# **New Patient Registration**

**About you**

Surname: …………………………………… Forename(s): …………………………………………

Date of Birth (dd/mm/yyyy): ………………………...

Gender: ……………………………………

**Contact Information**

Address:………………………………………………………………………………………………….

Telephone: ……………………………………… Mobile: ……………………………………………

Email: ………………………………………………

Please circle below your preferred choice of contact:

**Text Phone Email Post**

Do you live in a residential/nursing home? **Yes No**

What is your occupation?........................................................................................................

**Residency**

Previous address in the UK (if applicable):………………………………………………………….

If you are from abroad, what date did you come to UK?............................................................

Do you live in an EEA country?..................................................................................................

**Service Families and Military Veterans**

As a practice, we fully support the Armed Forces Covenant. We can only do this if we know our patients connections to the Armed Forces. Please tick the below boxes that apply to you:

|  |  |  |  |
| --- | --- | --- | --- |
| **I AM** a Military Veteran |  | **I AM** currently serving in the Reserve Forces |  |
| **I AM** married/civil partnership to a serving member of the Regular/Reserve Armed Forces |  | **I AM** married/civil partnership to a Military Veteran |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **I AM** under 18 and my parent(s) are serving member(s) of the armed forces. |  | **I AM** under 18 and my parent(s) are veteran(s) of the armed forces. |  |

**Ethnicity**

Having information about patients’ ethnic groups would be helpful for the NHS so that it can plan and provide culturally appropriate and better services to meet patients’ needs.

If you do not wish to provide this information you do not have to do so.

Please indicate your ethnic origin by ticking the below box:

|  |  |  |  |
| --- | --- | --- | --- |
| British or mixed British |  | Pakistani |  |
| Irish |  | Bangladeshi |  |
| African |  | Chinese |  |
| Caribbean |  | Other (Please state) |  |
| Indian |  |  |  |

**Preferred title**

How would you like us to refer to you (eg Mr, Mrs, Miss, Mx)?...........................................................

Preferred title for official correspondence?...........................................................

**Religious affiliation**

Do you have a religious affiliation (please give details if so)?...........................................................

**Country of birth**

In which country were you born?...........................................................

**Main language**

Which is your main language?.................................................................

Do you speak English?.............................................................................

**Carer status**

Do you have a carer? **Yes No**

**If Yes, please give details of their name, relationship and whether they are a patient here too………………………………………………………………………………………………………..**

Are you yourself a carer? **Yes No**

**Next of kin**

Surname: …………………………………… Forename(s): …………………………………………

Gender: ……………………………………

**Emergency contact Information (for next of kin)**

Telephone: ……………………………………… Mobile: ……………………………………………

**Contacting you**

**We will use your contact details to send reminders about appointments, reviews and other services which may be of benefit in your medical care**

Do you consent to the Surgery sending letters to your home address? **Yes No**

Do you consent to the Surgery sending text messages to your mobile? **Yes No**

Do you consent to the Surgery sending messages to you by email? **Yes No**

Do you consent to the Surgery leaving messages on your phone? **Yes No**

(We will not leave detailed messages on your phone, but may ask you to contact us or leave a simple message if we do not need to speak to you).

Are you interested in joining our Patient Participation Group (PPG)? **Yes No**

**Summary Care Record**

Summary Care Record (SCR)

If you decide to have a SCR, it will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had it will also include basic information about your current diagnoses. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed. Your Summary Care Record will also include your name, address, date of birth and your unique NHS Number to help identify you correctly. If you and your GP decide to include more information it can be added, but only with your express permission.

**For more information**: Phone 0300 123 3020 or visit [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk)

I do not wish to have a Summary care Record **I wish to opt out of SCR**

(N.B. this will mean NHS Healthcare staff caring for you may

not be aware of your current medications, any allergies or

reactions to previous medication.)

**Electronic Prescribing Service (EPS)**

The EPS allows prescribers – such as GPs and practice nurses to send prescriptions electronically to a dispenser (such as a pharmacy) of the patient’s choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. The NHS aim that by 2020 they will hopefully be paper free or a paper-lite service. To help achieve this The As a practice, we would encourage all patients to opt for electronic prescribing.

**I DO** give consent for my prescriptions to be sent electronically to the pharmacy

**I DO NOT** give consent for my prescriptions to be sent electronically to the pharmacy

Nominated pharmacy……………………………………………………………………………………

Address…………………………………………………………………………………………………….

Postcode………………………………………………………………………………………………….

**Donation wishes**

If you live in England, Wales or Jersey, are not in a group excluded from opt out legislation and you have not registered an organ donation decision, it will be considered that you agree to be an organ donor. This is known as deemed consent.

If you do not want to donate your organs then you should register your decision to refuse to donate. Remember to speak to your family and loved ones about your decision. To opt out, visit: <https://ardens.live/Organ-donation-opt-out>

Do you have a donor card or are you on the organ donation register? **Yes No**

Have you opted out? **Yes No**

Do you donate blood? **Yes No**

**Resuscitation wishes and Power of Attorney**

Do you have a DNACPR (Do not attempt CPR) form in place? **Yes No**

Does anybody hold Lasting Power of Attorney for Health and Welfare for you?

**Yes No**

If **YES to either of the above questions**, please supply details of who holds this and where (and supply a copy for your medical notes).

Details…………………………………………………………………………………………………………………….

**Smoking status**

Do you smoke? **Yes No**

**If yes,** how many cigarettes do you smoke daily: ……………………………….

**If no,** have you smoked in the past? **Yes No**

What date did you stop smoking:………………………………………………….

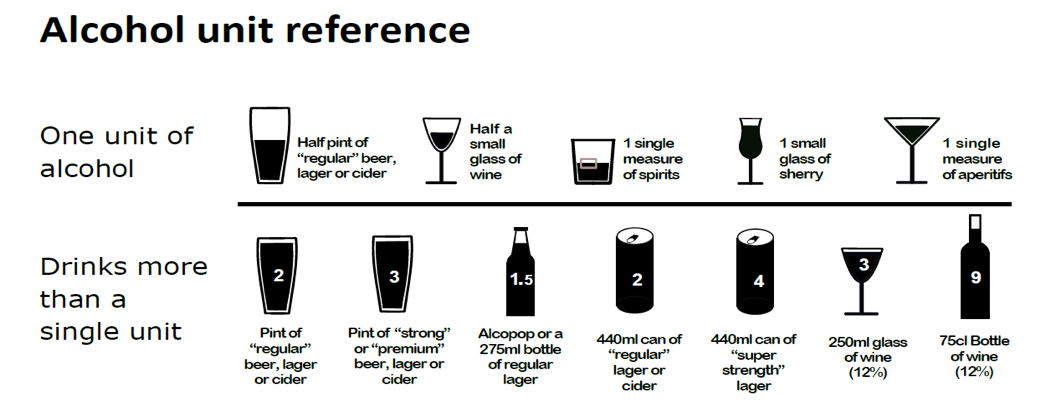
Do you use electronic cigarettes/vape? **Yes No**

Smoking is the UK’s single greatest cause of preventable illness

Stopping smoking is not easy but it can be done, and there is now a comprehensive, NHS Smoking Cessation Service offering support and help to smokers wanting to stop, with cessation aids available on NHS prescription.

*If you would like help and advice on how to give up smoking, please contact* [*https://www.quit4life.nhs.uk/*](https://www.quit4life.nhs.uk/) *or ask at reception.*

**Alcohol intake**



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 alcoholic drinks do you have on a typical day when you are drinking? | 1-2 | 3-4 | 5-6 | 7-9 | 10+ |  |
| How often do you have 6 or more standard drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |

Scoring

Score: ……………….

*A total of 5+ indicates increasing or higher risk drinking. If you have a score of 5+ please complete the remaining questions below.*

How many units do you drink per week?..................................................................

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Questions** | **Scoring system** | | | | | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you failed to do what was normally expected from you because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| **Questions** | **Scoring system** | | | | | **Your score** |
| **0** | **1** | **2** | **3** | **4** |
| How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| 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 |  |
| Have you or somebody else been injured as a result of your drinking? | No |  | Yes, but not in the last year |  | Yes, during the last year |  |
| Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? | No |  | Yes, but not in the last year |  | Yes, during the last year |  |

Please add up your scores from the above tables and write the total below:

**Total**…………………………..

*If you would like help and advice on how to reduce your alcohol intake, please contact* [*https://www.drinkaware.co.uk/*](https://www.drinkaware.co.uk/) *or ask at reception.*

**Exercise**

**General Practice Physical Activity Questionnaire**

1. Please tell us the type and amount of physical activity involved in your work.

|  |  |  |
| --- | --- | --- |
|  |  | **Please mark one box only** |
| a | I am not in employment (e.g. retired, retired for health reasons, unemployed, fulltime carer etc.) |  |
| b | I spend most of my time at work sitting (such as in an office) |  |
| c | I spend most of my time at work standing or walking. However, my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.) |  |
| d | My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.) |  |
| e | My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.) |  |

1. During the *last week*, how many hours did you spend on each of the following activities? *Please answer whether you are in employment or not*

Please mark one box only on each row

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **None** | **Some but less than**  **1 hour** | **1 hour but less than**  **3 hours** | **3 hours or more** |
| a | Physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout etc. |  |  |  |  |
| b | Cycling, including cycling to work and during leisure time |  |  |  |  |
| c | Walking, including walking to work, shopping, for pleasure etc. |  |  |  |  |
| d | Housework/Childcare |  |  |  |  |
| e | Gardening/DIY |  |  |  |  |

1. How would you describe your usual walking pace? Please mark one box only.

|  |  |  |
| --- | --- | --- |
|  | Steady average pace  Fast pace  (i.e. over 4mph) |  |
|  |  |

Slow pace

(i.e. less than 3 mph)

Brisk pace

**Height/Weight**

What is your weight:…………………………..

What is your height: …………………………….

*If you would like advice on managing a healthy weight, please contact* [*https://www.nhs.uk/live-well/*](https://www.nhs.uk/live-well/) *or reception who will be able to direct you to the most appropriate service.*

**Disabilities / Accessible Information Standards\_**

**As a practice we want to make sure that we give you information that is clear to you. For that reason we would like to know if you have any communication needs.**

Do you have any special communication needs?

**Yes No**

**If yes,** please state your needs below:

**………………………………………………………………………………..**

Do you have significant mobility issues? **Yes No**

**If yes,** are you housebound? **Yes No**

*(Definition of housebound - A patient is unable to leave their home due to physical or psychological illness)*

Are you blind/partially sighted? **Yes No**

Do you have significant problems with your hearing? **Yes No**

**Transfusion history**

Did you have a blood transfusion before 1991? **Yes No**

**Family History and past medical history**

Have any close relatives (parent, sibling or child only) ever suffered from any of the following?

|  |  |  |
| --- | --- | --- |
| Condition | Yes | No |
| Heart Disease (Heart attack/Angina) |  |  |
| Stroke |  |  |
| Diabetes |  |  |
| Asthma |  |  |
| Cancer |  |  |

Have you yourself ever suffered from any important medical illness, operation or admission to hospital? **If so** please enter details below:

|  |  |  |
| --- | --- | --- |
| **Condition** | **Year diagnosed** | **Ongoing?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Allergies**

Please list any drug or food allergies that you have:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Medications**

Please provide a list of repeat medications:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**For female patients only**

Are you currently pregnant? **Yes No**

***If yes,*** *please ensure you are under the care of a midwife. If you’re not currently under the care of a midwife please speak to reception regarding this.*

Which method of contraception (if any) are you using at present?

**……………………………………………………………………………………**

Do you currently have long acting reversible contraception in place? *(Implant/Coil)*

**Yes No**

**If yes**, when was this fitted? (dd/mm/yy)

**…………………………………**

Have you had a cervical smear test? **Yes No**

**If yes**, when was this last done? (dd/mm/yy)

**……………………………………**

Have you had a hysterectomy? **Yes No**

Do you still have your ovaries? **Yes No**

Is there anyone else living in the household with you?

Yes No

Name …………………………….…………… DOB………………..

Name …………………………………………. DOB ……………….

Name …………………………………………. DOB……………….

Name …………………………………………. DOB………………

**What you need to know about your GP online records**

Wouldn’t it be great if you could look at your GP records online?

Well, you can! You can also book and cancel appointments at your GP surgery and order repeat prescriptions online. You can already see some of the information in your GP online records, including your medications and allergies. During the next year, you will be able to see even more. This will include illnesses, immunisations and test results. Each GP surgery will make this information available at different times, as their computer systems become ready.

Just like online banking, you can look at your GP records on a computer, a tablet or a smartphone, using a website or an app. If you would like to start using online services, see the Getting Started with GP Online Services guide for more information. Information on how to get started is also available online at: **www.nhs.uk/patientonline** or from your surgery or on their website.

What’s in it for you?

You can look at your records whenever you choose to, without needing to print them. Online records are up to date and more secure than a printed paper record which could get lost or seen by others.

People who have long term conditions, for example diabetes, hypertension or coronary heart disease, have found that looking at their test results online helps them make positive changes to improve their health. They can see if their condition is improving or getting worse by looking at past test results. Adam, a patient at University Health Centre said ‘Record access is useful for those, like me, who need to have more regular contact with their GP’.

You can look at your medical records before your appointment to see if there is anything you need to discuss with your doctor or nurse. This could be your test results, illnesses you have had in the past or any new information added to your records. This would help you discuss any concerns you may have and help you benefit more from your appointment.

[](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=0ahUKEwj92PfG5dPUAhXMchQKHYy2C8gQjRwIBw&url=http://www.jemepropose.com/annonces/cours-d-informatique/debuter-en-informatique%2B117252&psig=AFQjCNGPzy5_PquowFQ9kgQ_2r4h7B3Skw&ust=1498301305575180)Sometimes when you see your doctor, you are given a lot of information and might not be able to remember it later. You may also want further information once you have had time to think about what was said. You can look at your online records after your appointment to make sure you understood what your doctor or nurse said.

One of the most useful things patients have found is that you can make sure your medical information is accurate. For example, you will be able to let your doctor know if you have an allergy to a medicine and it is not recorded.

Before you go on holiday, you can check if your vaccinations are up to date without having to go to your surgery

**Understanding your records**

Your records are written to help medical people look after you and so in some cases, you may not understand everything you see. If you find anything difficult to understand, as well as talking to your doctor or nurse, you can go to the NHS Choices website by using this link www.nhs.uk. NHS Choices is the NHS website for patients so you can look for information on illnesses, improving health and to find NHS services in your local area.

Other websites frequently used to search for information on illnesses and test results are Patient – [www.patient.info](http://www.patient.info) and Lab Test Online UK – [www.labtestsonline.org.uk](http://www.labtestsonline.org.uk) Although these are not owned or checked by the NHS, other patients have found them useful.

A few things to think about

There are a few things you need to think about before registering for online records. On very rare occasions:

Your GP may not think it in your best interest for you to look at your GP records online. If this happens, your GP will discuss their reasons with you. It is up to your GP to decide if you should be allowed access to your online record.

You may see your test results before your doctor has spoken to you about them. This may be when you cannot contact your surgery, or when your surgery is closed. This means you will need to wait until an appointment is available to talk to your doctor.

Information in your medical records might need correcting. If you find something you think is not correct, you should contact your surgery. The staff will be able to answer your questions and set things right when needed. Please bear in mind that you cannot change the record yourself.

There may be information in your medical records that you did not know was there or that you had forgotten about, such as an illness or an upsetting incident. If you see anything you did not know about that worries you, please speak to your surgery and they will discuss this with you.

If you see someone else’s information in your record, please log out immediately and let your surgery know as soon as possible.

If you have questions about any of the above points, please talk to your surgery and they will be able to advise you further.

**Application for online access to my medical record**

**Please be advised each person requires a different email address**

|  |  |
| --- | --- |
| **Email:** |  |

**I wish to have access to the following online services (please tick all that apply):**

|  |  |
| --- | --- |
| 1. Booking Appointments |  |
| 1. Requesting repeat prescriptions |  |
| 1. Accessing my coded medical records, including laboratory results, immunisations, medications and consultations. |  |

I wish to access my medical record online and understand and agree with each statement (tick)

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet (attached). |  |
| 1. I will be responsible for the security of the information that I see or download. |  |
| 1. If I choose to share my information with anyone else, this is at my own risk. |  |
| 1. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible. |  |
| 1. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible. |  |
| 1. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible. |  |

|  |  |
| --- | --- |
| Signature | Date: |

Data Sharing

Patient Information Leaflet

Introduction

This leaflet explains why information is collected about you, the ways in which this information may be used and who will be collecting it.

Data Share

NHS England aims to link information from all the different places where you receive care, such as hospital, community service and us your GP Surgery. This will allow them to share the care you received in one area with other providers of your medical care.

Information will be held in a secure environment called NHS Digital. The role of NHS Digital is also to ensure that high quality data is used appropriately to improve patient care. NHS Digital has legal powers to collect and analyse data from all providers of NHS care. They are committed, and legally bound, to the very highest standards of privacy and confidentiality to ensure that your confidential information is protected at all times. You can object to your data being used in this way – see below

This data can also be used, with permission, for research purposes. If you do not wish to share data for research, you can opt out:

• You can object to information containing data that identifies you from leaving the Practice. This will prevent identifiable information held in your record from being sent to the Summary Care Record secure environment. (Further information about the Summary Care Record is below It will also prevent information about you leaving the practice to be stored in the local Care and Health Information Exchange – this is a local Hampshire service which stores your medical record and gives access to health care professionals who may need to treat you – such as the ambulance service, or the Emergency Department of our local hospitals

• You can also object to any information containing data that identifies you from leaving NHS Digital. This includes information from all places you receive NHS care, such as hospitals. If you object, confidential information will not leave NHS Digital and will not be used, except in very rare circumstances for example in the event of a public health emergency, for future service planning or for research

For more information visit: <https://www.nhs.uk/your-nhs-data-matters/>

The law requires Doctors to provide some very limited information about certain things. The law says, for example, that Doctors must provide information to local authorities about some infectious diseases, e.g. if you had food poisoning. Very rarely, Doctors may be required to disclose information in order to detect a serious crime. Likewise, a court order can require Doctors to disclose certain information during a court case.

We will never provide your information to anyone else without your explicit consent. Records which you wish to share with other people such as solicitors will be provided to you so that you can review them before your share them.

Care and Health Information Exchange (CHIE) The HHR is an electronic summary record for people living in Hampshire, Portsmouth and Southampton. GP Surgeries, hospitals, social care and community care teams collect information about you and store it electronically on separate computer systems. The Care and Health Information Exchange stores summary information from these organisations in one place so that – with your consent – professionals can view it to deliver better care to you. This record contains more information than the SCR, but is only available to organisations in Hampshire.

For more information visit: <https://careandhealthinformationexchange.org.uk/>

Benefits of sharing information

Sharing information can help improve understanding, responses to different treatments and potential solutions. Information will also help to:

• Provide better information to out of hours and emergency services

• Prevent Prescribing of medication to which you may already have an allergy

• Make more informed prescribing decisions about drugs and dosages Avoid unnecessary duplication in prescribing

• Increase clinician confidence when providing care

• Results of investigations, such as X-rays and laboratory tests

• Reduce referrals, ambulance journey admissions, tests, time wastage and visits to healthcare premises

• Find out basic details about you, such as address and next of kind

Do I have a choice?

Yes. You have the right to prevent confidential information about you from being shared or used for any purpose other than providing your care, except in special circumstances. If you do not want information that identifies you to be shared outside this Practice, complete the sheet enclosed in this leaflet. This will prevent your confidential information being used other than where necessary by law.

Objecting on behalf of others

If you are a carer and have a Lasting Power of Attorney for Health and Welfare then you can object on behalf of the patient who lacks capacity. If you do not hold a Lasting Power of Attorney then you can raise your specific concerns with the patient’s GP.

If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

Do I need to do anything?

Note your decisions on the enclosed form and return to Reception. You can change your mind at any time, just complete another form.

Data Sharing

Data for research

If you wish to opt out, please visit <https://www.nhs.uk/your-nhs-data-matters/>

Care and Health Information Exchange (CHIE)

The Care and Health Information Exchange (CHIE) is a secure system which shares key parts of your electronic record from GP surgeries, hospitals, community, mental health and social services. It allows health professionals across Hampshire and the Isle of Wight to provide safer and faster treatment for you and your family

I do not wish to have a CHIE

Care and Health Information Analytics (CHIA)

Your information is also used to improve future care for you, your family and for other patients. This helps plan NHS services and supports medical research. To keep your information safe it is moved to a separate database called ‘Care and Health Information Analytics’ (CHIA) and changed so that it cannot be used to identify you. Your data is never shared for the benefit of commercial companies like drug manufacturers. People who analyse data on CHIA do not have access to CHIE, so cannot identify you.

I do not wish to have CHIA

**FOR OFFICE USE ONLY**

ID Checked: please circle Driving Licence Passport Blue Badge

Address Verified: please circle Utility Bill Council Tax

For Registration

Online Services

Staff Name (PRINT): ……………………………..

Date: …………………………………