## BURFORD

## MEDICAL

GROUP

Burford: 59 Sheep Street Carterton: The Health Centre Alvescot Road

Thank you for registering at Burford Medical Group. The enclosed surgery leaflet gives some information about the services we provide. Our main surgery is based at Burford and is open from 8 to 6.30 on weekdays. We also hold a small satellite clinic at Carterton Health Centre each morning. You are welcome to attend either site. However, you need to be sure you can travel to both surgeries as we cannot guarantee to always offer you an appointment at one particular surgery site (this is especially the case if you need an urgent or afternoon appointment which will be at Burford).

When you first join the practice, we have none of your past medical details available. It can take a couple of months for your records to come from your previous surgery. In the meantime, if you need a prescription for regular medication, please book a telephone call with your new doctor; we can then add your medicines to our "repeat prescription" system. After the latest GP contract you now register with the surgery rather than with a specific doctor. You are welcome to see whichever doctor you would like. If you have no preference the receptionist will inform you which doctor is taking on the new patients this month.

It would help us if you could complete the following brief questions:

Name		Date of Birth
Have you ever smoked? If yes, do you still smoke?		If you are an ex-smoker, when did you stop?
If you have ever smoked, how many did or do you smoke a day?		
Do you have any allergies to medications? Yes / No If yes please give details:		
Do you consent to us contacting you by mobile phone / text? Yes / No Mobile phone number:		
Do you consent to us contacting you by email? Yes / No Email address:		
What is your ethnic group? (Please circle)		
British / Mixed British Indian / British Indian Caribbean / Bangladeshi / Mixed Bangladeshi / Chinese / African Other (please specify)		
Finally, it is helpful for us to record if you have appointed a power of attorney with responsibility for health and welfare. This person will only be contacted if you are unable to make a decision due to illness or infirmity. Alternatively provide us with details of your next of kin.		
Name of Power of attorney		
Contact details Phor	ne	Mobile
Name of next of Kin		
Contact details Phor	ne	Mobile
Signed		Date