

LIFESTYLE

SMOKING STATUS*

- I have never smoked
- I am currently a smoker
- I am an electronic cigarette user
- I would like more information on giving up smoking
- I have given up smoking
- I quit smoking on(date)
- How many do you smoke a day?

EXERCISE STATUS*

Select->

DRINKING STATUS*

Select->

- How often do you have a drink that contains Alcohol?
- How many standard alcoholic drinks do you have on a typical day when you are drinking?
- How often do you have 6 or more standard drinks on one occasion?

MEDICAL INFORMATION*

- Do you consider yourself to have a disability? If YES please provide details
- Are you dependent on a wheelchair? YES NO
- Are you registered blind or partially sighted? If YES please provide details
- Do you have a hearing difficulty? If YES please provide further details
- Do you have a speech difficulty? If YES please provide further details

FAMILY HISTORY (Please enter the member of your family with condition, i.e. mother, father, sister, brother)

- Asthma: CVA/TIA/Stroke: Thyroid Disease:
- CHD: Cancer: Diabetes:
- Epilepsy: Hypertension: Other:
- PLEASE STATE ANY ALLERGIES OR SENSITIVITIES YOU HAVE TO MEDICINES, FOOD OR OTHER:

FEMALE PATIENTS ONLY

- Date of last Cervical Smear (done in UK): Result:
- Are you taking Contraceptives? If yes what type & name
- Have you ever had a mammogram? If yes what was the date?
- Was the Mammogram normal?
- Was any further investigation or treatment required?

ONLINE ACCESS

The primary method of communication with the practice is via the NHS app wherever possible. This allows you to do the following without needing to contact the surgery by phone:

- ✓ Book / Cancel appointments
- ✓ Order repeat prescriptions
- ✓ View your detailed medical history
- ✓ View your test results

To obtain Online Access via the NHS app: <http://www.nhs.uk/nhsapp> which can be accessed via tablet and smartphone. It is your responsibility to ensure that your access details are not used by anyone else. If you lose your log-in details you can request a user ID reminder and/or password reset from the system. The Practice does not have access to your password. If you print out any information from your record, it is your responsibility to keep it secure. If you are worried about keeping printed copies safe, we recommend that you do not make copies at all.

YES I WOULD LIKE TO REGISTER FOR ONLINE ACCESS*

Please allow 7 days from submitting this form, before you download the app

NO I WOULD NOT LIKE TO REGISTER FOR ONLINE ACCESS*

If **YES** please provide the following information Email address*:

If you would like to access the health record of your child(ren) who are under the age of 16, please contact the practice and ask for a proxy form, for "patient access".

ELECTRONIC PRESCRIPTION SERVICE*

All prescriptions must be sent via EPS, where possible. This helps with paper wastage and means prescriptions can be sent straight to your preferred chemist. You must set this up now, even if you do not currently take any medication. You will be able to change your preference in the future, should you wish.

Please select from one of our local pharmacies below. This is not an exhaustive list, if you would like to use a pharmacy that isn't listed please enter their details.

Lloyds, 209 Woodhouse Rd, N12 9AY

Tesco, Coppetts Centre, N12 0SH

H. Haria Chemist, Friern Barnet Rd, N11 1NE

Carters, 321 Ballards Ln, N12 8LT

Other Pharmacy not stated above (Name, Address & Postcode):

TEXT MESSAGE COMMUNICATION

The practice communicates heavily by text message. Please read the following carefully.

I consent to the practice contacting me on my mobile number by text message for any purpose relating to my health, including appointment reminders, health promotion and confidential medical information.

I acknowledge that I must cancel appointments in advance, if I am unable to attend, by replying to the appointment confirmation text message. Failure to do so may result in my removal from the practice.

I understand that it is my responsibility to make sure my contact details are correct and update the practice of any changes to that information. Friern Barnet Medical Centre will not be held responsible for confidential information being sent to incorrect contact details in this case.

I am happy to receive **all** information,
including clinical information by text*

I do **not** wish to receive any
information by text*

PATIENT DECLARATION: To the best of my knowledge all the preceeding answers are true and correct.

Sign*

Print Name*

Date*