

Medical Registration Form

Please complete all pages in full using block capitals

Your Details:

Name		Title	
Address		Date of Birth	
		Home Telephone	
		Work Telephone	
Gender		Mobile Telephone	
Email			

Contacting You

Where you have provided contact information we may use these options to contact you to confirm appointments, test results and any health campaigns etc.

If you **DO NOT** wish to be contacted via either of these options please indicate below.

Please DO NOT contact me via:	<input type="checkbox"/> Email <input type="checkbox"/> Text/SMS
-------------------------------	---

It is your responsibility to keep the Practice updated with any changes to your telephone number, email address & postal address.

Your Ethnicity	<input type="checkbox"/> White (UK) <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Arabic <input type="checkbox"/> White (Irish) <input type="checkbox"/> Black African <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> White (Other) <input type="checkbox"/> Black Other <input type="checkbox"/> Pakistani <input type="checkbox"/> Other
Your Language	What is your main spoken language? If English is NOT your first language, do you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you need and interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No
Communication	Do you have any specific communication difficulties? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes please indicate who we can best help you, (for example larger print, BSL)
Employment Status	<input type="checkbox"/> Student <input type="checkbox"/> Carer <input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> House partner <input type="checkbox"/> Unemployed
Have you come from the Armed Forces?	<input type="checkbox"/> Army <input type="checkbox"/> Royal Navy <input type="checkbox"/> Royal Airforce

Carer and Relationship Details:

Who is your next of kin?	Name: Telephone: Relationship to you:
Do you have an informal/unpaid carer? (If for example a relative or friend) If Yes please provide details.	Name: Telephone: Relationship to you (if any):
Are you an informal carer? If Yes please provide details.	Name: Address: Telephone: Relationship to you (if any):

Medical Problems:

Have you suffered from any of the following conditions?

<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Depression
<input type="checkbox"/> COPD	<input type="checkbox"/> Heart Failure	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Underactive Thyroid
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Stroke	<input type="checkbox"/> Cancer- Type:

Please also list any other conditions, operations or hospital admission details below:

Family History:

Please record any significant family history of close relatives with medical problems (e.g. heart attacks, stroke, diabetes, high blood pressure, asthma, glaucoma, cancer, liver and kidney disease)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Depression
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Stroke	<input type="checkbox"/> Cancer
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> High BP	<input type="checkbox"/> Any other serious illness

Allergies:

Please record any allergies or sensitivities below

Lifestyle Questions:

Smoking

Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many cigarettes/cigars do you smoke a day?	<input type="checkbox"/> Less than one <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-39 <input type="checkbox"/> 40+
Have you ever smoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, when did you stop?
Would you like help to quit smoking?	<input type="checkbox"/> Yes <input type="checkbox"/> No For further information, please see: www.nhs.uk/smokefree

Alcohol

How often do you have a drink containing Alcohol?	<input type="checkbox"/> Never <input type="checkbox"/> Monthly or less <input type="checkbox"/> 2-4 times a month <input type="checkbox"/> 2-3 times a week <input type="checkbox"/> 4 times or more a week
How many units of alcohol do you drink on a typical day drinking?	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 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	<input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily

How many units in a drink:

One unit is:



Half a pint of regular beer, lager or cider



A small glass of wine



A single measure of spirits



A small glass of sherry



A single measure of aperitifs

Each of these is more than one unit:



A pint of 3.5% beer, lager or cider



A pint of 5% beer, lager or cider



A 330ml bottle or can of 4.5% alcopop or lager



A 500ml can of 4% lager or strong beer



A 500ml can of 8% lager



A medium (175ml) glass of 11% wine



A bottle of 12% wine

Please list any medication you are currently taking.

--

Electronic Prescribing

If you would like your prescriptions to go electronically, please provide details of the pharmacy you would like to use?
NB: a few medications cannot be sent electronically.

--

Further Details:

Named accountable GP

We are required to provide all our patients with a named GP who will have overall responsibility for their care and support. **However you are entitled to make an appointment to see any GP of your choice** (Subject to availability).

Your named accountable GP is:

Dr B M Davies

Patient Participation Group

We are committed to improving the services we provide. The Patient Participation Group is a mechanism for us to gain valuable feedback from our patients about their experiences, views and ideas for improving our services. Our PPG meets 2-3 times a year at the surgery.

Would you like to be involved in our Patient Participation Group? Yes No

Signatures

I confirm that the information I have provided is true to the best of my knowledge.

Signature	<input type="checkbox"/> Signed on behalf of patient
Name	
Date	

Checklist

Please ensure the following are done and provided so that your registration can be completed successfully

- Completed & Signed Above Form
- Completed & Signed GMS1 Form
- Completed and Signed Summary Care Record form
- Photo Proof of ID e.g. Passport, Photo Driving License or Photo ID card

Practice Use Only

Photo ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving licence	<input type="checkbox"/> Identity card	<input type="checkbox"/> Other
----------	-----------------------------------	--	--	--------------------------------

Information for new patients: about your Summary Care Record

Dear patient,

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.
- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) will be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

Summary Care Record patient consent form

Having read the above information regarding your choices, please choose one of the options below and return the completed form to your GP practice:

Yes – I would like a Summary Care Record

Express consent for medication, allergies and adverse reactions only.

or

Express consent for medication, allergies, adverse reactions and additional information.

No – I would not like a Summary Care Record

Express dissent for Summary Care Record (opt out).

Name of patient:

Date of birth: Patient's postcode:

Surgery name: Surgery location (Town):

NHS number (if known):

Signature: Date:

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name:

Please circle one:

Parent	Legal Guardian	Lasting power of attorney for health and welfare
--------	----------------	---

For more information, please visit <https://www.digital.nhs.uk/summary-care-records/patients>, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

For GP practice use only

To update the patient's consent status, use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below.

Summary Care Record consent preference	Read 2	CTV3
The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only)	9Ndm.	XaXbY
The patient wants a Summary Care Record with core and additional information (express consent for medication, allergies, adverse reactions and additional information)	9Ndn.	XaXbZ
The patient does not want to have a Summary Care Record (express dissent for Summary Care Record – opt out)	9Ndo.	XaXj8

Sharing Your Health Record

What is your health record?

Your health record contains all the clinical information about the care you receive. When you need medical assistance it is essential that clinicians can securely access your health record. This allows them to have the necessary information about your medical background to help them identify the best way to help you. This information may include your medical history, medications and allergies.

Why is sharing important?

Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

- Sharing your contact details This will ensure you receive any medical appointments without delay
- Sharing your medical history This will ensure emergency services accurately assess you if needed
- Sharing your medication list This will ensure that you receive the most appropriate medication
- Sharing your allergies This will prevent you being given something to which you are allergic
- Sharing your test results This will prevent further unnecessary tests being required

Is my health record secure?

Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

Can I decide who I share my health record with?

Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

Can I change my mind?

Yes. You can change your mind at any time about sharing your health record, please just let us know.

Can someone else consent on my behalf?

If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made by those caring for you.

What about parental responsibility?

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.

What is your Summary Care Record?

Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

For further information, please see: www.nhs.uk/NHSEngland/thenhs/records

Patient Online Registration Form Access To GP Online Services

Name		Title	
Address		Date of Birth	
		Home Telephone	
		Work Telephone	
Email address		Mobile Telephone	

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

- Booking appointments.

Requesting repeat prescriptions.

Completing questionnaires.

Please bring photographic proof of your identification in order for the process to be completed.

Signature		Date	
-----------	--	------	--

You can apply for access to your coded medical records online at www.thesurgery.org or by calling into The Surgery for an application form.

For Practice Use Only:

Identity verified through (tick all that apply)	<input type="checkbox"/> Self Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/> Professional Vouching		
Name of Verifier		Date	
Name of person who authorised and added to SystmOne		Date	
Photocopied this page	<input type="checkbox"/> Yes – Name:		
Passed for scanning	<input type="checkbox"/> Yes – Name:		

Online Access to Your Health Record

Important Information – Please read before completing form below

If you wish to, you can now use the internet (via computer or mobile app) to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately. If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

The definition of a full medical record is all the information that is held in a patient's record; this includes letters, documents, and any free text which has been added by practice staff, usually the GP. The coded record is all the information that is in the record in coded form, such as diagnoses, signs and symptoms (such as coughing, headache etc.) but excludes letters, documents and free text.

Before you apply for online access to your record, there are some other things to consider. Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

For further information, please see:

www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx