Dr Mirza & Partners Luton
www.drmirzaandpartners.co.uk

You can register by bringing along your NHS medical card or completing a form available from reception and providing ID as described below. If you are on regular medication, you will need to make an appointment with your doctor before you will be able to order a repeat prescription.

NEW PATIENT REGISTRATION REQUIREMENTS

Documents needed for registration

NHS card – if you have one
Knowledge of NHS number and previous GP contact information

Proofs of address – any from the list below
These must be recent and dated within the last 3 months, Council Tax Bill, Bank Statement, Utility bill, Recent full driving licence with photo, Social services letter, home Office letter, Printed tenancy agreement, Mortgage agreement, Television licence, 1 from the following to prove identity:

Proof of identification: Passport (must be passport if born outside the uk), full driving licence or British birth certificate if do not possess either of the first two.

Outside EU: Current passport including a current residency visa is required with at least 6 months coverage from the time of registering. Work permit if applicable. If you have a student visa, we require acceptance paperwork from college or university.

Inside EU
Current passport or EU ID card, employment contract or wage slip. If from Poland, Estonia, Latvia, Bulgaria, Slovenia, Hungary, Slovakia, Czech Republic, Romania and Lithuania you are required to register under the workers registration scheme and will need to bring the Home Office paperwork with you.
All documents are verified through the Home Office
Please note you will not be officially registered at Dr Mirza & Partners until we have received your completed forms and ID. This will then allow us to obtain your medical records. You will however be able to see a doctor if you need to in the interim.

- NHS NUMBER - You can obtain this from your previous surgery or medical card.
- Valid Passport – Home office paper will not be accepted.
- Marriage Certificate – if you are here on your husband/wife visa we need to see you marriage certificate.
- Student visa – we need to see a letter from your college/university.
- Proof of address - we must have proof of your address from each adult living at the address provided.

Failure to provide any of the above original documents means you will not be accepted into the surgery.

Summary Care Record1 - Opt IN (CIRCLE ONE) YES NO

Summary Care Record2 OPT IN (CIRCLE ONE) YES NO

All New Patients REGISTRATIONS (over 18 year's olds) @ Dr Mirza & Partners WILL BE AUTOMATICALLY REGISTERED FOR ONLINE SERVICES.
This allows you access to the following: BOOK APPOINTMENTS ONLINE, REPEAT PRESCRIPTION ONLINE ORDERING, and SUMMARY RECORD ACCESS

- ***For Detailed Coded Record/ FULL Medical Record Access – apply in writing for access.***

Updated 17.7.2020

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NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE

To the Patient:

To register with the Practice please complete this questionnaire as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment. [Note: if there is a requirement for patients to attend a new patient assessment, give details here]

Surname: …….. Forename(s): ……

Date of Birth: ……M/F …….. Marital status: ……..

Address:
……

……..… Postcode: ……

Home tel: ……..…… Mobile: …….

Email address:
……

Occupation:
……

Weight (approx): …….. Height: ……

Date of completion of this form: …….

Previous Address and GP Surgery in the UK

……

……

Please tick **ONE** of the following:-

Never smoked tobacco ☐ Stopped Smoking ☐ Current smoker ☐

If you are a current smoker and would like smoking cessation advice please makes an appointment with Total wellbeing on: 0300 555 4152 or via their website: totalwellbeingluton.org

Medication

Prescriptions can be sent electronically to a nominated chemist – please state which chemist you wish prescriptions to be sent to:

Nominated pharmacy……..

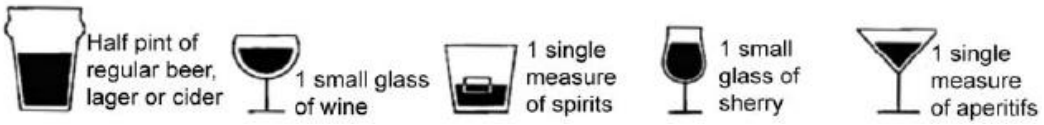
Please give details of any medication which you take (prescribed or otherwise):

Name of drug: …… Name of drug: ……
Dosage: …… Dosage: ……

ALLERGIES
Are you allergic to any substances or foods? Yes / No

If yes, please give details:
……
……
……

This is one unit of alcohol…



…and each of these is more than one unit

FAST	Scoring system					Your score
	0	1	2	3	4	
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	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only answer the following questions if the answer above is Never (0), Less than monthly (1) or Monthly (2). Stop here if the answer is Weekly (3) or Daily (4).						
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

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Scoring:
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.

Score from FAST (other side)

Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 8	10+	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	

TOTAL AUDIT Score (all 10 questions completed):

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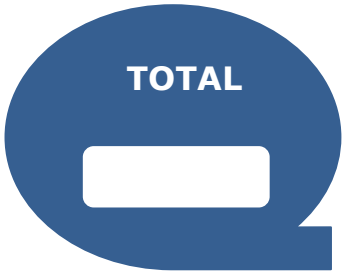
0 – 7 Lower risk,
8 – 15 Increasing risk,
16 – 19 Higher risk,
20+ Possible dependence



FAMILY HISTORY

Is there any of the following in your family *(father, mother, brother, sister)* before age of 65?

Heart Disease (heart attacks, angina) Yes / No Which family member? ……..
Stroke? Yes / No Which family member? ……..
Cancer? Yes / No Which family member? ……..
Site of cancer?
……

PAST MEDICAL HISTORY

Please give details of any hospital treatment as an in-patient:

……

Please give details of any treatment for any chronic medical conditions:

……

Please give dates of any X-ray, MRI or CT scans, Mammogram, Ultrasound:

……

FEMALE PATIENTS

Date of most recent cervical smear: ……..
Result of most recent smear: …….
Please give details of any complications in pregnancy:
……

CARERS

Do you need / have anyone who looks after you or your daily needs as Carer? Yes / No
If "Yes", would you like them to deal with your health affairs here? Yes / No
(the receptionist can help with these arrangements)

Do you care for anyone else? Yes / No
If "Yes", ask the receptionist about Carers support

Thank you for completing this questionnaire. Your doctor will assess the information provided and will invite you for an initial examination, discussion about your health, and general check within the next few days.

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Practice USE ONLY (Tick which is applicable)

Eligible for: NHS HEALTH CHECK ☐ ☐

Health Check Eligibility Age group 40-74 years old ONLY

SURGERY OPENING TIMES

Reception Office Hours Mon to Fri 8:45 - 18:30 (1pm Wednesdays')
Phone lines are open Monday to Friday 8am (8.30am & 3pm to book appointments) to 6.30pm
Late night opening clinics on Mondays 18.30 - 19:30

CONSULTING TIMES

Monday	9:00 – 11:30 am	15:30 – 18:30
Tuesday	9:30 – 12:00 am	16:00 – 19:30
Wednesday	9:00 – 11:30 am	
Thursday	9:00 – 12:00 am	15:30 – 18:30
Friday	9:30 – 12:00 am	16:00 – 18:30

Evenings and weekends for urgent advice and treatment when our practice is closed, Call **NHS service, Freephone 111**

NHS Walk-In Centre, Chapel St, Luton , LU1 2SE
You can also see an experienced nurse for treatment of minor injuries and illnesses, seven days a week, 8am until 8pm. You do not need an appointment.

Accident and emergency/999
Whatever the day or time, if you or someone else experiences severe chest pain, loss of blood or suspected broken bones, go to your nearest accident and emergency department or call **999**. Accident and emergency departments are open 24 hours a day, 365 days a year and can assess serious injuries and provide emergency treatment.

Zero Tolerance: We aim to treat our patients courteously at all times and expect our patients to treat our staff in a similarly respectful way. We take seriously any threatening, abusive or violent behaviour against any of our staff or patients.

If a patient is violent or abusive, they will be warned to stop their behaviour. If they persist, we may exercise our right to take action to have them removed, immediately if necessary, from our list of patients.

Updated 17.7.2020

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