Welcome to Ormeau Park Surgery. Information about the Practice and available services can be found on our website. [www.ormeauparksurgery.co.uk](http://www.ormeauparksurgery.co.uk) This includes health information and web links to other services such as self-referral to physio, podiatry, occupational therapy, social work and for antenatal care.

**How to access the Practice**

We currently operate a telephone triage system for doctors’ appointments.

 Please phone 028 90642914 as early as possible from 8.30am if you require an appointment with a doctor. The receptionist is trained to ask you some questions about your reason for contacting the Practice. This is to allow prioritisation of calls and also to allocate your call to the most appropriate person. This may be a doctor, nurse, pharmacist or a member of the administration team.

If your call is not urgent you may be offered a telephone appointment on another day.

For all other issues please phone later in the day.

You can order repeat prescriptions in person, via our 24 hour answering service 02890 642914 or online. If you wish to register for online ordering please speak to reception.

Outside normal working hours emergency GP services are provided by the Out of Hours Service, telephone number 028 90796220.

**Registration Questionnaire**

Please complete fully in BLOCK CAPITALS

|  |  |
| --- | --- |
| NAME: | DATE OF BIRTH: |
| PREVIOUS NAME:If applicable | COUNTRY OF BIRTH: |
| ADDRESS: | PREVIOUS ADDRESS: |
| POSTCODE: | CONTACT TELEPHONE No: |
| PREVIOUS GP, NAME & ADDRESS |

|  |  |
| --- | --- |
| DO YOU HAVE A DISABILITY THAT WE SHOULD BE AWARE OF?  | YES/NOIf YES please state |
| DO YOU REQUIRE AN INTERPRETER? | YES/NOIf YES which language? |

|  |  |
| --- | --- |
| NEXT OF KIN NAME: | RELATIONSHIP: |
| ADDRESS: | CONTACT No: |

|  |  |
| --- | --- |
| DO YOU CARE FOR SOMEONE?If you are a carer please ask at reception for a Carers Registration Form | Please provide the details of the person you care for. |

**Patient Agreement Form**

**Confidentiality**

The Practice has a strict policy regarding confidentiality and data protection. We will only release information including results to the person to whom they relate to unless that person has given prior permission.

**Contacting you routinely or in an emergency**

Please provide the most suitable number for the Practice to contact you. It is the patient’s responsibility to ensure this number and also their address are kept up to date. If you change address and have upcoming hospital appointments you must also inform the hospital.

**Investigations**

The doctors are only able to comment or give advice on investigations done at this Practice or that the doctor has directly referred for.

Whilst the Practice will endeavour to contact patients regarding any significantly abnormal results, it is the patients’ responsibility to contact the Practice in the afternoon 7 days after the investigation was done.

**DNA Policy**

Patients are advised that if they wish to cancel an appointment they do so as soon as possible to ensure this appointment is not wasted and can be offered to another patient.

If you fail to contact the surgery to cancel or do not attend your appointment this is considered to be a missed appointment, (DNA). Being significantly late for your appointment is also considered a DNA. If you fail to attend 3 or more appointments you may be removed from the list.

**Abusive, aggressive, violent, intimidating behaviour**

The Practice operates a Zero Tolerance Policy.

The Practice has a duty of care for the health and safety of our staff. The Practice also has a legal responsibility to provide a safe and secure working environment for our staff. All patients are expected to behave in an acceptable manner and any violent or abusive behaviour may result in removal from our list in line with the NHS guidance concerning zero tolerance.

Patient Name (print) ………………………………………………………………………………………….

Signed ………………………………………………………………………………………………………………..

Signed by parent if for a minor <14 years

Date ……………………………………………………………………………………………………………………

**MEDICAL QUESTIONNAIRE**

It may be some time until we receive your medical records so please help us by filling out this questionnaire

**Current medical problems -** Please list current medical problems including date of diagnosis

|  |
| --- |
|  |
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|  |
|  |
|  |
|  |

**Past medical problems -** Please list any serious illnesses and operations including dates

|  |
| --- |
|  |
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|  |

**Current medication including dosage** –Please attach a list from your previous GP if possible

|  |
| --- |
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|  |
|  |
|  |

|  |  |
| --- | --- |
| If you prefer to collect your prescriptions from a pharmacy please state which one. |  |

**Allergies**

|  |
| --- |
|  |

**Family History** – Please state any history of serious illness eg. Heart Attack, Diabetes, Stroke, High Blood Pressure in your immediate family, ie. Father, Mother, Brother, Sister

|  |  |  |
| --- | --- | --- |
| Relation | Disease | Age at Onset |
|  |  |  |
|  |  |  |

**Female Patients**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of last smear |  | Date of last mammogram |  |
| Result |  | Result |  |

**Lifestyle Questionnaire**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Weight |  | Height |  | Blood Pressure and date checked |  |

**Smoking status** – Please tick relevant box

|  |  |
| --- | --- |
| I have never smoked |  |
| I am a current smoker |  | How many do you smoke per day? |
| I am an Ex-smoker |  | How many did you smoke per day? |

**Alcohol Consumption**

|  |  |
| --- | --- |
| Do you consume alcohol?If yes please complete the questionnaire overleaf. | YES / NO |

**Alcohol consumption**

**Is your drinking putting you at risk?**

Most adults who live in Northern Ireland drink some alcohol. Many drink at a level that does not put

their health at risk, and if you drink, you may think you are one of them. To find out for sure, use the

alcohol unit guide to answer the three questions below.

**Alcohol unit guide**

1 unit = half a pint of beer, 1 glass of wine, 1 measure of spirits

|  |  |  |  |
| --- | --- | --- | --- |
| Questions | Scoring System |  | Your score |
|  | 0 | 1 | 2 | 3 | 4 |  |
| How often do you have a drink containing alcohol? | Never | Monthly or less | 2-3 times per month | 2-3 times per week | 4+ times per week |  |
| How many units of alcohol would you consume on a typical day? | 1-2 | 3-4 | 5-6 | 7-9 | 10+ |  |
| 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 |  |

**Your score**

If you are a man and scored four or less, or if you are a woman and scored three or less, you are a

low-risk drinker. Aim to keep your drinking at these low levels.

If you are a man and scored five or more, or if you are a woman and scored four or more, your drinking may be putting your health at risk. **Please answer the questions on the next page to find out more.**

|  |
| --- |
| Your score from the previous page |
| Questions | Scoring System | Your score |
|  | 0 | 1 | 2 | 3 | 4 |  |
| How often during the last six months 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 six months 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 six months 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 six months have you had a feeling of guilt or remorse after drinking? | Never  | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last six months 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 |  |
| Have you or somebody else been injured as a result of your 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? | Never  | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
|  | Total |  |

**Your total score**

**What does your total score mean?**

**0-7: Low risk** – While there are no completely safe levels of alcohol, the amount you drink is low risk. **What can I do?** You could aim to keep your drinking at low risk levels.

**8-15: Hazardous** – Your drinking is putting you at increased risk of harm, including damage to your physical and mental health. **What can I do?** You could reduce your drinking to a healthier level – this may be as simple as having one less drink a day, or drinking on one less night a week. Alternatively, you could see your GP or a health professional and ask for advice and support.

**16-19: Higher risk** – Drinking at this level will result in damage to your physical and mental health. You are also at risk of being alcohol dependent. **What can I do?** You could cut down on your drinking or consider stopping, even for a while. Alternatively, you could see your GP or a health professional and ask for advice and support.

**20+: Highest risk** – Your drinking is seriously harming you and you are likely to be alcohol dependent. **What can I do?** You should see your GP and ask for advice and support, or ask to be referred to a specialist service.