

APPLICATION TO REGISTER AS A PATIENT WITH MID SUSSEX HEALTH CARE

Thank you for applying to register as a patient with this Practice.

In order to process your request we will require sight of the following original documents:

1. **Photographic evidence of your identity; preferably a passport, or failing that, a driving licence. In the case of children, if they do not have a passport a birth certificate will be accepted.**
2. **A utility bill or similar document to confirm your address within our catchment area.**
3. **If you are from abroad, a current visa/work permit/ residence permit, or similar will be required**

Please complete the attached form clearly IN FULL (including NHS number) and return to the Reception Desk together with the necessary documents as above.

For your convenience, we offer a service whereby you can make appointments with a doctor and order repeat prescriptions online via the Mid Sussex Health Care Website.

If you would be interested in using this service, please speak to the Receptionist who will happy to explain the service and to arrange your registration.

PRESCRIPTIONS

If you would like any prescriptions you require to be sent directly to one of the local pharmacies, please indicate here:

Lloyds Hurst [] Boots Hassocks [] Day Lewis Hassocks [] Ditchling []

Please note: if you select this option your prescription will always be sent direct to the pharmacy unless you clearly indicate otherwise.

HEALTH QUESTIONNAIRE

Cigarette smoking

Which of the following applies to you (*Please tick as appropriate*):

Never smoked tobacco Ex-smoker Current smoker
How many cigarettes per day?

Alcohol Intake

Questions		Your Score <i>Please circle</i>
How often do you have 8 (men) / 6 (women) or more drinks on one occasion?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
<i>Only answer the following questions if your score above is 2, 3 or 4</i>		
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
How often in the last year have you failed to do what was expected of you because of drinking?	Never	0
	Less than monthly	1
	Monthly	2
	Weekly	3
	Daily or almost daily	4
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No	0
	Yes, but not in the last year	2
	Yes, during the last year	4
TOTAL SCORE		

If you would like to consider registering as an Organ Donor, please complete:

Mr		Mrs		Miss		Ms	
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Surname:

Date of Birth

First Names:

NHS No.:

Home Address:

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Post Code:

Telephone No.....

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

<input type="checkbox"/>	Any of my organs and tissue, or	<input type="checkbox"/>	Kidneys	<input type="checkbox"/>	Heart	<input type="checkbox"/>	Liver	<input type="checkbox"/>	Corneas	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	Pancreas
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Signature confirming my agreement to organ/tissue donation:

Date:

For more information visit the website www.uktransplant.org.uk or call 0845 60 60 400

This information will be passed to the Organ Donor Register who will contact you

NHS Blood donor registration

I would like to join the NHS blood donor Register as someone who may be contacted and would be prepared to donate blood.

<input type="checkbox"/>	Tick here if you have given blood in the last 3 years	<input type="checkbox"/>
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Signature confirming consent to inclusion on the NHS Blood Donor Register.....

Date:

For more information please ask for the leaflet on joining the NHS Blood Donor Register

My preferred address for donation is: (only if different from above, e.g. your place of work)

..... Postcode: