Welcome to The Brooke Surgery

Your appointment with a member of our nursing team is on ..................................................

Please note that you will not be registered with this practice until you have attended for this appointment.

If for any reason you are unable to attend, please telephone the surgery to cancel 0161 368 3312 and rearrange your appointment.

If you do not attend your new patient appointment we will assume that you have decided not to register with us and your application will be destroyed.

Please note to register at this practice you will need 2 forms of identification, one from each list below:

List A
- Passport
- Picture Driving Licence
- Official Picture ID

List B
- Utility Bill, less than 3 months old (not mobile phone)
- Lease/Rental Agreement
- Rent Book
- Inland Revenue correspondence

We will consider other forms of correspondence that proves your address/identification. The final decision rests with the Practice Manager.
Surgery opening times
The surgery is open all day
**Monday to Friday from 8:00am to 6:00pm** we work through lunchtime everyday
**Thursdays 8:00am to 9:00pm**
Appointments can be made online, telephoning, or by calling in at the surgery.

Appointments
Consultations are available at least two weeks in advance. You will normally be able to see a doctor, nurse or health care assistant within 48 hours. We will always see medically urgent patients the same day.

Facilities for the disabled
There is access to the surgery for the disabled and a specially adapted toilet for their use.

Training & Teaching
We are an approved training practice, and have experienced doctors as well as medical & nursing students attending the practice, who may be present at your consultation. Should you prefer this not to be the case, simply inform reception. We close at 12.30pm on one afternoon monthly for staff training, and the specific day will be advised by notices in the practice.

Home visits
Please telephone the surgery before 10:30am for a visit if your illness prevents you from attending the surgery. To assist the doctor we ask that you give the receptionist as much information as possible.

Out of hours
Tameside & Glossop CCG are responsible for arranging medical cover out of normal hours. In an emergency always telephone the surgery number. If you feel that you can wait until the next day then contact the surgery on any weekday and if urgent, you will be seen that day.

Practice Management
Practice Manager - Elaine Parker-Boyd
Deputy Manager - Lisa Moran
Reception - Jeanette Mather
Administration - Chris Turner
Nursing - Louise Forrester

Reception Team
Jeanette, Susan, Karen, Mechelle, Lorna and Marie

Nurses
SNR Nurse Practitioner: Louise Forrester
Nurse Practitioner: Penny Gowland
Nurse: Jayne Dagarval
Nurse: Pauline Robinson
Nurse: Louise Westmerland
Health Care Assistant: Sue Cavaghan
Health Care Assistant: Jade McLaren

Administration Team
Chris, Jane, Kerry, Siobhan and Zoe

Reception & Admin staff
Our team of receptionists have attended specific courses to help you make the best use of the facilities at the practice. All staff involved in reception, clerical and admin duties are here to help you. They may need to ask you further details when you telephone; this is to ensure that
we can assist you as speedily as possible. They are bound by the same rules of confidentiality as the doctors and nurses. We also have district nurses, health visitors and midwives visiting the practice to see patients.

Prescriptions
Repeat prescriptions are available for any patient who is on long-term medication authorised by the doctor, and all repeat prescriptions will be available within 24 hours of correct ordering. Prescription handed in before 10am will be ready for collection after 2pm on the same day. Prescriptions after 10am will be ready for collection after 2pm the following working day. Repeat medication requests should be made using the tear off slip provided with your prescription or online. Please only request repeat medications within a week of their due date. We will however try to accommodate one-off requests.

Action: IF YOU HAVE A NOMINATED PHARMACY FOR ELECTRONIC PRESCRIPTIONS, YOU MUST INFORM THAT PHARMACY IF YOU DECIDE TO MOVE AS YOUR PRESCRIPTIONS WILL AUTOMATICALLY GO THERE!

Request your repeat prescriptions online
Request your repeat prescriptions quickly online by logging into your account and simply ticking the appropriate boxes. You can review the progress of your repeat prescriptions and any message that the practice may have sent to you.

Please note that medication requests cannot be made by telephone, though you can register with a chemist of your choice to arrange ordering and delivery. You will need to make an appointment to see the doctor for any medication other than that on your authorised repeat slip. Please make an appointment to see the doctor for a medication review when requested to do so.

Accessing your Medical Records
For the 31st March 2015 you will be able to access your prescription history and allergies online. For further information please speak to the reception team.

New patients
All new patients will be asked to complete a lifestyle questionnaire and book an appointment with the Practice Nurse or HCA for a health check within a month of registering. The health check gives us the opportunity to meet you and your Family and inform you about the practice.

Named GP
Each patient is allocated a named accountable GP who is responsible for coordinating their healthcare. Your Named GP is Dr R Fletcher but as a group practice you can book in with any of the clinicians available on that day.

If you move
Please let us know your new address. If you move outside the practice area, we will advise you how to register with a new doctor.

Private medical examinations
Examinations for fitness to drive, pre-employment, vehicle license and insurance medicals etc. are carried out by special appointment with your doctor, and a separate fee is payable.
**Patients’ rights, responsibilities & personal health information**

Patients have a right of confidentiality and we ensure that the information we hold is secure and only available to appropriate health professionals involved in your care. Patients & staff have a right to courteous treatment and we ask everybody to respect this when in the surgery.

*Suggestions, complaints or concerns relating to the practice, its staff or the services offered, should be advised to the Elaine Parker-Boyd, Practice Manager who will provide you with a timely response to them.*

### Additional services available

<table>
<thead>
<tr>
<th>Anticoagulant clinic</th>
<th>Antenatal clinic</th>
<th>Well person clinic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child health surveillance</td>
<td>Asthma Clinic</td>
<td>Maternity</td>
</tr>
<tr>
<td>Cryosurgery</td>
<td>Child immunisation</td>
<td>Contraceptive Services</td>
</tr>
<tr>
<td>Minor surgery</td>
<td>Cytology</td>
<td>COPD Clinic</td>
</tr>
<tr>
<td>Travel immunisations</td>
<td>Diabetic Clinic</td>
<td></td>
</tr>
<tr>
<td>Well woman clinic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Brooke Surgery
New Patient Registration Form

Please complete this confidential questionnaire (one for each member of the family to be registered with the Practice).

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

If you are newly arrived in this country, please bring your passport to confirm your date of birth and entitlement to NHS treatment.

Please complete a separate form for each family member to be registered.

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Telephone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr / Mrs / Miss / Ms / Other.......</td>
<td>Work Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address and Postcode</th>
<th>Mobile Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>E-mail Address. By adding an email address you are agreeing to be contacted by email :</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Next of Kin:</th>
<th>Relationship to you:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Next of Kin Contact Number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Previous / Mother’s surname if different:</th>
<th>Town &amp; Country of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Marital Status:</th>
<th>Gender:</th>
<th>Male:</th>
<th>Female:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

| Place Of Birth: | |
|-----------------| |

| Names & Ages of Children | |
|-------------------------| |

<table>
<thead>
<tr>
<th>If returning from Armed Forces:</th>
<th>Your Service or Personnel Number</th>
<th>Your Enlistment Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Your height:</th>
<th>Feet / inches</th>
<th>cm</th>
<th>Your weight:</th>
<th>Stones / lbs.</th>
<th>kg</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Your Religion:</th>
<th>C of E</th>
<th>Catholic</th>
<th>Other Christian (state)</th>
<th>Buddhist</th>
<th>Hindu</th>
<th>Muslim</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Ethnic Origin: (select one)</th>
<th>White (UK) 910</th>
<th>White (Irish) 911%</th>
<th>White (Other) 912%</th>
</tr>
</thead>
</table>

Today’s Date:
<table>
<thead>
<tr>
<th>Ethnic Category</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caribbean</td>
<td>9i3</td>
</tr>
<tr>
<td>African</td>
<td>9i4</td>
</tr>
<tr>
<td>Asian 9i5</td>
<td></td>
</tr>
<tr>
<td>Other Mixed Background</td>
<td>9i6%</td>
</tr>
<tr>
<td>Indian / Brit Indian</td>
<td>9i7</td>
</tr>
<tr>
<td>Pakistani / Brit Pakistani</td>
<td>9i8</td>
</tr>
<tr>
<td>Bangladeshi / Brit</td>
<td></td>
</tr>
<tr>
<td>Bangladeshi 9i9</td>
<td></td>
</tr>
<tr>
<td>Other Asian Background</td>
<td>9iA%</td>
</tr>
<tr>
<td>Other Black Background</td>
<td></td>
</tr>
<tr>
<td>Chinese 9iE</td>
<td></td>
</tr>
<tr>
<td>Other 9iF%</td>
<td></td>
</tr>
<tr>
<td>Ethnic Category not stated</td>
<td>9iG</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your main or 1st language</th>
<th>Spoken / Understood: (select one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>Hindi</td>
</tr>
<tr>
<td>Gujratati</td>
<td>Urdu</td>
</tr>
<tr>
<td>Bengali / Sytheti</td>
<td>Punjabi</td>
</tr>
<tr>
<td>Polish</td>
<td>Ukrainian</td>
</tr>
<tr>
<td>French</td>
<td>German</td>
</tr>
<tr>
<td>Spanish</td>
<td>Other: (Please Specify)</td>
</tr>
</tbody>
</table>

**Your Medical Background:**

- What illnesses have you had & When?
- What operations have you had and When?
- Do you have any medical problems at present?
- Please list any tablets, medicines or other treatments you are currently taking: (incl. dose + frequency)

<table>
<thead>
<tr>
<th>Are there any serious diseases that affect your Parents, Brothers or Sisters (tick all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
</tr>
<tr>
<td>Breast Cancer</td>
</tr>
<tr>
<td>Thyroid Disorder</td>
</tr>
</tbody>
</table>

**Children ONLY**

<table>
<thead>
<tr>
<th>What immunisations have you had? (please tick all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
</tr>
<tr>
<td>Whooping Cough</td>
</tr>
</tbody>
</table>
Women only:

<table>
<thead>
<tr>
<th>When was your last smear done?</th>
<th>Date</th>
<th>Was this at your GP’s Surgery?</th>
<th>Yes</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>What was the result of the smear?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of last mammogram (if applicable):</td>
<td>Date</td>
<td>Method of contraception (if used):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Patient Participation Group**
The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better. By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice. If you are interested in getting involved, please tick the box below and we will arrange for the Practice Patient Participation Group Application Form to be given to you at your initial consultation.

Yes, I am interested in becoming involved in the Practice Patient Participation Group (Please tick the “Yes” Box)  Yes

**SMOKING ADVICE**
According to new Government guidelines we are now required to hold a record of the smoking habits of all our patients once they reach the age of 16. For anyone who has ever smoked it is required that this information is re-recorded annually. We are also required to record that we have advised each of our patients about the health hazards of smoking. These include an increased risk of:

- Lung Cancer
- Coronary Heart Disease
- Peripheral vascular disease
- Chronic Obstructive Pulmonary Disease (which includes chronic bronchitis and emphysema)
- Cervical Cancer
- Mouth and throat cancer
- Difficulty conceiving (men and women)
- Miscarriage
- Low birth weight babies
- Chest problems in the children of smokers

**If you wish further information about our Help To Quit Programme please contact the Surgery on 0161 368 3312**

Do you smoke?  Yes / No

If Yes, How many per day?  

If YES, would you like help to stop smoking?  Yes / No

Ex Smoker  Yes/No
Your physical examination will include having your height, weight and blood pressure taken, and a specimen of urine for testing (it would be helpful if you would bring a specimen with you when coming to the Practice).

The Consultation will also establish relevant past medical and family history, including:

- Medical factors - illnesses, immunisations, allergies, hereditary factors, screening tests, current health
- Social factors - employment, housing, family circumstances
- Lifestyle factors - diet and exercise, smoking, alcohol and drug abuse.

Thank you for completing this form

For more information about the services we offer, please refer to your new patient pack
This is one unit of alcohol...

...and each of these is more than one unit

<table>
<thead>
<tr>
<th>FAST</th>
<th>Scoring system</th>
<th>Your score</th>
</tr>
</thead>
<tbody>
<tr>
<td>How often have you had or more units if female, or or more if male, on a single occasion in the last year</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>How often during the last year have you failed to do what was normally expected from you because of your drinking</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>How often during the last year have you been unable to remember what happened the night before because you had been drinking</td>
<td>Never</td>
<td>Less than monthly</td>
</tr>
<tr>
<td>Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

**Score:**
If score is 0, 1 or 2 on the first question continue with the next three questions

If score is 3 or 4 on the first question – stop here.

**An overall total score of 3 or more is FAST positive.**

**What to do next?**
If FAST positive, complete remaining AUDIT questions (this may include the three remaining questions above as well as the six questions on the second page) to obtain a full AUDIT score.
### Family doctor services registration

**GMS1**

**Patient’s details**

* Please complete in BLOCK CAPITALS and tick ✓ as appropriate

**Mr** ✓  **Mrs**  **Miss** ✓  **Ms**

<table>
<thead>
<tr>
<th>Surname</th>
<th>First names</th>
<th>Date of Birth</th>
<th>NHS No.</th>
<th>Male ✓</th>
<th>Female ✓</th>
</tr>
</thead>
</table>

Town and country of birth

Home address

Postcode: Telephone number

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

<table>
<thead>
<tr>
<th>Your previous address in UK</th>
<th>Name of previous doctor at that address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address of previous doctor</th>
</tr>
</thead>
</table>

**If you are from abroad**

Your first UK address where registered with a GP

If previously resident in UK, date you first came to live in UK

**If you are returning from the Armed Forces**

Address before enlisting

Enlistment date

**If you are registering a child under 5**

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

**If you need your doctor to dispense medicines and appliances**

I live more than 1 mile in a straight line from the nearest chemist

I would have serious difficulty in getting them from a chemist

Signature of Patient ✓  Signature on behalf of patient ✓

Date

---

**To be completed by your doctor**

**Doctors Name**

**HA Code**

1. I have accepted this patient for general medical services
2. For the provision of contraceptive services
3. I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

**Doctors Name, if different from above**

**HA Code**

1. I am on the HA CHS list and will provide Child Health Surveillance to this patient or
2. I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient

**To be completed by your doctor**

**Doctors Name**

**HA Code**

1. I will dispense medicines/appliances to this patient subject to Health Authority’s
2. I am claiming rural practice payment for this patient

**Signature confirming consent to organ donation**

Date

Kidneys  Heart  Liver  Corneas  Lungs  Pancreas  Any part of my body

For more information, please ask for the leaflet on joining the NHS Organ Donor Register

**Signature confirming consent to inclusion on the NHS Blood Donor Register**

Date

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

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

For more information, please ask for the leaflet on joining the NHS Blood Donor Register

**NHS Blood Donor registration**

**For more information, please ask for the leaflet on joining the NHS Organ Donor Register**

**I would like to join the NHS Organ Donation Register as someone whose organs may be used for transplantation after my death. Please tick as appropriate.**

Kidneys  Heart  Liver  Corneas  Lungs  Pancreas  Any part of my body

**For more information, please ask for the leaflet on joining the NHS Organ Donor Register**

**Practice Stamp**

**Please see right re: Organ donation**

**Version 01/02**

**Please see right re: Organ donation**

**Authorise Signature**

Name  Date

**Practice Stamp**

**HA use only**

Patient registered for: GMS ✓  CHS  Dispensing ✓  Rural Practice
Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, the doctors treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

- **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.

- **No I do not want a Summary Care Record** – enclosed is an opt out form. Please complete the form and hand it to a member of the GP practice staff.

If you need more time to make your choice you should let your GP Practice know.

For more information talk to GP practice staff, visit the website [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk) or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

Additional copies of the opt out form can be collected from the GP practice, printed from the website [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk) or requested from the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

**You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.**

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.
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)...........................................................................................................**

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:
• phone the Summary Care Record Information Line on 0300 123 3020;
• contact your local Patient Advice Liaison Service (PALS); or
• contact your GP practice.

FOR NHS USE ONLY

Actioned by practice: yes/no  Date .................................................................

Ref: 4705
IMPORTANT CHANGES TO YOUR MEDICAL RECORDS

GP practices across England will soon be required to supply patients’ personal and confidential medical information, on a regular and continuous basis, to the Health and Social Care Information Centre (HSCIC).

The data upload is due to commence in March 2014 and all households should receive a leaflet (‘Better information means better care’) through their letterbox about this in January.

Details from your medical record will be extracted from the practice in a form that can identify you, and will include your NHS number, date of birth, postcode, gender and ethnicity, together with your medical diagnoses (including cancer and mental health), their complications, referrals to specialists, your prescriptions, your family history, details of your vaccinations and screening tests, your blood test results, your body mass index, and your smoking/alcohol habits.

This programme is called care.data, and the information uploaded will be used for purposes other than your direct medical care (so-called “secondary uses”).

Medical staff treating you in GP surgeries, hospitals, A&E and out-of-hours centres will not use, or be able to use, this database. However, the uploaded data is likely to be made available to organisations outside of the NHS, such as universities and commercial organisations.

Under the Health and Social Care Act 2012, GP practices have no choice but to allow the HSCIC to extract this information.

Once the data has been extracted, the GP practice is no longer the data controller for that information, and cannot control or protect in any way how that information is used, shared or who has access to it.

Although GP practices cannot object to this information leaving the practice, individual patients and their families can instruct their practice to prohibit the transfer of their data, i.e. you have the right to opt-out.

If you do nothing, i.e. you do not opt out, then your medical information will be extracted and uploaded to the HSCIC.

Once uploaded, you will not be able to get this data deleted by the HSCIC. So if you want to opt out, you need to act now.

To opt out, simply fill in your details on the form to the right of this page, cut it out and post it or drop it in to your GP practice, marked for the attention of your GP. If you wish to opt out your children or other members of your family for whom you are responsible, you can add their details on the back of the form.

This is not the Summary Care Record. The two databases are very different. Opting out of one database does not mean that you have automatically opted out of the other.

Further information about the care.data programme is available online - details overleaf.

Dear Doctor,

I am writing to give notice that I refuse consent for my identifiable information and the identifiable information of those for whom I am responsible [delete as appropriate] to be transferred from your practice systems for any purpose other than our medical care.

Please take whatever steps necessary to ensure my confidential personal information is not uploaded and record my dissent by whatever means possible.

This includes adding the ‘Dissent from secondary use of GP patient identifiable data’ code (Read v2: 9Nu0 or CTV3: XaZ89) to my record as well as the ‘Dissent from disclosure of personal confidential data by Health and Social Care Information Centre’ code (Read v2: 9Nu4 or CTV3: XaaVL).

I am aware of the implications of this request, understand that it will not affect the care we receive and will notify you should I change my mind.

Signature: _______________________________
Full name: _______________________________________
Address: _______________________________________
_____________________________________
_____________________________________
Postcode: _______________________________
Date of birth: _______________________________
NHS number (if known): _______________________________

Space for additional patient details overleaf