

REGISTRATIONS – ADDITIONAL INFORMATION – Page 1 of 2

Name: _____

Date of Birth: _____ Height: _____ Weight: _____

Home Tel: _____ Mobile: _____

SMOKING STATUS

Do you smoke? (Yes / No / Ex-smoker) If "Yes", how many: _____

If ceased, when: _____

 I would like information on quitting via the practice Stop Smoking Counsellor (if applicable)**Email address- (OPTIONAL)****PRINT** Email Address: _____ For matters relating to my health and wellbeing, The Clays Practice can contact me by email.**NB – We may share your email address with other NHS organisations for the purposes of your health care only.****SUMMARY CARE RECORD (SCR)**

The NHS is using an electronic record called the SCR to support patient care. The SCR is a copy of key information from your GP record. It provides authorised healthcare staff with faster, secure access to essential information about you when you need unplanned care (Such as A+E) or when your GP practice is closed.

It will allow for more clinically appropriate action or decisions to be made during consultation with the patient. You can opt out if you wish:

 I give permission for my SCR to be accessed in an emergency I do not wish to have a SCR**ETHNICITY**

White – British	<input type="checkbox"/>	White – Cornish	<input type="checkbox"/>	White – Other	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Asian – Indian	<input type="checkbox"/>	Asian - Pakistani	<input type="checkbox"/>
Asian - Bangladeshi	<input type="checkbox"/>	Black – Caribbean	<input type="checkbox"/>	Black - African	<input type="checkbox"/>	Black – Other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Any Other Ethnicity (please state Country):					

Next of Kin – For emergencies**Optional information – enter details only if you want to!**

<u>Name</u>	<u>Address</u>	<u>Contact Number</u>	<u>Relationship</u>

Military Veteran (OPTIONAL)

All veterans are entitled to priority access to NHS care for conditions associated with their time within the armed forces (service-related).

If you are a military veteran, and would like us to be aware of the fact, please indicate so below:

Yes, I am a Military Veteran.

Army	<input type="checkbox"/>	Royal Marines	<input type="checkbox"/>	Royal Navy	<input type="checkbox"/>	Royal Air Force	<input type="checkbox"/>
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Carer Identification

Do you HELP to look after someone close who could not manage without you?

If so, you are a CARER.

Carers provide help and support to a partner, relative, child, friend or neighbour who could not manage without your help due to physical or mental illness, disability, frailty, life-limiting illness or addiction.

Get the help you deserve

Once our practice staff know you are a carer they may be able to offer you further assistance, such as free flu-vaccination and information on available support.

If the person you care for agrees, please enter their details below:

<u>Name</u>	<u>Address</u>	<u>Contact Number</u>	<u>Relationship</u>