























PLEASE TEAR AND RETAIN FOR YOUR RECORD

<p>Bangholm Medical Centre </p> <p>21-25 Bangholm Loan Edinburgh EH5 3AH</p>	<p>Opening Hours </p> <p>Monday-Friday 8:00 – 18:00</p>	<p>Contact Details </p> <p>Tel.- 0131 552 7676 Fax- 0131 552 8145 Out of Hours- 111</p>	<p>Test Results </p> <p>Please call after 2pm to receive test results.</p>
<p>Caring, Approachable and Friendly </p> <p>is our motto and that is what we aim to be. We are constantly striving to improve our services for our patients and welcome constructive suggestions on any improvements.</p>	<p>Our Website</p> <p>www.bangholmmedicalcentre.scot.nhs.uk</p> <ul style="list-style-type: none"> - Request Sicklines - Request Prescriptions - Self-Referrals 	<p>Online Reviews</p> <ul style="list-style-type: none"> - Asthma - Diabetes 	<p>Change of Details </p> <p>Please notify us of any change of name / address / contact numbers. This can be done via our website too.</p>
<p>Prescriptions</p> <p>Requests take 48 hours and can be made:</p> <ul style="list-style-type: none"> -Via our Website -In Person -By Post -By Emailing: prescription.s70272@nhs.scot 	<p>Home Visits </p> <p>If a home visit is required, please request this before 11am where possible.</p>	<p>Doctors </p> <p>Dr Steve Allan Dr Claire Ewles Dr Maria Curtin Dr Rosie Falconer Dr Darran Hill Dr Luke Mead Dr Nicola Shaw Dr Iona MacCallum</p>	<p>Physician's Associate</p> <p>Peju Adeyemo</p> <p>Advanced Nurse Practitioner</p> <p>Jenny Patton</p> <p>Nurse Practitioners</p> <p>Lyndsay Harrison Lorraine Flynn</p> <p>Practice Nurse</p> <p>Fiona Black</p> <p>Assistant Practitioner</p> <p>Shelly Denzey</p> <p>Healthcare Assistant</p> <p>Gill Orr</p>
<p>Appointments </p> <p>Appointments can be arranged by calling our reception team or visiting the surgery. Appointments can be booked up to six weeks in advance, and an urgent triage service is in place.</p> <p>If you need to cancel your appointment, please do so at least 1 hour prior to your appointment.</p>	<p>Our Services </p> <p>We provide a range of services here at Bangholm including:</p> <ul style="list-style-type: none"> -Minor Surgery -Joint Injections -Dementia Support -Cervical Smears - Coil Insertion/Removal - Menopause Clinics - Hypertension Support - Asthma/ COPD Clinics 	<p>Teaching Practice </p> <p>We are a teaching practice and regularly have Trainee GPs. Please indicate to reception staff if you would prefer not to have a student present during your consultation.</p>	<p>Community Link Worker </p> <p>Danny, our Community Link Worker can help you with a variety of issues, such as benefits issues, housing problems, loneliness or mental health conditions.</p>
<p>Practice Manager </p> <p>Eilidh Wilkie</p>	<p>Assistant Practice Manager </p> <p>Nikki Darling</p>		

<p><u>Community Treatment Centres (CTACs)</u> </p> <p>CTACs provide additional services, such as wound care, suture removal and ear syringing. Our local CTACs are located at Leith Community Treatment Centre, Stockbridge Health Centre and Pennywell All Care Centre.</p> <p>CTAC Contact: 0300 790 6296</p>	<p><u>Vaccinations</u> </p> <p>The way we receive vaccines has now changed. NHS Lothian's community vaccination team will be administering vaccines to all of our patients. To find out more information regarding vaccines, please visit our website.</p> <p>Vaccination Team - 0300 790 6296</p>
<p><u>Health Visiting Team</u> </p> <p>Our Health Visitors offer support and advice regarding the wellbeing of your child until they start school.</p> <p>Direct Line- 0131 551 4555</p>	<p><u>District Nurses</u> </p> <p>Our District support patients who are either temporarily physically unable to make it to the practice or permanently housebound.</p> <p>Direct Line- 0131 551 5062</p>
<p><u>Freedom of Information</u></p> <p>This practice is associated with the BMA General Practice Publication Scheme. Your personal health information will be used for your benefit by healthcare professionals at the practice. It will also, where appropriate, be forwarded to other healthcare professionals involved in your care. Anonymised data is used for audit and research purposes.</p> <p>If you require a copy of your own information, please get in touch or visit the surgery to complete the required forms.</p>	<p></p>
<p><u>Your Rights</u> </p> <ul style="list-style-type: none"> - Receive treatment from a GP - Receive information on health services - Have your treatment explained to you - Refuse to be treated in front of students or to be involved in medical trials - Have a relative/friend with you - Have access to an interpreter or signer - Confidentiality at all times - Have access to emergency medical care - Complain without discrimination - Have access to contraceptive & maternity services - Receive treatment regardless of race, gender, age, social class, sexual orientation, appearance, disability or medical condition 	<p><u>Your Responsibilities</u> </p> <ul style="list-style-type: none"> - Be on time - Inform the surgery if you cannot attend - Inform us if you change address or telephone number - Use emergency services responsibly - Treat healthcare staff politely - Pass on your comments to healthcare staff - Take care with medicines. Do not use medicines which are out of date – your Pharmacist can safely dispose of them for you. - A GP can remove you from their practice list at any time. You will be notified of this and a reason will be given. This is rare and usually only happens if a patient is abusive or violent to GPs, their staff or other patients on the premises. You may also be removed from the practice list if you have moved out of the practice area or if you often miss appointments. You will be given a warning before this happens.
<p><u>Confidentiality</u> </p> <p>Bangholm Medical Centre adheres to a stringent code of patient confidentiality. We are a fully computerised practice and we are fully registered under the Data Protection Act.</p>	

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 *

Address *

Title *

Surname *

Forenames *

Previous surname *

Postcode *

Email address #

Telephone #

Mobile #

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

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 *

Name and address of previous GP Practice in UK *

Postcode *

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 *

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

Yes No

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

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

4. HOW WE USE INFORMATION

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.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHS Scotland 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.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

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

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

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

Date *

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number

GP name

Practice code

Identification seen – do not take or retain photocopies

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)

Birth cert

Student ID card

Driving licence

Passport or HCC2 cert

Home Office app reg card

Other / None

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 *

7. FOR OFFICIAL USE ONLY

Input by

Checked by

Date

Practice stamp

BANGHOLM MEDICAL CENTRE
NEW PATIENT QUESTIONNAIRE

In order for us to provide your medical care, we have a legal obligation to collect, store and share your personal information. Further information regarding this can be viewed on our practice website or requested via our reception team.

PLEASE COMPLETE ALL INFORMATION ON THIS FORM

Full Name	
Date of Birth	
Signature	
Date	
Preferred Name/Pronouns	

MEDICATION

Are you currently taking any medication? YES / NO <i>If yes: please ensure you have enough medication from your previous practice (ideally 28 days supply) to allow us time to receive your medical record and register you on our system.</i> Please provide us with a medication re-order slip or list of medications from your previous practice. Please let us know your preferred pharmacy: <i>Please note, if pharmacy given above, all future prescriptions will be sent to your preferred pharmacy automatically and any medications will be ready to collect from your pharmacy team</i>
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EMERGENCY CONTACT INFORMATION

In the event of an emergency, please provide us with contact details of two people you would be happy for us to contact.	
Full Name:	Full Name:
Relationship to You:	Relationship to You:
Contact Number:	Contact Number:
Address:	Address:

CURRENT HEALTH

Do you have any current health problems?
Do you have any allergies?
Current Height:
Current Weight:
What is your smoking status?
Never Smoked / Smoker / Ex-Smoker / Vaping
Do you drink alcohol?
Are you attending the hospital at present?

PREVIOUS HEALTH

Have you ever had any of the following? (please circle)		
Heart Attack	Angina	Asthma/Bronchitis
		Stroke
Please let us know any previous illnesses or operations we should know about:		
Have you had a blood transfusion before 1996?		
Please list any immunisations you have received (if known)		
Has any of your immediate family ever had:		
Heart attack before 60	Heart attack after 60	High Blood Pressure
Diabetes (insulin)	Diabetes (tablets)	Cancer
		Asthma or Bronchitis

FEMALE PATIENTS

Have you ever had any pregnancies?
When was your last cervical smear?

DO YOU CONSENT TO US SHARING YOUR INFORMATION WITH THE HOSPITAL?

YES / NO

**THANK YOU FOR COMPLETING OUR QUESTIONNAIRE. WE WILL NOW REGISTER YOU ON OUR SYSTEM
- PLEASE NOTE, THIS CAN TAKE UP TO 7 DAYS.**

**YOU WILL NOT RECEIVE NOTIFICATION FROM US WHEN YOUR REGISTRATION HAS BEEN PROCESSED,
BUT PLEASE CALL US IF YOU NEED US.**

THANK YOU,
BANGHOLM

HEPATITIS C TESTING

Hepatitis C infection is a major public health concern in Scotland. The prevalence of this infection is higher in people born or brought up in countries with a prevalence rate of 2% or greater. Although data is not available for all countries, for practical purposes, this includes all countries in North Africa, Asia and the Middle East

PLEASE COMPLETE ALL INFORMATION ON THIS FORM

Full Name	
Date of Birth	

ARE YOU FROM ANY OF THE BELOW COUNTRIES?

<u>North Africa</u>	<u>Middle East</u>	<u>Central Asia</u>	<u>South / East Asia</u>
Algeria	Armenia	Afghanistan	Bangladesh
Egypt	Azerbaijan	Kazakhstan	Bhutan
Libya	Bahrain	Kyrgyzstan	Borneo
Morocco	Georgia	Pakistan	Brunei
Tunisia	Iran	Tajikistan	Cambodia
Western Sahara	Iraq	Turkmenistan	China
	Israel	Uzbekistan	Hong Kong
	Jordan		India
	Kuwait		Indonesia
	Lebanon		Japan
	Oman		Korea
	Occupied Palestinian Territories		Laos
	Qatar		Macau
	Saudi Arabia		Malaysia
	Syria		Mongolia
	Türkiye		Myanmar
	United Arab Emirates		Nepal
	Yemen		Philippines
			Sri Lanka
			Taiwan
			Thailand
			Timor-Leste
			Vietnam

IF YOU WERE BORN OR BROUGHT UP IN ANY OF THE ABOVE COUNTRIES AND HAVE NEVER BEEN TESTED FOR HEPATITIS C IN THE PAST, PLEASE CIRCLE THE RELEVANT COUNTRY.

PLEASE CONTACT RECEPTION TO ARRANGE A BLOOD TEST ONE WEEK AFTER YOUR REGISTRATION HAS BEEN RETURNED TO THE PRACTICE. OTHERWISE, WE MAY CALL YOU TO ARRANGE THIS.

THIS TEST IS FREE OF CHARGE.

BANGHOLM MEDICAL CENTRE
ONLINE & TEXT MESSAGE ACCESS FORM

Please complete the below form to receive appointment reminders and information via text.

PLEASE COMPLETE ALL INFORMATION ON THIS FORM

Full Name	
Date of Birth	
Mobile Number	
Email Address	

By providing your details above, you will be signed up to create an account for the following:

- Requesting Prescriptions
- Appointment Reminders
- Cancelling Appointments
- Invites for Annual Reviews
- Healthcare Questionnaires
- Test Results

CONSENT

Please read each statement carefully and tick before signing the form

I understand...	Tick
The information provided to me on this form by Bangholm Medical Centre	
I will be responsible for the security of the information I see or download	
If I choose to share my information with anyone, this is at my own risk	
If I suspect my account has been accessed by someone without my agreement, I will inform the practice as soon as possible	
If I see information in my record that is not about me, or is inaccurate, I will inform the practice as soon as possible	
I will keep my contact information up-to-date and inform the practice of any changes as soon as possible	

- The practice will use this information to allow you to access the requested online services.
- The practice will not share this information with any third parties, unless required for medical referrals/legal reasons.
- The practice will set up your account and confirm this via email.

I UNDERSTAND AND AGREE WITH THE ABOVE STATEMENTS

Signature	Date
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Alcohol Self-Assessment

Patient details

Name _____ Date of birth _____

Life is about making personal choices. Alcohol is so widely used that we sometimes forget the harm it can cause. Each of us needs to take responsibility for our drinking, and we need to think about the consequences.

As part of a national approach to addressing alcohol use and its effect on people and communities, we are asking all patients at health clinics to complete this self-assessment. We hope this will help you to consider your alcohol use in relation to your health and wellbeing. If you wish to discuss this further with the doctor or nurse, please ask them.

How much is too much?

Low risk levels of drinking

Adult female

- No more than two to three units a day with at least two alcohol-free days a week.



Adult male

- No more than three to four units a day with at least two alcohol-free days a week.

Avoid alcohol if you are pregnant or trying for a baby

Alcohol Awareness and you.

Know your units > use a drink diary so you can keep track of your drinking
> use a unit calculator to work out your unit consumption

Drink less alcohol > have a soft drink in between alcoholic drinks
> measure your drink at home

Drink water > be kind to your liver – drink water, as this will help your liver to function

Stay safe > arrange transport home before you go out

Carry condoms > alcohol contributes to unplanned sex and unplanned pregnancies



Know your units

How to have a drink and enjoy life



Pint of regular
beer/lager/cider



Alcopop or
can of lager



Glass of wine
(250ml)



Single measure
of spirits (25ml)



Bottle
of wine

Use the 'Know your units' guide on above to calculate your own consumption for the PAT test below.

The Paddington Alcohol Test (PAT)

Please complete the survey.

Do you drink alcohol?

Yes No

What is the most you will usually drink in any one day?

units

How often do you drink?

Every day

times per week

Less than weekly

Never

Do you feel your attendance here is related to your drinking?

Yes No

Worried about your drinking?

DRINKLINE – 0800 7 314 314

For more tips and advice about alcohol visit
www.infoscotland.com/alcohol

ABI Delivered

