

Crosshouse Medical Practice

Patient Information Leaflet

Practice Details

Address

Crosshouse Medical Practice
Crosshouse Area Centre
Annandale Gardens
Crosshouse
Ayrshire
KA2 0LE

Opening Hours

Monday to Friday
8:30am to 5:30pm
We close for lunch between
12:30pm and 1:30pm

Telephone

01563 825200

Out of Hours

NHS 24 provide the practice
with night, weekend And
public holiday coverage
Please call 111

24hr Prescription Line

01563 825201

Website www.crosshousemedicalpractice.co.uk - an online prescription service is available.

Repeat Prescriptions can be ordered by calling 01563825201 or via our website

Registered patients and temporary residents can obtain all services by appointment which can be arranged by contacting the practice in person or by telephone.

The Practice and NHS Ayrshire and Arran

The GPs, the Practice Nurses and other employed staff share the Area Centre with NHS colleagues, some of whom work as part of the extended practice team others are part of community services. Non-practice staff are employed by NHS Ayrshire and Arran.

Registering

New patients are welcomed by the Practice. When registering you will be asked to complete a registration form, health questionnaire and provide a form of ID (Birth certificate/Passport/Driving licence etc). The Doctors will review the health questionnaire. At this point you might be contacted to make an appointment before you are fully registered with the practice.

Please provide information of any repeat medication you are currently receiving, and ensure you have at least **1 month's supply of medication** before changing surgery.

The practice list is open to patients from Crosshouse, Knockentiber, Gatehead, Springside, Dregghorn, Irvine (KA11 4), Kilmaurs, Cunninghamhead, Fenwick, South Craigs and some of Kilmarnock (KA1 1/2/3/4, KA3 1/2/7). Please ask if you are unsure before registering.

Please scan the QR code to read the following information before you continue to register with us, paper copies are available on request.

- Patient Responsibilities
- Social Media Policy
- Zero Tolerance Policy
- Respect and Dignity for Everyone
- Patient Rights
- NHS Standards
- Your Health Information
- Data Protection Notice

We view these as very important for our relationship between patients and the practice.

Once you have read the above and completed the registration forms please present your completed forms to our reception. Anyone registering will require photographic ID, except children.

Your Doctor

Some forms you may encounter in day-to-day life will ask who your registered doctor is, for the purposes of these forms you are registered with Dr Kapadia.

Preference of Clinician

When you register with the practice for GP services, your registration is with the practice, not a specific doctor. **You can express a preference for a particular clinician** to treat you when you book a routine appointment and we will endeavour to comply with any reasonable request, but in the case of on the day "emergency" appointments the clinician who is best suited will contact you.



Services – What's Available

All practices provide these services in core hours to their registered patients and persons accepted as temporary residents:

- Management of those persons ill with conditions from which recovery is generally expected.
- Management of those terminally ill
- Management of those suffering from chronic disease
- Provision of advice in relation to health, including health promotion
- Referral of patients for other services
- The immediately necessary treatment for a patient to whom the GPs have been requested to provide owing to an accident or emergency in the practice area
- Primary Medical Services for a limited period to those not registered elsewhere in the area or is in the area for less than 24 hours

Additional Services (Further Details Available On Request)

These services are those that the GPs' have agreed to provide over and above the basic level of care in essential services. They are:

- Cervical Screening
- Contraceptive Services (including Emergency Contraception "The Morning After Pill")
- Child Health Surveillance Services
- Maternity Medical Services (please ask if you would like a detailed additional leaflet)

Data, Confidentiality and Your Information

Information about you with regard to current GP matters in particular is normally only held within the practice on computer or paper record. All GP staff, NHS staff or other persons using your record in pursuance of their duties are guided and bound by strict rules of confidentiality; for GP staff this applies within their terms of employment. The GPs are registered as Data Controllers with the UK Information Commissioner for the purposes of appropriate data handling of your medical records under the Data Protection Act 1998.

Everyday matters regarding data, confidentiality and information release are handled by the Practice Manager, who is the "Caldicott" guardian.



As a patient you have the right to

- Join the practice of your choice in your area following acceptance by the practice
- Access an urgent appointment as quickly as is required to deal with your symptoms.
- Receive clear information about your treatment and participate in discussions about your treatment during your visit.
- Privacy, to be treated with dignity and respect.
- Make a comment or complaint if you are not happy about your treatment or visit.
- See your GP medical records following an appropriate request to the practice.

It is your responsibility to:

- Ensure you attend any appointment at the surgery and arrive on time and ensure all children are accompanied by an adult.
- Cancel an appointment at least 24 hours in advance to reduce wasted appointments.
- Ask any questions if you are unsure about anything and to follow the advice given to you by your Doctor or Nurse.
- Look after your health.
- Treat staff with dignity and respect.
- Immediately advise the practice of any change of address and telephone numbers
- Advise the practice of any special needs that you may have i.e. an interpreter

Suggestions and Complaints

The Practice survey patients yearly and we have policies for complaints and suggestions. Complaints should be provided in writing to the Practice Manager at the address overleaf. Suggestions can either be in writing or in person at our reception or any member of our team.

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE



1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK?

Yes ☐ No ☐

Will you be in the area for more than 3 months?

Yes ☐ No ☐

(If 'No', please complete a temporary resident form)

Male * ☐ Female * ☐

Date of birth *

Title *

Surname *

Forenames *

Previous surname *

Address *

Postcode *

Telephone #

Mobile #

Email address #

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system.

The following information can be found on your **current medical card**:

Community Health Index (CHI) number *

NHS number *

The following information can be found on your **birth certificate**:

Town of birth *

Country of birth *

Registered district of birth
(Scotland only)

Mother's maiden name

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP *

Postcode *

Name and address of previous GP Practice in UK *

Postcode *

If you are from abroad:

Date you first came to live in the UK *

If previously resident in the UK, date of leaving *

Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date *

Service Number

Are you a Reservist?

Yes ☐ No ☐

If yes provide your address before enlisting *

Leaving date *

Postcode *

Is this your first registration with a GP since leaving the armed forces?

Yes ☐ No ☐

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to www.organdonationscotland.org

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "[How the NHS handles your personal health information](#)" section.

Find out more about NHS Scotland in the link provided above.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature	<input type="text"/>	Date *	<input type="text"/>
Representative's name (if applicable)	<input type="text"/>		
Relationship to patient (if applicable)	<input type="text"/>		

GP reference number

GP name

Practice code

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature Date *

Input by	<input type="text"/>	Practice stamp
Checked by	<input type="text"/>	
Date	<input type="text"/>	

Crosshouse Medical Practice

New Patient Questionnaire

Name			
Address			
Landline		Mobile	
Date of Birth			
Marital Status			
Next of Kin & contact details			
Are you a carer for someone? Please give details.			
Are you happy for us to contact previous GP for clinical information? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Do you allow us to send you text messages which include appointment reminders and also information which maybe relevant to your health? Yes ☐ No ☐

Have you been registered with this practice before? Yes ☐ No ☐

Please note if you have previously been removed from the practice list due to aggressive behaviour or failing to attend appointments you will not be re-registered.

Main Language Spoken: English ☐ Other ☐ British Sign Language ☐

If other, please specify: _____

Do you require an interpreter? Yes ☐ No ☐

Ethnicity

For NHS Scotland purposes we require to record your ethnicity as this might be required for specific procedures, please indicate below which ethnicity you belong:

e.g. White Scottish, White Irish, Black African

Medical Problems

Please indicate if you have any lifelong medical conditions e.g. Asthma, Diabetes, Epilepsy, etc
If you have any conditions please give details in the space below:

Serious Illness and Surgical Procedures

Have you ever had any serious or significant illnesses or surgical procedures?

If yes, please give details in the space below:

Medication

Are you allergic to any medications?

YES ☐

NO ☐

Please provide details:

Are you allergic to any other substances?

YES ☐

NO ☐

Please provide details:

Lifestyle Information

Smoking

Please complete the following boxes:

Never Smoked Tobacco <input type="checkbox"/>	Ex-Smoker <input type="checkbox"/> When did you stop?	Current Smoker <input type="checkbox"/>
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Do you use electronic cigarettes?

Yes ☐

No ☐

We advise all smokers to stop smoking. For advice see your GP or contact Fresh Airshire on 01292885827.

Alcohol

How many units of alcohol do you consume in a typical week? _____

1 unit of alcohol is the equivalent of:

- ½ pint of regular strength beer
- 1 small glass of white wine
- 1 alcopop
- 1 measure of whisky

Physical Activity

How often do you exercise?

Three or more times a week ☐

Twice a week ☐

Once a week ☐

Less than once a week ☐

Other Information

Please provide the following if you know them

Height _____

Weight _____

Drug Misuse

Do you currently use illicit drugs?

Yes ☐

No ☐

Have you used illicit drugs in the past?

Yes ☐

No ☐

Female Health Issues

Do you currently use contraception?

Yes ☐

No ☐

If yes, what contraception do you use?

Are you currently pregnant?

Yes ☐

No ☐

Patient Signature:

Date: