Services: If you wish to request repeat prescriptions online, please ask a member of the reception team to register you with *SystmOnline*. You will receive a *SystmOnline* username and password and will then be able to access the services 24/7.

For further information on *SystmOnline* please ask at reception for an information leaflet.

Cancellations: If you need to cancel your appointment for any reason please give as much notice as possible so that your appointment can be made available for another patient. If you do not inform us that you won't be attending your appointment, this will be recorded as a 'DNA' (Did Not Attend). If you DNA 3 consecutive appointments we will consider removing you from our registered patient list.

Disabled Access & Baby Changing Facilities

The premises are easily accessible and disabled toilet facilities and baby changing facilities are available.

How to Register as a Patient

- If you wish to register as a patient you should ask the receptionists and they will give you a registration form and a health questionnaire form to fill in. Alternatively, you can download the registration forms from our website
- You will be asked to make an appointment for a new patient health check with a member of the nursing team
- It is **VERY IMPORTANT** that you attend for your new patient Health check
- If you are unable to attend you should **TELEPHONE THE SURGERY on 01925 303230**
- and make another appointment as soon as possible

Home Visits

- Please note home visits are for patients who are housebound only.
- Please contact the surgery before 10.30am if possible giving the patient's name, address, telephone number and symptoms.
- The Doctor will decide whether a home visit is required and may telephone the patient to help make this decision.

Telephone Advice Requests

The Doctors and the Nurses are happy to speak to you on the phone where appropriate if you need advice.

If you have an **URGENT** problem you can be seen on the same day.

Repeat Prescriptions

- You can request a repeat prescription either in person at the surgery, by post, by fax or online. Please arrange with a pharmacy of your choice if you wish your prescription to be collected **before** you submit your request.
- Please allow two complete working days before collection. Medication must be on the repeat list.
- Medication issued as an acute item will not be re-issued until the patient has seen the Doctor.
- You may be asked to see the Doctor for a medication review after 6 months supply of medication has been issued.

Test Results

Please telephone the surgery between 2pm and 4pm Monday-Friday to enquire about the results of your test.

The following services / clinics are available: