



# The Pound House Surgery

Dear Patient

Thank you for your request to join The Pound House Surgery. We look forward to offering you the highest standards of care.

The Pound House Practice area covers Wooburn Green, Bourne End, Flackwell Heath, Beaconsfield, Holtspur and the Wooburn end of Loudwater. We welcome patients within that area to join our list. Overleaf are the address details and opening times for the two different sites.

If you wish to register as a patient from outside of our catchment area or if you wish to remain our patient after leaving the area, it will be at our GP partners' discretion.

We have six partners and are a training practice for trainee GPs and medical students.

**All new patients are asked to provide proof of identification (children registering with their family do not have to do this). Please will you bring in your passport or driving license (photo card) as proof of identity AND a recent utility bill or bank statement with your current address on it? If you do not have a photo ID, please bring in your birth certificate. Let us know if you cannot supply either document. You will need to tell us your NHS number; you can obtain this from your previous GP surgery.**

If you have a disability or sensory loss please let us know if you have any special requirements or need any more information about our services.

A copy of the Patient/Practice Agreement is enclosed for you to retain. Please confirm your acceptance of the terms of this agreement by signing below. Thank you.

Yours sincerely

Mrs Anne Ronan  
Practice Manager



# The Pound House Surgery

## Pound House Surgery Opening Times

	Morning	Afternoon
Monday	8.00 to 13.00	14.00 to 18.30
Tuesday	8.00 to 13.00	14.00 to 18.30
Wednesday	8.00 to 13.00	14.00 to 18.30
Thursday	8.00 to 13.00	14.00 to 18.30
Friday	8.00 to 13.00	14.00 to 18.30

Extended Hours: (for those patients who are unable to attend during normal opening hours). Please ask the Reception team when these slots are available, which are only held at Wooburn Green.

## Orchard Surgery, Bourne End Opening Times

	Morning	Afternoon
Monday	8.00 to 12.00	15.30 to 18.00
Tuesday	8.00 to 12.00	15.30 to 18.00
Wednesday	8.00 to 12.00	15.30 to 18.00
Thursday	8.00 to 12.00	Closed
Friday	8.00 to 12.00	Closed

## Addresses and contact details:

The Pound House Surgery  
8 The Green,  
Wooburn Green,  
High Wycombe,  
Buckinghamshire  
HP10 0EE

Orchard Surgery  
Station Road,  
Bourne End,  
Buckinghamshire  
SL8 5QE

Telephone Number:  
01628 530997

Please note that only emergency calls are taken between 13.00 to 14.00 daily





# The Pound House Surgery

## The Practice's Commitment

### MISSION STATEMENT

Welcome to Pound House Surgery. We endeavour to provide the highest standards of care to our patients, both as individuals and as care groups, anticipate their needs and effectively organise the practice to meet them.

Within the practice we strive for a happy and satisfying atmosphere that allows all members of the practice to maximise their own potential. We operate as a partnership.

### PRACTICE PRINCIPLES

We aim to care for our patients according to the highest professional standards and you will be treated with courtesy and consideration by all our staff. You will receive appropriate information about your conditions and treatments and will be educated in health care matters whenever possible. Our doctors, nurses and staff will take part in continuing training and professional development.

### CONTINUITY OF CARE

We will try to offer an appointment with the doctor of your choice whenever possible. As the doctors work as a team, if you have a problem that cannot wait it is much better to book an appointment with another doctor rather than to wait for the doctor of your choice.

### APPOINTMENTS

The doctors and nurses will try to see you at your appointment time but may ask you to come back for another appointment if your problem takes longer than the time you have booked. If you have complex problems to discuss you can ask for a double appointment when you contact reception.

### CONFIDENTIALITY

All information relating to a patient will be held confidentially and will not be released without the patient's written consent.

### POLICY ON SEEING MINORS

All children under the age of 12 must be accompanied by an adult throughout the consultation and examination. Young people between the ages of 12 and 14 can consult alone but must attend the surgery accompanied by a responsible adult whose permission and co-operation will be sought. 14 to 16 year olds may attend un-accompanied and consult alone. Any patient over the age of 16 has the right to have test results given only to them and results will only be given to a parent if it is clearly recorded in the patient notes that permission has been given for that episode of care.

### CHAPERONES

A chaperone is available for any consultation at any stage. This can be requested via the reception staff or any clinical staff member.

### COMPLAINTS

The Practice agrees to take all complaints seriously and will reply in writing as soon as possible.



# The Pound House Surgery

## The Patient's Commitment

### DISCLOSURE

I, the patient, agree to disclose all material facts regarding my health to my General Practitioner and his or her clinical staff.

### APPOINTMENTS

I agree to try to attend on time for all appointments booked with the practice and to cancel in advance any appointment that I cannot attend. I acknowledge that should I arrive late for an appointment I may be asked to re-book for another time.

### EMERGENCY APPOINTMENTS

I agree only to use these appointments for medical emergencies that require immediate treatment.

### HOME VISITS

I shall request a home visit from the practice only if I cannot physically attend at the practice.

**PHONING BEFORE 11:00 A.M. MAKES IT MUCH EASIER FOR THE PRACTICE TO MANAGE THESE REQUESTS.**

### TREATMENT OF STAFF

I agree with the policy of zero tolerance of abuse towards all NHS Staff. I agree not to behave in an abusive, threatening or otherwise aggressive manner with any member of the practice staff. I acknowledge the right of the practice to remove me from their list without appeal should I behave in a manner that is prohibited.

### REPEAT PRESCRIPTIONS

When I need to request repeat prescriptions, I agree to give the practice at least two working days' notice of my need for more medication. Furthermore I agree to make my request either in person, by fax, post, via our website ([poundhousepractice.co.uk](http://poundhousepractice.co.uk)) or on the slip provided (we cannot accept telephone requests for repeat prescriptions). I agree that:

- I will not keep more than two months' supply of pills or other items in my home.
- I will not order medication more than two weeks before it is needed.
- I will not stockpile any items.
- I will not order every item on my repeat list for convenience but will order only what I really need.

### MOBILE PHONES

I agree to switch off my mobile phone before I start my consultation with the doctor or nurse. I agree to switch it off immediately should it ring while I am with the doctor or nurse if I have forgotten to turn it off.

### PRIVATE FEES

We are often asked to write letters and complete forms on behalf of patients. This work is not covered under the NHS and a charge will be made. Examples are given below. Please contact the surgery for an up to date price before making your request. Payment will be requested in advance before any private work is carried out.

- Private prescriptions for travelling abroad
- Unfit to sit examination letter
- Holiday cancellation form
- Sickness / accident benefit and insurance forms
- Fitness to travel / perform / exercise letter
- Letter regarding medication for holidays
- Freedom from infection certificate
- Medicals
- Private medical certificate
- Private vaccinations
- Private reports



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Welcome to the Pound House Surgery. It often takes several weeks for your records to reach us from your previous doctor. Answering these questions will help us during this time. The Information will be handled confidentially but if you are concerned about any of the questions leave them blank. Please return the completed questionnaire to the receptionist.

TODAY'S DATE.....

ARE YOU CURRENTLY REGISTERED WITH A LOCAL GP SURGERY	YES/NO
If so, please state the name of the surgery and the GP:	
Are any other members of your household already registered with a Doctor in this surgery?	YES/NO
If YES, please enter their names:	
Have you ever seen a doctor at this surgery in the past?	YES/NO

## YOUR DETAILS:

Name		MALE/FEMALE
		Please circle
Address:		Postcode
Date of Birth	Place of Birth	
NHS number		
Home Phone number	Mobile Phone Number	
<i>Would you like to sign up for our Online Services (appointment booking and repeat medication requests? Please provide your email address below.</i>		
Email address		

## In a medical emergency who should we contact on your behalf:

Name		Contact No
Address		



# The Pound House Surgery

Please help us update your HEALTH Records:			
1.	Your height	2.	Your weight
3.	Your waist measurement(if known)	cm	<u>OR</u> inches
4.	Do you smoke?	YES /NO	
	If Yes , how many per day	Cigarettes/Cigars per day:	
	Date started/ age when started		
	If an ex-smoker, when did you stop?	Year stopped:	
We strongly advise all smokers to stop smoking. We run a Smoking Cessation Clinic - please enquire at reception if you require more information			
5.	Do you exercise?	YES/NO	
	If Yes how much?	Gentle/Moderate/Vigorous	
6.	Do you follow a special diet?	YES/NO	
	If Yes, what type of diet?	Diabetic/Low Fat/High Fibre/Low Salt	
7.	Do you have a family history (father or brother under 55 years /mother or sister under 65 years of		
	Heart Disease	YES/NO	Diabetes
	Stroke	YES/NO	Cancer
	Raised Blood Pressure	YES/NO	YES/NO
8.	Please detail any allergies you may have to medicines or foods		
9.	Do you have a disability? Do you need special assistance (Braille, Large Print, Sign Language Interpreter, wheelchair access etc)		
Female Patients only:			
10.	Do you have a contraceptive coil fitted?	YES/NO	
	If so, do you know the type of coil?	Mirena/Copper Coil/Don't know	
	Do you know when it was fitted?	Yes – date:	
11.	Do you have a contraceptive implant?	YES/NO	
	If so, do you know when it was fitted?	Yes – date:	
If you are a woman between the ages of 16 and 40 years it is important for you to know if you have immunity against Rubella (German Measles). Please ask your doctor or practice nurse for full information.			





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**Are you caring for someone or does someone care for you?**

A carer is a person who is looking after or is responsible for the care of a relative, friend or neighbour who is mentally or physically disabled or whose health is impaired by old age.

Do you have a carer? YES /NO		Do you care for someone else who cannot manage without you? YES/NO	
If Yes, please give details about your carer:		If yes please give details about the person you care for:	
Name:			
Address:			
Telephone Number:			
Relationship to you:			
Please can we pass these details on to Carers Bucks		YES/NO	

**To which of these ethnic groups do you feel you belong:**

Please tick the box that applies to you.

White British	<input type="checkbox"/>	Indian/British Indian	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Any other white background-please specify:		Pakistani/British Pakistani	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Black Caribbean/British Caribbean	<input type="checkbox"/>	Bangladeshi/British Bangladeshi	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Black African/British African	<input type="checkbox"/>	Any other Asian background-please specify		Any other mixed background-please specify:	
Any other background-please specify:		Chinese	<input type="checkbox"/>	Other –please specify:	
I DO NOT WISH TO ANSWER	<input type="checkbox"/>	Please state your first language			

## ELECTRONIC PRESCRIPTIONS

If you have recently moved to the Wooburn Green/Bourne End area and had nominated a pharmacy for your electronic prescriptions near your previous home, please confirm that you wish to cancel that nomination. If you do not cancel the nomination, all your prescriptions will continue to go to that pharmacy.

Please cancel the pharmacy nomination from my previous address	YES/NO
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## Alcohol Consumption

Name (please use capitals):	Date of Birth:
Do you drink alcohol?	YES / NO / NEVER
If <b>Yes</b> : Weekly Alcohol Consumption	..... Units per week
If <b>No</b> , have you drunk in the past? If so, how much in an average week?	..... Units per week. Date stopped drinking: .....

## Fast Alcohol Screening Test (FAST)

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have 8 (men)/ 6 (women) or more units on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>Only answer the following questions if your answer above is monthly or less</b>						
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative/ friend/ doctor/ health worker been concerned about your drinking or advised you to cut down?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>Total</b>						

**If your score is 3 or more please complete the Alcohol Users Audit Questionnaire below.**

This brief intervention package is based on the Drink-Less programme originally developed at the University of Sydney as part of a W.H.O. collaborative study. ©2006 Institute of Health & Society, Newcastle University. Produced by Design Services, Gateshead Council.

<b>UNITS</b>	 2 Pint of Regular Beer/Lager/Cider	 1.5 Alcopop or Can of Lager	 2 Glass of Wine (175ml)	 1 Single Measure of Spirits	 9 Bottle of Wine
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## Alcohol Users Audit Questionnaire

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 – 4 times per month	2 – 3 times per week	4+ times per week	
How many standard units do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	



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How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
Have you or someone else been injured as a result of your drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	