

**APPLICATION TO JOIN  
RIVERVIEW PARK SURGERY**

***PLEASE FILL IN ALL SHADED AREAS, WHERE APPLICABLE***

SURNAME	FORENAMES	PREVIOUS SURNAME	TITLE	M/F	DATE OF BIRTH	Ethnicity (Please choose from the attached list)	HOUSEBOUND (Y/N)
CURRENT ADDRESS & POSTCODE					DATE MOVED:		
					TELEPHONE NUMBER:		
PREVIOUS ADDRESS & POSTCODE					PREVIOUS DR'S ADDRESS:		
					DR'S NAME:		

If you have children under 5 years please complete this section – our HEALTH VISITOR will arrange to contact you if you are accepted into our practice.

NAME:	AGE:
NAME:	AGE:
NAME:	AGE:

**IMPORTANT: VACCINATION INFORMATION**

IF YOUR CHILD IS UNDER 5 THEN YOU **MUST** BRING IN THEIR RED BOOK SO THAT WE HAVE AN ACCURATE COPY OF THE VACCINATIONS THEY HAVE BEEN GIVEN.

**PLEASE READ:** Please allow 3 days for your application to be processed before ringing or coming into the surgery. If you are **ACCEPTED ONTO THE PRACTICE LIST** you will be required to provide your **NHS CARD** or complete a **NHS REGISTRATION FORM (GMS1)**.

*For office use only - Please ensure the patient has brought in all the necessary paperwork below*

Evidence of identity		NHS Card	
Evidence of address		NHS Registration Form GMS1)	
Evidence of status		Copy of red book for under 5's	

**Approval – Manager to initial**

**Yes.....**

**No.....**

## **ETHNIC MINORITY**

We need to know which ethnic groups our patients come from so that we can provide the right range and type of services.

Everyone has an ethnic group. It describes how you see yourself and is a mixture of culture, religion and family origin. It is not the same as nationality.

Please look at the list below and choose the ethnic group to which you feel you belong. Please write the appropriate number of your choice in the relevant box on the front of your application form.

### **Ethnic Group Codes:**

1	Black African	13	Bangladeshi
2	Black Caribbean	14	Chinese
3	Black UK/British	15	Indian
4	Black Other	16	Pakistani
		17	Japanese
5	White UK	18	Other Asian
6	White Irish		
7	White European	19	Middle Eastern/Arab States
8	White Other	20	North African
9	Greek/Greek Cypriot	21	Other African
10	Turkish/Turkish Cypriot		
11	Maltese		
12	Jewish		

**The information you give us is treated in confidence by the Practice.**

## FAST QUESTIONNAIRE

Read code for Vision = 388u.00 Fast alcohol screening test

Date:

Name:

DOB:

**ALL NEW PATIENTS 16Y AND OVER REGIESTERING AFTER 01.04.12 ARE REQUIRED TO COMPLETE THIS FORM AND RETURN TO THE SURGERY**  
**For the following questions please tick the answer which best applies.**

**1 unit = 1/2 pint of beer or 1 glass of wine or 1 single spirits**

MEN: How often do you have EIGHT or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
WOMEN: How often do you have SIX or more drinks on one occasion?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?	No	Yes, on one occasion	Yes, on more than one occasion		
	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 4		
Total for Each Column:	0	0	0	0	0
Total: 0					

**Additional patient details** *[please complete in BLOCK CAPITALS]*

Dear Doctor, please take whatever steps necessary to ensure the following people's confidential personal information is not uploaded from your practice and record my dissent on their behalf by whatever means possible. You can provide details of other family members you wish to opt out on a separate sheet, but make sure this letter is attached.

Patient's full name:
_____
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Address:
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Postcode:
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Date of Birth:
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NHS number (if known):
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Patient's full name:
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Postcode:
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Date of Birth:
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NHS number (if known):
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Riverview Park Surgery  
1 Whinfell Way  
Gravesend  
Kent DA12 4RX

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Telephone: 01474 363020

Fax: 01474 568861

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Dear Patient

The last smoking status we have recorded for you is out of date. Would you complete the slip below and return it to the surgery at your convenience. If you are a current smoker please read on.

One of our aims here at Riverview Park Surgery is to improve and maintain the health of our patients. Stopping smoking is one of the most effective ways to help this and for many people it has been one of the best decisions they have ever made.

Therefore we would like to take this opportunity to tell you about our Ready Steady Stop! Smoking service that can help if you wish to stop smoking. I am one of the surgery's 'Stop-smoking' advisors. I can give you advice and help if you wish.

Please ring 01474 363020 to find out the best way or arranging a time to speak to me or to make an appointment.

Yours sincerely

**Sue Shelton**

**Stop-smoking Co-ordinator**

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**Please return to: Mrs S Shelton, Riverview Park Surgery, 1 Whinfell Way,  
Gravesend, Kent. DA12 4RX.**

I HAVE NEVER SMOKED YES/NO  
(Please delete where necessary)

I AM NO LONGER A SMOKER, I GAVE UP ON .....  
(Please enter month (if known) and year)

Name.....  
Address .....

Date of Birth: .....

.....  
.....

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**Drs Sewell, Bello,Yussuf,Toth, Sila, Sung and Sadon**

## Smoking – The Facts

Cigarette smoking is the greatest single cause of illness and premature death in the UK. This leaflet gives reasons why smoking is so harmful. It also lists the benefits of stopping, and where to go for help.

### Some initial facts and figures

About 100,000 people in the UK die each year due to smoking. Smoking-related deaths are mainly due to cancers, chronic obstructive pulmonary disease (COPD) and heart disease.

About half of all smokers die from smoking-related diseases. If you are a long-term smoker, on average, your life expectancy is about 10 years less than a non-smoker. Put another way, in the UK about 8 in 10 non-smokers live past the age of 70 but only about half of long-term smokers live past 70. The younger you are when you start smoking, the more likely you are to smoke for longer and to die early from smoking.

Many smoking-related deaths are not quick deaths. For example, if you develop COPD you can expect several years of illness and distressing symptoms before you die.

Smoking increases the risk of developing a number of other diseases (listed below). Many of these may not be fatal but they can cause years of unpleasant symptoms.

#### The good news is:

- Stopping smoking can make a big difference to your health. It is never too late to stop smoking to greatly benefit your health. For example, if you stop smoking in middle age, before having cancer or some other serious disease, you avoid most of the increased risk of death due to smoking.
- Many people have given up smoking. In 1972 just under half of adults in the UK were smokers. By 1990 this had fallen to just under a third. At present, about a sixth of UK adults are smokers.
- Help is available if you want to stop smoking but are finding it difficult.

### Cigarette smoke contains the following

#### Nicotine

Nicotine is a substance that stimulates the brain. If you are a regular smoker, when the blood level of nicotine falls, you usually develop withdrawal symptoms, such as:

- Craving.
- Anxiety.
- Restlessness.
- Headaches.
- Irritability.
- Hunger.
- Difficulty with concentration.
- Just feeling awful.

These symptoms are relieved by the next cigarette.

So, most smokers need to smoke regularly to feel normal and to prevent nicotine withdrawal symptoms.

#### Tar which contains many chemicals

These deposit in the lungs and can get into the blood vessels and be carried to other parts of the body. Cigarette smoke contains over 4,000 chemicals, including over 50 known causes of cancer (carcinogens) and other poisons.

#### Carbon monoxide

This chemical affects the oxygen-carrying capacity of the blood. In particular, in pregnant women who smoke, this causes a reduced amount of oxygen to get to the growing baby. This is thought to be the most important cause for the bad effects of smoking on the growing baby.

## Which diseases are caused or made worse by smoking?

- **Lung cancer.** About 30,000 people in the UK die from lung cancer each year. More than 8 in 10 cases are directly related to smoking.
- **COPD.** About 25,000 people in the UK die each year from this serious lung disease. More than 8 in 10 of these deaths are directly linked to smoking. People who die of COPD are usually quite unwell for several years before they die.
- **Heart disease.** This is the biggest killer illness in the UK. About 120,000 people in the UK die each year from heart disease. About 1 in 6 of these is due to smoking.
- **Other cancers** - of the mouth, nose, throat, larynx, gullet (oesophagus), pancreas, bladder, neck of the womb (cervix), blood (leukaemia) and kidney are all more common in smokers.
- **Circulation.** The chemicals in tobacco can damage the lining of the blood vessels and affect the level of fats (lipids) in the bloodstream. This increases the risk of atheroma forming (sometimes called hardening of the arteries). Atheroma is the main cause of heart disease, strokes, poor circulation in the legs (peripheral vascular disease) and swollen arteries which can burst causing internal bleeding (aneurysms). All these atheroma-related diseases are more common in smokers.
- **Sexual problems.** Smokers are more likely than non-smokers to have erection problems (impotence) or have difficulty in maintaining an erection in middle life. This is thought to be due to smoking-related damage of the blood vessels to the penis.
- **Rheumatoid arthritis.** Smoking is known to be a risk factor for developing rheumatoid arthritis. One research study estimated that smoking is responsible for about 1 in 5 cases of rheumatoid arthritis.
- **Ageing.** Smokers tend to develop more lines on their face at an earlier age than non-smokers. This often makes smokers look older than they really are.
- **Fertility** is reduced in smokers (both male and female).
- **Menopause.** On average, women who smoke have a menopause nearly two years earlier than non-smokers.
- **Other conditions where smoking often causes worse symptoms.** These include:
  - Asthma.
  - Colds.
  - Flu (influenza).
  - Chest infections.
  - Tuberculosis infection of the lungs.
  - Long-term inflammation of the nose (chronic rhinitis).
  - Eye damage due to diabetes (diabetic retinopathy).
  - An overactive thyroid (hyperthyroidism).
  - A disorder of the brain and spinal cord (multiple sclerosis).
  - Inflammation of the optic nerve (optic neuritis).
  - A condition causing inflammation of the gut (Crohn's disease).
- **Smoking increases the risk of developing various other conditions.** These include:
  - Dementia.
  - Optic neuropathy - this is a condition affecting the nerve supplying the eye.
  - Cataracts.
  - A breakdown of the tissue at the back of the eye (macular degeneration).
  - Pulmonary fibrosis.
  - A skin condition called psoriasis.
  - Gum disease.
  - Tooth loss.
  - 'Thinning' of the bones (osteoporosis).
  - Raynaud's phenomenon - in this condition, fingers turn white or blue when exposed to cold.

## **Smoking in pregnancy**

Smoking in pregnancy increases the risk of:

- Miscarriage.
- Complications of pregnancy, including bleeding during pregnancy, detachment of the placenta, premature birth, and ectopic pregnancy.
- Low birth weight. Babies born to women who smoke are on average 200 grams (8 oz) lighter than babies born to comparable non-smoking mothers. Premature and low-birth-weight babies are more prone to illness and infections.
- Congenital defects in the baby - such as cleft palate.
- Stillbirth or death within the first week of life - the risk is increased by about one-third.
- Poorer growth, development and health of the child. On average, compared with children born to non-smokers, children born to smokers are smaller, have lower achievements in reading and maths and an increased risk of developing asthma.

[See separate leaflet called Pregnancy and Smoking for more details.](#)

## **How does smoking affect other people?**

### **Children**

Children and babies who live in a home where there is a smoker:

- Are more prone to asthma and ear, nose and chest infections. About 17,000 children under 5 years old in England and Wales are admitted to hospital each year due to illnesses caused by their parents' smoking.
- Have an increased risk of dying from cot death (sudden infant death syndrome).
- Are more likely than average to become smokers themselves when older.
- On average, do less well at reading and reasoning skills compared with children in smoke-free homes, even at low levels of smoke exposure.
- Are at increased risk of developing COPD and cancer as adults.

### **Passive smoking of adults**

You have an increased risk of lung cancer and heart disease if you are exposed to other people smoking for long periods of time. Tobacco smoke is also an irritant and can make asthma and other conditions worse.

[See separate leaflet called Smoking and Others \(Passive Smoking\) for more details.](#)

## **Other problems with smoking**

- Your breath, clothes, hair, skin, and home smell of stale tobacco. You do not notice the smell if you smoke, but to non-smokers the smell is obvious and unpleasant.
- Your sense of taste and smell are dulled. Enjoyment of food may be reduced.
- Smoking is expensive.
- Life insurance is more expensive.
- Finding a job may be more difficult as employers know that smokers are more likely than non-smokers to have sick leave. More than 34 million working days (1% of total) are lost each year because of smoking-related sick leave.
- Potential friendships and romances may be at risk.

## **What are the benefits of stopping smoking?**

The benefits begin straightaway. You reduce your risk of getting serious disease no matter what age you give up. However, the sooner you stop, the greater the reduction in your risk.

If you have smoked since being a teenager or young adult:

- If you stop smoking before the age of about 35, your life expectancy is only slightly less than that of people who have never smoked.



- If you stop smoking before the age of 50, you decrease the risk of dying from smoking-related diseases by 50%.

But, it is never too late to stop smoking to gain health benefits. Even if you already have COPD or heart disease, your outlook (prognosis) is much improved if you stop smoking.

### **Timeline of health benefits after stopping smoking**

<b>After</b>	<b>Health Benefit</b>
72 hours	Breathing becomes easier. Bronchial tubes begin to relax and energy levels increase.
1 month	Skin appearance improves, owing to improved skin perfusion.
3-9 months	Cough, wheezing, and breathing problems improve and lung function increases by up to 10%.
1 year	Risk of a heart attack falls to about half that of a smoker.
10 years	Risk of lung cancer falls to about half that of a smoker.
15 years	Risk of heart attack falls to the same level that it would be for someone who has never smoked.

Other benefits of stopping smoking include the following:

- Chest infections and colds become less frequent.
- The smell of stale tobacco goes from your breath, clothes, hair and face.
- Foods and drinks taste and smell much better.
- Finances improve. You will save well over £1,000 per year if you smoked 20 a day.
- You are likely to feel good about yourself.

See separate leaflets called *The Benefits of Stopping Smoking* for more details.

### **How can I stop smoking?**

#### **DECISION AIDS**

- Doctors and patients can use Decision Aids together to help choose the best course of action to take.
- Compare the options

About 2 in 3 smokers want to stop smoking. Some people can give up easily. Willpower and determination are the most important aspects when giving up smoking. However, nicotine is a drug of addiction and many people find giving up a struggle. Help is available:

- GPs, practice nurses or pharmacists can provide information, encouragement, and tips on stopping smoking. Also, throughout the country there are specialist NHS Stop Smoking Clinics which have a good success in helping people to stop smoking. Your doctor may refer you to one if you are keen to stop smoking.
- Various medicines can increase your chance of quitting. These include nicotine replacement therapy (NRT) which comes as gums, sprays, patches, tablets, lozenges and inhalers. You can buy NRT without a prescription. Also, medicines called bupropion (trade name Zyban®) and varenicline (trade name Champix®) can help. These are available on prescription. See separate leaflets called *Nicotine Replacement Therapy*, *Bupropion (Zyban®)* and [Varenicline \(Champix®\)](#) for more details.

### **Further reading & references**

- [Tobacco: harm-reduction approaches to smoking](#); NICE Public Health Guidance, June 2013
- [Smoking cessation](#); NICE CKS, October 2012 (UK access only)
- [Wu J, Sin DD](#); Improved patient outcome with smoking cessation: when is it too late? *Int J Chron Obstruct Pulmon Dis*. 2011 6:259-67. doi: 10.2147/COPD.S10771. Epub 2011 May 2.
- [Braun J, Sieper J, Zink A](#); The risks of smoking in patients with spondyloarthritides. *Ann Rheum Dis*. 2012 Jun 71(6):791-2. doi: 10.1136/annrheumdis-2011-200954. Epub 2012 Feb 13.

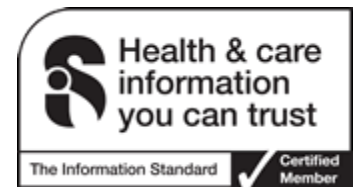
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The information on this page is written and peer reviewed by qualified clinicians.



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Name:

Address:

NHS number:

In accordance with The Accessible Information Standard (SCC1 1605 (Accessible Information))

Please accept the below as formal notification of my information and communication preferences.

I communicate using (e.g. BSL, deafblind manual):

To help me communicate I use (e.g. a talking mat, hearing aids):

I need information in (e.g. braille, easy read):

If you need to contact me the best way is (e.g. email, telephone):

For more information visit: [www.england.nhs.uk/accessibleinfo](http://www.england.nhs.uk/accessibleinfo)

The data held in your GP medical records is shared with other healthcare professionals for the purposes of your individual care. It is also shared with other organisations to support health and care planning and research.

If you do not want your personally identifiable patient data to be shared outside of your GP practice for purposes except your own care, you can register an opt-out with your GP practice. This is known as a Type 1 Opt-out.

Type 1 Opt-outs may be discontinued in the future. If this happens then they may be turned into a National Data Opt-out. Your GP practice will tell you if this is going to happen and if you need to do anything. More information about the National Data Opt-out is here: <https://www.nhs.uk/your-nhs-data-matters/>

You can use this form to:

- register a Type 1 Opt-out, for yourself or for a dependent (if you are the parent or legal guardian of the patient) (to **Opt-out**)
- withdraw an existing Type 1 Opt-out, for yourself or a dependent (if you are the parent or legal guardian of the patient) if you have changed your preference (**Opt-in**)

This decision will not affect individual care and you can change your choice at any time, using this form. This form, once completed, should be sent to your GP practice by email or post.

### **Details of the patient**

<b>Title</b>										
<b>Forename(s)</b>										
<b>Surname</b>										
<b>Address</b>										
<b>Phone number</b>										
<b>Date of birth</b>										
<b>NHS Number (if known)</b>										

### **Details of parent or legal guardian**

If you are filling in this form on behalf of a dependent e.g. a child, the GP practice will first check that you have the authority to do so. Please complete the details below:

<b>Name</b>										
<b>Address</b>										
<b>Relationship to patient</b>										

### **Your decision**

#### **Opt-out**

I do not allow my identifiable patient data to be shared outside of the GP practice for purposes except my own care.

OR

I do not allow the patient above's identifiable patient data to be shared outside of the GP practice for purposes except their own care.

#### **Withdraw Opt-out (Opt-in)**

I do allow my identifiable patient data to be shared outside of the GP practice for purposes beyond my own care.

OR

I do allow the patient above's identifiable patient data to be shared outside of the GP practice for purposes beyond their own care.

### **Your declaration**

I confirm that:

- the information I have given in this form is correct
- I am the parent or legal guardian of the dependent person I am making a choice for set out above (if applicable)

Signature

Date signed

**When complete, please post or send by email to your GP practice**

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**For GP Practice Use Only**

Date received		
Date applied		
Tick to select the codes applied	<b>Opt – Out - Dissent code:</b> 9Nu0 (827241000000103  Dissent from secondary use of general practitioner patient identifiable data (finding) )	
	<b>Opt – In - Dissent withdrawal code:</b> 9Nu1 (827261000000102  Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding) )	