

ADDINGTON ROAD SURGERY REGISTRATION FORM

Please complete all the sections in BLOCK CAPITALS and sign this form on the back page in order to register with our practice. Please also note we will need to see some proof of photo ID (passport or driving licence) and proof of address e.g. bank statement, utility bill dated within the last 2 months.

Mr Mrs Ms Miss Mst

Surname: _____

Date of Birth: _____

First & Middle Names: _____

NHS No: _____

Previous Surname/s: _____

Male Female

Town & Country of Birth: _____

School (if applicable): _____

If no school is added, then we are bound by the Child Protection Law to inform the necessary authorities.

- Ethnicity:**
- White (*British, Irish or any other White background*)
 - Mixed (*White and Black Caribbean, White and Black African, White and Asian or any other mixed background*)
 - Asian
 - Asian British
 - Black
 - Black British
 - Chinese
 - Any other Ethnic group, please state: _____

First Language: _____

Do you need and Interpreter? Yes No

Home Address: _____

Post Code: _____ Tel No: _____ Mobile No: _____

Email Address: _____

Please tick the box if you do not currently have a home address

I give consent for my mobile and email address to be used by the Practice to contact me. I will ensure to keep the surgery updated of any changes. Please tick if you agree

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

You're previous **Full** Address in the UK: _____

Name of previous doctor: _____

Address of previous doctor: _____

If you are from abroad:

You're first UK address (including the postcode) where registered with a GP: _____

If previously resident in UK, date of leaving: _____ Date you first came to live in UK: _____

Summary Care Record: We will automatically create a Summary Care Record for you on registration. This record will only be used in an emergency to access information about your medication and allergies. If you do not wish to have this created please complete an Opt out Form, available from Reception.

Next of Kin: Full Name: _____ Relationship: _____ Tel no: _____

Emergency Contact: Full Name: _____ Relationship: _____ Tel no: _____
(if different from above)

Please tell us if you are Housebound: Yes No

Smoking Status: Smoker Never Smoked Ex-Smoker

Do you know your HIV status: Yes No

Are you a Carer? If yes, please give details of who you care for:

Name: _____ Address: _____ Tel no: _____

Relationship to you: _____ Are they a patient at Addington Road Surgery: Yes No

If you are outside our catchment boundary, then you must be aware that you will not be able to have home visits from our Doctors.

NOMINATED CHEMIST FOR REPEAT PRESCRIPTIONS: _____

It is your responsibility to inform your chemist if you change to another and wish your prescriptions to go there.

Signature of Patient:-..... Date:

Online Access:

• Would you like to be able to view your patient records via the internet with Online Access? Yes No

• **If yes, please ask at reception for a form to complete this process**

- *You will need to provide proof of ID*
 - *Passport*
 - *Driving Licence*
- *Proof of current address*
 - *utility bill – most recent*
 - *bank statement – most recent*

WELCOME TO ADDINGTON ROAD SURGERY

77 Addington Road, West Wickham, Kent, BR4 9BG
0208 462 5771

www.addingtonroadsurgery.co.uk

Opening Times: 8.00am – 6.30pm Monday to Friday

Appointments are bookable on a daily basis and there are appointments available to book for urgent on the day if you call at 8am or 12pm. There is also a Duty Doctor available daily for urgent issues. Booking appointments in advance to see a doctor can be booked 1 week in advance.

Telephone Services by calling 0208 462 5771:

- In an emergency call **999**
- For Booking Appointments - **Press 1**
- For Test Results (Call after 2.30pm) - **Press 2**
- For Prescription queries only (Call between 2.00 – 3.00pm) - **Press 3**
- For the Secretaries (Call between 11.30- 2.30pm) - **Press 4**

Online Services

- For a triage apt or admin queries use our [eConsult](#) facility available in surgery opening hours
- For general enquiries (not relating to appointments), email selicb.addingtonroadsurgery@nhs.net
- For prescription requests and queries, email selicb.addingtonprescribing@nhs.net
- For referral queries, email selicb.secretariesaddington@nhs.net

Our Dr's:	Dr Sodipe (M), <i>Partner</i>	Tuesday, Wednesday, Thursday
	Dr Prathap (F), <i>Partner</i>	Monday, Tuesday, Wednesday
	Dr Appentsen (M), <i>Partner</i>	Monday, Wednesday, Friday
	Dr Noori (F)	Monday, Tuesday, Thursday, Friday
	Dr Jacobs (F)	Monday, Thursday
	ANP Joy Adebejo	Monday, Tuesday, Thursday, Friday

- Our Clinical Pharmacists are: Imran Ahmed (Monday), Tinuola Adepitan (Tuesday & Friday), Faraz Syed (Wednesday), Anuoluwapo Etukumoh (Thursday)
- We also have a Social Prescriber: Karlene Philips (Tuesday)
- Our 2 Nurses run various clinics including: *Asthma, dressings, smears, vaccinations, etc.*
- Our Health Care Assistant runs clinics including *Blood tests, blood pressure, NHS health checks, etc.*
- We also provide: *Minor surgery, sexual health clinic, new baby checks and HIV testing in pre bookable clinics, and free chlamydia test kits to anyone aged 15 – 24yrs.*

Updated by alb 03.10.2022