

**Patient reference group:**

Patient Participation was introduced by the NHS to enable patients to play an active role in developing local healthcare services. The Patient Reference Group at Mundesley Medical Centre gives patients the opportunity to contribute their ideas for improving the services offered.

To receive details of the next meeting please contact Helen High at Mundesley Medical Centre by telephone or email. Please note you must be registered at Mundesley Medical Centre to join the group.

Please fill in if you would be interested in joining the Patient Reference Group

Name:.....E-mail address:.....

Please tick if you wish to be a virtual member of the group only

**Medication:**

Here at Mundesley Medical Centre we can dispense your medication to you, unless you live within 1 mile of a pharmacy. This will be discussed further at your mandatory registration appointment and you will be asked to nominate a pharmacy then. If you have any further queries please call our Dispensary team on 01263 724500 who will be happy to help.

**Carers:**

Do you look after someone who is frail or elderly or has a physical or mental illness, has learning difficulties, suffers alcohol or drug misuse problems or who is disabled? Or are you cared for? If so, please inform us during your registration appointment so we can provide you with a carers pack.

**Other Information:**

111 is the NHS non-emergency number. It is fast, easy and free. Call 111 and speak to a highly trained adviser, supported by healthcare professionals. They will ask you a series of questions to assess your symptoms and immediately direct you to the best medical care for you. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones .

**NHS Choices** was launched in 2007 and is the official website of the National Health Service in England. The website contains a Health A-Z for symptoms, conditions, medicines and treatments and information on support and services.

Website: [www.nhs.uk](http://www.nhs.uk)

**The Norfolk Directory** provides residents and families with information about services, charities and activities across Norfolk.

Website: [www.norfolk.gov.uk/norfolk-directory](http://www.norfolk.gov.uk/norfolk-directory)

**Wellbeing Norfolk & Waveney** provide a range of support for people with common mental health and emotional issues, such as low mood, depression or stress. We work with you to help you make the necessary changes to improve your wellbeing and quality of life. If you are aged 16 and over you can access our support through your GP or any other health or social care professional, or you can self-refer using the form on their website or by calling **0300 123 1503**.

Website: [www.wellbeingnands.co.uk](http://www.wellbeingnands.co.uk)



Mundesley Medical Centre  
Munhaven Close  
Mundesley  
Norfolk  
NR11 8AR

# New Patient Registration Adult (Over 16 years)

Telephone: 01263 724500  
Email: [Mundesley.medicalcentre@nhs.net](mailto:Mundesley.medicalcentre@nhs.net)  
Website: [www.mundesleymedical.co.uk](http://www.mundesleymedical.co.uk)

**Please note:**  
The red boxes must be completed.

Thank you for choosing to register with Mundesley Medical Centre. You must complete this registration form and book a registration appointment with one of our health care assistants. Your allocated GP is Dr Maggio.

If you live "Out of Area" your registration request will be reviewed by a Doctor to confirm it is clinically appropriate for you to be registered with the Medical Centre. We will write to you to confirm or decline your registration. For more information please visit our website: [www.mundesleymedical.co.uk](http://www.mundesleymedical.co.uk)

**Registration Appointment Date**..... Tick box if you are housebound

**Please complete in BLOCK CAPITALS**

Mr  Mrs  Miss  Ms  Other  Male  Female

Surname/Family name-.....

Forename(s)-.....

Previous surnames-..... Place of Birth-.....

NHS number (if known)-..... Date of Birth-.....

Address-.....

Postcode-..... Home Telephone number-.....(mobile overleaf)

**If you are from abroad:**

Are you from abroad? Yes  No

If yes you will need to fill in an additional GMS1 purple form and receive a "Visiting the UK" information leaflet.

**Now continue to the signature section at the bottom of the page.**

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

Your previous address-.....

Name of you previous doctor-.....

Address or previous doctor-.....

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

Address before enlisting-.....

Service or personnel number-.....

Enlistment date-.....

**Signature of patient:**..... Date .....

Name of person completing this form.....

Signature on behalf of patient.....

**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  Any part of my body

**Signature confirming my agreement to organ donation**.....  
 For more information call- [0300 1232323](tel:03001232323) or go to the following website- [www.uktransplant.org.uk](http://www.uktransplant.org.uk)

**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 consent to inclusion on the NHS blood donor register below**.....  
 For More information call- [0300 1232323](tel:03001232323) or go to the following website- [www.blood.co.uk](http://www.blood.co.uk)

| Communication with you:   | Please tick |
|---|-------------|
| <p><b>SMS:</b> We can now send you appointment confirmation messages and reminders by text message. Please tick in the box if your <b>consent</b> to Mundesley Medical Centre contacting you by text message and give you mobile number below.</p> <p><b>Mobile number</b>.....</p>   |             |
| <p><b>Email:</b> We are also starting to send letters via email. These will include letters inviting patients to clinics at the Medical Centre such as the Cardiac Clinic, Diabetic Clinic, Asthma Reviews etc, Patient Newsletters and other similar letters. Please tick in the box if you <b>consent</b> to Mundesley Medical Centre contacting you by email and give your email below.</p> <p><b>Email address</b>.....</p> |             |

**Online Access:**  
 If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

You are also able to see your record online, which might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. For more information go to our website or speak to our reception team, who will be happy to help you. **If you would like to sign up please ask reception for an application form.**

**Communication support:**  
 Do you have any of the following sensory losses or disabilities, if so please tick as appropriate:

 Hearing problems   Vision problems   
 Speech problems   Learning disabilities

What kind of **communication support** could we provide for you? (e.g Large print).....  
 .....

**Communication with others:**  
**Record Sharing:**  
 Shared records are available to health care providers who use the same clinical record system, called "System one". Your GP records can be shared with organisations who are also providing you with care (called "sharing out") such as the community nursing team. The information other organisations such as the community nursing team that hold about you can be shared into your GP record (called "sharing in"). Our practice policy is to automatically share out all the information for those aged under 5 years and over 75 years for patient safety.  
 For more information please go to our website or contact our reception team.

| Sharing out from this service:   | Please tick |
|--|-------------|
| <b>Yes</b> I would like to make information recorded at this service sharable to other services caring for me.                             |             |
| <b>No</b> I would not like to make information recorded at this service sharable to other services caring for me.                          |             |
| Sharing in to this service:  | Please tick |
| <b>Yes</b> I would like this service to be able to view information recorded at other services caring for me that I have made sharable.    |             |
| <b>No</b> I would not like this service to be able to view information recorded at other services caring for me that I have made sharable. |             |

**Communication with others:**  
**Summary Care Records:**  
 Most people in England have a basic NHS Summary Care Record which contains key health information about you, however additional information can be added that could be important to your treatment. This is called an Enhanced Summary Care Record.

This means that if you have to call an ambulance, contact 111, the Out of Hours service or go to hospital anywhere in England, they will be able to access vital health information about you, which could help them treat you more quickly and effectively.

Having an Enhanced Summary Care record means you don't have to remember all of the details of your past care.

| Summary Care Record Options:  | Please tick |
|---|-------------|
| <b>Yes</b> I would like an Enhanced Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had AND any other information that I have agreed with my GP Practice to have included in my Summary Care Records. |             |
| <b>Yes</b> I would like a Basic Summary Care Record containing details of my medications, allergies and any bad reactions to medications I have had.  |             |
| <b>No</b> I do not want a Summary Care Record   |             |