

Dear patient

By answering the question on this form you will be helping us to deliver better services to you as an individual. It is hoped that this will give us a better picture of the local population, which will help in planning new services and changing existing ones.

We encourage all patients to complete this form fully. The information you provide will be treated in the strictest confidence. Information you give will be treated in the same way as other information we hold within the health service and will not breach the Data Protection Act 2003. As has always been the case, no names or other identifying details are released from the practice when information is used for health service planning.

If you need any help to fill in this form, or have any queries regarding this form, please feel free to ask the reception team.

Thank you for your help.

Mr Mrs Miss Ms Other

Male Female

Surname _____

DOB ____ / ____ / ____

First Name(s) _____

Previous Surname _____

NHS Number _____

Home Address

Town and Country of Birth _____

Telephone Number: 020 _____

Mobile Number _____

Work Telephone Number: _____

E-mail Address *(this will only be used for surgery correspondence)* _____

Are you housebound? Yes No

Name of Next of Kin _____

Contact Number _____

Relationship to the person _____

Please help us to trace your previous medical records by providing the following information;

Previous Address in the UK

Name and Address of your previous doctor

If you are from abroad

Your first UK address where registered with a GP

Date you entered the UK _____

Employment Status*Please tick*Retired Student Unable to work Unemployed Employed as _____**If you have children of your own aged 16 years or under, please list their names and dates of birth below?**

Names	Date of birth

NHS Organ Donor Registration**I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.**

- Any of my organs and tissue or**
- Kidneys** **Heart** **Liver** **Corneas** **Lungs** **Pancreas** **Any part of my body**

Signature confirming my agreement to organ/tissue donation:

Date: _____**NHS Blood Donor Registration****I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.****Tick here if you have given blood in the last 3 years** **Signature confirming consent to inclusion on the NHS Blood Donor Register my agreement to organ/tissue donation:**

Date: _____**Are you a carer?**

i.e. Do you look after a friend or a relative who is sick, disabled, elderly has a mental health problem or for any other reason?

Yes No **Are you cared for?**

i.e. Do you have a friend or relative who helps you live your day to day life?

Yes No

If yes please give details of your carer's contact information:

Name _____

Contact Number: _____

Ethnic Status, Nationality & Language

What is your country of birth?

What is your main spoken language?

What language do you prefer to read?

Do you need an interpreter or translator?

What is your Religion?

Please tell us your ethnic group by ticking the box

- White British
- White Irish
- White Scottish
- White Welsh
- Gypsy or Irish Traveller
- Any other white background, please describe.....

- Black or Black British
- African
- Caribbean
- Any other black background, please describe.....

- Asian or Asian British
- Bangladeshi
- Indian
- Pakistani

- Chinese
- Vietnamese
- Arab
- Any other asian background, please describe.....

- Mixed Background
- White & Asian
- White & Black African
- White & Black Caribbean
- Any other background, please describe

Women's Health

(this next section is for women only)

Cervical Smears

Date Taken	At GP / Clinic	Results	Recall Date

Smoking

Never Smoked Non-Smoker Pipe Cigars Rolling Tobacco
 Current Smoker (if so how many per day) _____ Would you like us to help you stop _____ yes/no
 Ex-smoker (if so how many did you smoke per day) _____ and the date you stopped _____

HIV SCREENING: Have you been screened for HIV? If YES, please give date screened _____

If NO, would you like to be screened? YES / NO

HEIGHT

WEIGHT

BMI

BP READING

/

Do you have any current medical conditions

Condition	Current treatment/Medication

Do you have any allergies?

Medication	Food	Anything Else

Family History

Please let us know in this section of any illness that is in your family:

Disease	Relative
Heart Disease	
Stroke	
Hypertension	
Diabetes Type 1 or Type 2	
Asthma	
Cancer	
Any other	

Do you give your consent to have your medical records shared on the National Data Base? Yes / No

Accessible Information

Do you have difficulty hearing, or need hearing aids, or need to lip-read what people say? Yes No

Do you have difficulty with memory or ability to concentrate, learn or understand? Yes No

Do you have any special communication requirements/require specific communication support?

- Sign language British Sign Language Makaton sign language Tadoma sign language
- Lip reading Manual or electronic note taker Speech to text reporter Deafblind intervener
- Loop system Other _____

What is the best way to send you information? Telephone SMS Letter Email Other: _____

Do you need a format other than standard print? Braille Easy Read Large print e.g. at least 20 point font

Electronic audio format e.g. MP3 or disk Other: _____

Do you need an assistance of Communication Professional? Interpreter for Deafblind People BSL Interpreter Makaton interpreter Tadoma interpreter Lipspeaker Notetaker Sign Language Translator Speech to Text Reporter Other _____

Thank you for taking time to complete this form.

Please ask at reception for a practice leaflet to explain the services we offer at our Practice

SIGNED: _____

DATE: _____

STAFF ONLY

PATIENT'S EMIS NUMBER:

REGISTRATION FORM CHECKED BY: _____

REGISTRATION FORM ENTERED ON SCREEN BY: _____

DATE ENTERED ON SCREEN _____

PATIENT DECLARATION

Anybody in England can register with a GP practice and receive free medical care from that practice.

The NHS is the UK's state health service which provides treatment for UK residents. Some services are free, other have to be paid for.

A person who is regarded as ordinarily resident in the UK is eligible for free treatment by a GP. A person is 'ordinarily resident' for this purpose if lawfully living in the UK for a settled purpose as part of the regular order of his or her life for the time being. Anyone coming to live in this country would qualify as ordinarily resident. Overseas visitors to the UK are not regarded as ordinarily resident if they do not meet this description. If you are not a 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.


I confirm that I reside in the UK and am entitled to receive FREE NHS Treatment

I declare that the information I give on this form is correct. I understand that if it is not correct, appropriate action may be taken against me


Signed:	Date
Print name:	

Alcohol Screening

(READCODE 388U)

<p>Based on 1 unit = ½ pint of beer or 1 glass of wine (125 ml) or 1 single spirits How many units of Alcohol do you drink per week</p>						Score
Questions	Scoring System					
	0	1	2	3	4	
How often did you drink alcohol in past year	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How many standard alcoholic drinks do you have on a typical day when drinking	1 - 2	3 - 4	5 - 6	7 - 8	8 or more	
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	
In the last year has a relative or friend, or doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, on one occasion		Yes, on more than one occasion	
Total Score	<p>Add up your total score and enter it in the box on the right </p>					

Alcohol Screening Part 2

Questions PART 2	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 alcoholic drinks do you have on a typical day when 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 that 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	
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 cut down?	No		Yes, on one occasion		Yes, on more than one occasion	
Total Score OF ALL QUESTIONS ABOVE	Add up your total score and enter it in the box on the right  Scoring 8-15 = hazardous drinking, 15-19 = harmful drinking, 20 or more = possible dependence					

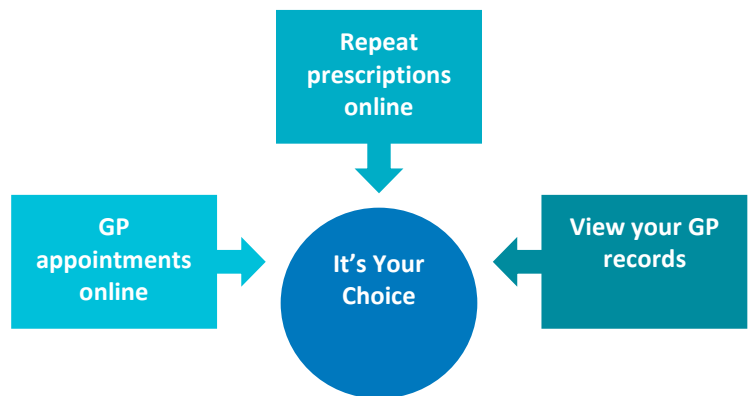
Online Services Records Access Patient information leaflet 'It's your choice'

If you wish to, you can now use the internet 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.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

The practice has the right to remove online access to services. This is rarely necessary but may be the best option if you do not use them responsibly or if there is evidence that access may be harmful to you. This may occur if someone else is forcing you to give them access to your record or if the record may contain something that may be upsetting or harmful to you. The practice will explain the reason for withdrawing access to you and will reinstate access as quickly as possible.



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.

The information that you can see online may be misleading if you rely on it alone to complete insurance, employment or legal reports or forms.

Be careful that nobody can see your records on screen when you are using Patient Online and be especially careful if you use a public computer to shut down the browser and switch off the computer after you have finished.

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.

Things to consider

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. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them. If this happens please contact your surgery as soon as possible. The practice may set your record so that certain details are not displayed online. For example, they may do this with test results that you might find worrying until they have had an opportunity to discuss the information with you.

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. If it would be helpful to you, you can ask the practice to provide another set of login details to your Online services for another person to act on your behalf. They would be able to book appointments or order repeat prescriptions. They may be able to see your record to help with your healthcare if you wish. Tell your practice what access you would like them to have.

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.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

Application for online access to my medical record

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

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 provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
6. 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.	<input type="checkbox"/>

Signature	Date
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For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	
Authorised by			Date
Date account created			
Date passphrase sent			
Level of record access requested Partial <input type="checkbox"/> Full <input type="checkbox"/>		Notes / explanation	
Level of record access enabled Partial <input type="checkbox"/> Full <input type="checkbox"/>			
IF PATIENT REQUEST FULL ACCESS PLEASE READCODE AS EMISNQPA179			