**THE PHOENIX PRACTICE**

**Welcome to our Practice**

**NEW PATIENT STARTER PACK**

* Please complete all forms and return them online with your proof of address. E.g. Utility Bill, Bank Statement, Tenancy Agreement (with official stamp), or a Council Tax Bill. We also require Photo I.D, which can be a Driving Licence, or Passport. You need to take a photograph of these and attach to your application (without these you will NOT be registered.
* You will need to provide a list of Medications if you are taking any.
* You will then be called by a Health Care professional who will go through a health check with you via telephone.
* Two missed appointments without prior cancellation could lead to removal from our list.
* Repeat Prescriptions need 48 Hours’ notice.
* When registering children under 5’s please attach a copy of their Red health care book, and Immunisation History.
* The Practice supports the governments Zero Tolerance Policy. Please be Polite at all times.

We thank you for patience and co-operation.

**Required forms for Registration**

# NHS Medical Card or NHS number (can be obtained from previous GP).

1. GMS1 (purple form) and New Patient Card to be completed in full, date & sign. (in Starter Pack from us) Please supply your mobile number if you wish to receive texts
2. Please fill in the forms for Ethnicity and Next of Kin Details.

# logo2

**THE PHOENIX PRACTICE**

**DR ANTHONY UZOKA**

 MB ChB BAO (Dub) DRCOG MRCGP

 **DR CRISTINA DAVIS**

 MBBS (Lond) MRCS (Eng) DRCOG

 **DR GABY STEIN**

 MB ChB U.CT. MRCGP

 7 BRAMPTON GROVE HENDON

 NW4 4AE

 TEL: 020 8202 9030

 FAX: 020 8203 7118

Dr Uzoka, Dr Davis, Dr Stein, Dr Miller, Dr Khan and Dr Nijjar are experienced family doctors who are committed to providing the best possible individual and family health care. They work in partnership and with their team at The Phoenix Practice provide a full range of General Medical Services, as outlined in this leaflet.

**Practice Pharmacist:** Ravi Patel

Practice Nurses: **Mary Lau RCN, Sarah Saunders RGN,** Health Care Assistant: **Nicole Khosrowshahi.** Health Promotion: **Well person checks, blood pressure, weight, cholesterol checks, smoking cessation advice. If you are between 40 – 74 have a NHS Health Check.**

* Regular Review of ongoing medical conditions: Diabetes, Asthma, COPD, Hypertension, Coronary Heart Disease
* Women’s services, contraceptive advice, cervical smears.
* Travel advice & immunisations

**PRACTICE MANAGER – Lhahir Ismail**

The Manager is responsible for running the practice and is available to discuss suggestions and deal with particular difficulties and complaints.

**PRACTICE STAFF** Kim Ingrey (Admin Manager), Dasa Drotarova (Admin. Assist), Hannah Parker (Admin Assist) Melanie Bailey (Medical Secretary), Michelle Ellis (Reception Manager),Elisa Campa (Receptionist), Maria Griffiths (Receptionist), Danielle Inow (Receptionist), Ibtisam Mohamed (Receptionist), Ellie Hatch Mc Carthy (Receptionist), Leda Ventouri (Receptionist), Ainoa Babiano (Receptionist). Reception can help you with queries, appointments and keep you informed. They can be very busy so please be patient. Administrative staff look after your records, computerised data, registrations and arrange non-NHS services/medicals.

**COMMUNITY STAFF:** District Nurses for housebound patients, providing care at home (020 8209 0333). The Health Visitor is available at Oak Lane Clinic (0208 349 7000) or at home. Midwives available at Parkfield Childrens Centre 44 Park Rd NW4 3PS for antenatal care (Tel: Royal Free Hospital 020 7794 0500 x 37373).

**SURGERY OPENING TIMES (Tel: 020 8202 9030)**

WEEKDAY MORNINGS (Doors open) 8.30 AM – 12.30 PM

 WEEKDAY AFTERNOONS (Doors open) 2.30 – 6.00 PM

**LATE NIGHT COMMUTER CLINICS TUESDAYS 6.30 – 8.15 PM**

**CLOSED at WEEKENDS and BANK HOLIDAYS**

**PAN BARNET ADDITIONAL ACCESS ENHANCED SERVICE 6.30 – 8.00 PM**

**DAILY and 8.00am to 8.00pm on Weekends and Bank Holidays**

**Doctors appointments 9.00 – 11.50 am (includes a morning Triage service) 3.00 – 5.50 pm**

**Nurses 8.40 – 11.40 am & 3.00 – 5.30 pm Daily**

**CLINICS BY APPOINTMENT**

**Diabetic Clinic** with Doctor/Nurse **Asthma Clinic** with Nurse

**Travel Clinic** with Nurse **Dietician** based at Edgware Hosp**. Minor Surgery** Every 3rdMonday pm **Baby Clinic** / Tuesday pm weekly

**Chiropodist** Ask for details.  **Ante / Post Natal** Female Doctors

**Midwife** Based at 44 Park Rd as above (Appointments 020 77940500 x 37373)

All services by appointment only. We now do a triage service for urgent appointment requests for our patients who will be called back by a clinician to discuss their problem. For routine appointments and GP of choice are offered up to 3 weeks in advance, please ask reception.

Any other queries please phone after 10.00 am.

**HOME VISITS** If you are housebound and need a home visit please try and call before 10.00 am. **Visits are at the discretion and clinical judgement of the GP.**

 **OVER 65’s** We offer pneumonia vaccinations all year round and Influenza and Pneumococcal vaccinations from September each year, with a Sunday Flu Clinic.

**OUT OF HOURS SERVICE** When the surgery is closed please call NHS **111** or the practice**.** Extra appointments are available: Mondays to Fridays 6.30pm to 8.00pm - Weekends and bank holidays 8.00am – 8.00pm. Call the practice or 020 3948 6809 to book your appointment.

**REPEAT PRESCRIPTIONS**

We are now encouraging to order their repeat medication via online access, please call the surgery and reception can help you with this. Your medication can then be forwarded to a pharmacy of your choice? **Please allow 2 working days for processing**. Alternatively, if you do not have access to a phone or pc, you can send us a written request, either you can send it to us or bring into the surgery. Please send a 1st Class stamped addressed envelope if you wish your prescription to be posted back to you. From time to time the Doctors will review your medication and may wish to see you by appointment before re-issuing a repeat prescription.

**COMMENTS & SUGGESTIONS**

We are pleased to receive suggestions in order to improve our services, which can be put in the suggestion box or handed to our staff and will receive our attention in confidence. We now have a Patient Participation Group, fill in a form at reception if you wish to join. If you are dissatisfied with our services, discuss your problem/complaint with the Manager who will try to resolve the matter.

**DISABLED PATIENTS**

Our surgery has access for disabled patients’ wheelchairs on the ground floor with disabled toilet & parking. If you require assistance please use the Intercom or bell at the front door during opening hours and ask for assistance.

**CHILD HEALTH & BABY CLINIC**

Doctor and Nurse see children & babies by appointment in this clinic held Tuesday 1.30 – 3.00 pm. Appointments for Developmental checks & Immunisations are sent routinely. The Health Visitor is also available to advice

on child related issues at Bell Lane Clinic, (**0208 203 3115),** times vary.

**ANTENATAL CHECKS (Midwife – 07771993531/07786 623 517) & POSTNATAL CHECKS** The Midwife Antenatal clinic for 1st appointment **(020** **7794 0500 x 37373).** Post Natal checks; book a double appointment at the surgery with the Doctor.

**FAMILY PLANNING** with our Nurses (book an appointment). You have the opportunity to discuss contraception, sterilisation (referral by GP) by appointment only. Community clinics appointment line is 020 8447 3631.

**TRAVEL VACCINATIONS**

We give travel information and vaccinations**.** Please book your appointment with a Nurse **8 weeks** before you plan to travel.

 **NEW PATIENTS TO THE PRACTICE**: Starter packs are provided to complete your registration. A map of our catchment is on our website (in blue) for new patients**. (If you move to the red boundary area and wish to stay our patient,** **please let reception know but it will be at the discretion** **of the partners).** You will need to complete the necessary forms before you have a new patient appointment with the Practice Nurse. We advise the whole family to register at The Phoenix Practice.

 **NOTICE TO ALL PATIENTS**

 When you have consulted with the Doctor and if you are not better within a week or your condition deteriorates, please phone for another appointment. We have a referral management service who process your referrals to other providers (**Information Line: 080 8865 2040)**

 **RESULTS:** Please confirm with the receptionists **that your test results have been received back.** This will usually take a week, 2 weeks for x-rays, unless the Doctor or Nurse has advised you to make an appointment to review your results with you. (If you do not wish to receive Text Messaging please contact the practice.)

 **PRACTICE POLICIES:** It is your responsibility to make your own appointment when asked to come for a follow-up. **Please give us 24 hours’ notice if you have to cancel any appointment.** We support the NHS Zero Tolerance

 Policy: anyone who is abusive to anyone on the premises or causes damage to our practice will be removed from our list. If you wish access to your medical records, this can be found seen via patient access. **Online access** is available via our website or you can call in and speak to a receptionist. **24 hour notice is required when cancelling on line appointment bookings.**

 **CONFIDENTIALITY:** The Practice manages the confidentiality of your medical records in accordance with The Data Protection Act 1998. **Please note that medical records are subject to inspection by the NHS Service or its equivalent, for the purpose of financial audit, record validation and research. Should you wish your records to be excluded from such inspection/access, please write to the practice and inform reception**? Freedom of Information Act: contact the Practice Manager in writing in order to access information concerning the practice.

 **LOCAL SERVICES** Leaflets are available from reception regarding the following:

 **Walk-In Centre Edgware Community Hospital for minor illness Tel: 020 8732 6459**

**Walk-In Centre Finchley Memorial Hosp. as ECH & blood tests Tel: 020 8349 7500**

 Health queries or advice new service Tel **FOR MEDICAL ASSISTANCE CALL 111**

 **NHS Customer Contact Centre.** Responsible for local health & Patient Services 0300 311 2233, england.contactus@nhs.net, NHS England, PO Box 16738, Redditch B97 9PT

 **Practice Leaflet version 58 – (21/01/2020)**

 **NEW PATIENT INFORMATION CARD**

|  |  |
| --- | --- |
| Date |  |
| Surname |  |
| First name(s) |  |
| Date of birth |  |
| Full address  |  |
| Tel. no. Home |  |
| Email |  |
| Marital status |  |
| Country of origin |  |
| Sex |  |
| What is your first language? |  |
| Do you need an interpreter?  |  |

**ETHNICITY**

|  |  |  |
| --- | --- | --- |
| **Official Use** (Read Code) | **Ethnic Category** | **Tick one box only** |
|  | **a) White** |  |
| 9i0 | British  |  |
| 9i1 | Irish |  |
| 9i2 | Any other white background |  |
|  |  |  |
|  | **b) Mixed** |  |
| 9i3 | White and Black Caribbean |  |
| 9i4 | White and Black African |  |
| 9i5 | White and Asian |  |
| 9i6 | Any other mixed background |  |
|  |  |  |
|  | c) **Asian or Asian British** |  |
| 9i7 | Indian |  |
| 9i8 | Pakistani |  |
| 9i9 | Bangladeshi |  |
| 9iA | Any other Asian background |  |
|  |  |  |
|  | **d) Black or Black British** |  |
| 9iB | Caribbean |  |
| 9iC | African |  |
| 9iD | Any other Black background |  |
|  |  |  |
|  | **e) Other ethnic Groups**  |  |
| 9iE | Chinese |  |
| 9iF | Any other ethnic group |  |
|  |  |  |
|  | **f) Not stated** |  |
| 9iG | Not stated |  |
| 9SD | Ethnic group not given patient refused |  |
| 13ZG | Language not given patient refused |  |

**GENERAL HISTORY**

|  |
| --- |
| Have you had any serious illnesses or operations, X-rays or similar tests and when?  |
|  |
| What medicines are you taking?  |
|  |
| Have you any allergies to medicines or anything else?  |
|  |
| How much tobacco or cigarettes do you smoke?  |
|  |
| How much alcohol do you consume per week? (quantity)  |
|  |

**FAMILY HISTORY**

Which of your blood relations have suffered from the following(yes/no and any note you would like to add):

|  |  |
| --- | --- |
| Heart attack |  |
| Cancer |  |
| Diabetes |  |
| High blood pressure |  |
| Asthma |  |
| Tuberculosis |  |
| Stroke |  |
| Other serious illness |  |

**VACCINATIONS**

Which vaccinations have you had and when?

|  |  |  |  |
| --- | --- | --- | --- |
| Diphtheria |  | Cholera |  |
| Polio |  | **BCG** |  |
| German Measles |  | **Yellow fever** |  |
| Tetanus |  | **MMR** |  |
| Typhoid |  | **Whooping cough** |  |
| Typhoid |  | **Other** |  |

**FOR FEMALE PATIENTS ONLY**

|  |
| --- |
| Have you had any children? Please give ages |
|  |
| Have you had a miscarriage? Date |
|  |
| Have you had a hysterectomy? Date |
|  |
| Which method of contraception are you using at present? |
|  |
| When was your last smear test? |
|  |

**AUDIT – C**

|  |  |  |
| --- | --- | --- |
| Questions | Scoring system | Your score |
| **0** | **1** | **2** | **3** | **4** |
| How often do you have a drink containing alcohol? | Never | Monthlyor less | 2 - 4 times per month | 2 - 3 times per week | 4+ times per week |  |
| How many units of alcohol do you drink on a typical day when you are drinking? | 1 -2 | 3 - 4 | 5 - 6 | 7 - 9 | 10+ |  |
| How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |

**SCORE**

**Scoring:**

A total of 5+ indicates increasing or higher risk drinking.

An overall total score of 5 or above is AUDIT-C positive.

**NEXT OF KIN**

|  |
| --- |
| Next of kin details |
| Name |  |
| Relationship to you  |  |
| Telephone number |  |
| Address |  |

|  |
| --- |
| Another emergency contact |
| Name |  |
| Relationship to you  |  |
| Telephone number |  |
| Address |  |

**CONSENT TO PROXY ACCESS TO GP ONLINE SERVICES**

ONLY TO BE COMPLETED FOR CHILDREN OVER 11

Note: If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patient’s best interest section 1 of this form may be omitted.

**Section 1**

I,…………………………………………… (name of patient), give permission to my GP practice to give the following people ….……………………………………………..…………….. proxy access to the online services as indicated below in section 2.

* I reserve the right to reverse any decision I make in granting proxy access at any time.
* I understand the risks of allowing someone else to have access to my health records.
* I have read and understand the information leaflet provided by the practice

|  |  |
| --- | --- |
| Signature of patient | Date |

**Section 2 (CLICK BOXES)**

|  |  |
| --- | --- |
| 1. Online appointments booking
 |  |
| 1. Online prescription management
 |  |
| 1. Accessing Results
 |  |

**Section 3**

The representatives

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Surname |  |
| First name |  | First name |  |
| Date of birth |  | Date of birth |  |
| Address(Postcode)  |  | Address (Postcode) |  |
| Email |  | Email |  |
| Telephone |  | Telephone |  |
| Mobile |  | Mobile |  |

I/we as representative/s wish to have online access to the services ticked in the box above in section 2 for ……………………………………….……… (name of patient).

I/we understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree the following statements:

* I/we have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential
* I/we will be responsible for the security of the information that I/we see or download
* I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement
* If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential

|  |  |
| --- | --- |
| Signature/s of representative/s | Date |

For practice use only

|  |  |
| --- | --- |
| The patient’s NHS number | The patient’s practice computer ID number |
| Identity verified by(initials) | Date | Method of verificationVouching 🞏Vouching with information in record 🞏 Photo ID and proof of residence 🞏 |
| Proxy access authorised by  | Date |
| Date account created  |
| Date passphrase sent  |
| Level of record access enabled  Contractual minimum √Other…………………… | Notes / comments on proxy access |

**GENERAL DATA PROTECTION REGULATIONS GDPR**

**If you wish the surgery to release your prescription, referral letter or any document to some other person than yourself you will need to provide consent telling us you are happy for us to do this.**

**If you wish to comply with this new protocol please complete the form below and return to reception.**

|  |
| --- |
| CONSENT TO RELEASE PRESCRIPTIONS,LETTERS OR DOCUMENTS |
| I Hereby give consent for you to release my Prescriptions, letters or documents to |  |
| RelationshipDate of birth |  |
| I have asked the above named person to collect items on my behalf. I understand that without my signed consent the surgery will not release any medical Information to anyone else other than myself |

**NHS DIGITAL SHARING YOUR DATA**

**Request to opt out -**

**Patients who wish to Opt-Out should go to**

[www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters)

**Where you can find out more about sharing and**

**Set a national data opt-out.**

|  |  |
| --- | --- |
| SIGN |  |

**Online access for Medical Records, Ordering Medication, and Booking Appointments**



**Please download this app and follow the Instructions!**