

New Patient Registration Form

Please complete all pages in full using block capitals

1. Background Details

Contact Details			
NHS Number			
Name		Gender	
Previous Surname (if applicable)			
Address	Date of Birth		
	Home Telephone		
	Work Telephone		
Previous Address			
Mobile Telephone	I consent to be contacted* by SMS on this number:		
Email	I consent to be contacted* by email at this address:		
Next of Kin	Name:	Tel:	Relationship:
Family Registered With Us			
Has the patient been registered in the NHS before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no please state date entered UK:			

* It is your responsibility to keep us updated with any changes to your telephone number, email & postal address. We may contact you with appointment details, test results, health campaigns or Patient Participation Group details. If you do not consent to being contacted by SMS or Email, please tick here: SMS Email

Other Details				
Previous GP	Name:		Address:	
Country of Birth				
Ethnicity	<input type="checkbox"/> White (UK)	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese
	<input type="checkbox"/> White (Irish)	<input type="checkbox"/> Black African	<input type="checkbox"/> Indian	<input type="checkbox"/> Other
	<input type="checkbox"/> White (Other)	<input type="checkbox"/> Black Other	<input type="checkbox"/> Pakistani	
Religion	<input type="checkbox"/> C of E	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Sikh	<input type="checkbox"/> No religion
	<input type="checkbox"/> Catholic	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Other:
	<input type="checkbox"/> Other Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Jehovah's Witness	
Housing	<input type="checkbox"/> Own House	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Homeless	<input type="checkbox"/> Asylum Seeker
	<input type="checkbox"/> Rented House	<input type="checkbox"/> Residential Home	<input type="checkbox"/> Housebound	<input type="checkbox"/> Refugee
	<input type="checkbox"/> Shared House	<input type="checkbox"/> Sheltered Home		
Employment	<input type="checkbox"/> Employed	<input type="checkbox"/> Student	<input type="checkbox"/> House husband	<input type="checkbox"/> Carer
	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> House wife	<input type="checkbox"/> Retired
Overseas Visitor	<input type="checkbox"/> Yes	<input type="checkbox"/> European Health Insurance Card Held (please bring details with you)		
Armed Forces	<input type="checkbox"/> Military Veteran	<input type="checkbox"/> Family member		

Communication Needs	
Language	What is your main spoken language? Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Communication	Do you have any communication needs? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please specify below) <input type="checkbox"/> Hearing aid <input type="checkbox"/> Large print <input type="checkbox"/> British Sign Language <input type="checkbox"/> Lip reading <input type="checkbox"/> Braille <input type="checkbox"/> Makaton Sign Language <input type="checkbox"/> Guide dog
Learning disability	Do you have a Learning Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please request a Learning Disability Screening Tool form)

Carer Details	
Are you a carer?	<input type="checkbox"/> Yes – Informal / Unpaid Carer <input type="checkbox"/> Yes – Occupational / Paid Carer <input type="checkbox"/> No
Do you have a carer?	<input type="checkbox"/> Yes Name*: _____ Tel: _____ Relationship: _____

* Only add carer's details if they give their consent to have these details stored on your medical record

2. Medical History

Medical History
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: _____
Any other conditions, operations or hospital admission details:
If you are currently under the care of a Hospital or Consultant outside our area, please tell us here:

Family History
Please record any significant family history of close relatives with medical problems and confirm which relative e.g. mother, father, brother, sister, grandparent
<input type="checkbox"/> Asthma..... <input type="checkbox"/> Heart Disease..... <input type="checkbox"/> Diabetes..... <input type="checkbox"/> Depression..... <input type="checkbox"/> COPD..... <input type="checkbox"/> Stroke..... <input type="checkbox"/> Kidney Disease..... <input type="checkbox"/> Thyroid..... <input type="checkbox"/> Epilepsy..... <input type="checkbox"/> Blood Pressure..... <input type="checkbox"/> Liver Disease..... <input type="checkbox"/> Cancer.....
Other:

Allergies
Please record any allergies or sensitivities below

Current Medication

Please check and include as much information about your current medication below
Please give us your previous repeat medication list if possible and a medication review appointment may be needed

3. Your Lifestyle

Alcohol

Please answer the following questions which are validated as screening tools for alcohol use:

AUDIT-C QUESTIONS	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or 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	
A score of less than 5 indicates <i>lower risk drinking</i>					TOTAL:	

Scores of 5 or more requires the following 7 questions to be completed:

AUDIT QUESTIONS (after completing 3 AUDIT-C questions above)	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	
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 last year		Yes, during 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 last year		Yes, during last year	
TOTAL:						

One unit is:



Each of these is more than one unit:



3. Your Lifestyle - Continued

Smoking

Do you smoke?	<input type="checkbox"/> Never smoked	<input type="checkbox"/> Ex-smoker	<input type="checkbox"/> Yes		
Do you use an e-Cigarette?	<input type="checkbox"/> No	<input type="checkbox"/> Ex-User	<input type="checkbox"/> Yes		
How many cigarettes did/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+
Would you like help to quit smoking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	For further information, please see: www.nhs.uk/smokefree		

Height & Weight

Height	
Weight	
Waist Circumference	

Women Only

Do you use any contraception?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If needed, please book appointment.
Do you have a coil or implant in situ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date inserted:
Are you currently pregnant or think you may be?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Expected due date:

Students Only

Students are at risk of certain infections including mumps, meningitis and sexually transmitted infections, as well as mental health issues including stress, anxiety and depression. Please see www.nhs.uk/Livewell/Studenthealth			
I am less than 24 years old and have had two doses of the MMR Vaccination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
I am less than 25 years old and have had a Meningitis C Vaccination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure

4. Further Details

Named Accountable GP

The GP who has overall responsibility for your care is?

You are however entitled to make an appointment to see any GP of your choice, subject to availability.

Electronic Prescribing

If you would like your prescriptions to be sent electronically, please provide details of the pharmacy you would like to use:

Not currently available

Patient Participation Group

Would you like to be involved in our Patient Participation Group?

Yes No

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.

Blood and Organ Donation

Blood Donation

- I am already a blood donor
- I wish to be a blood donor
- I do not wish to be a blood donor

Organ Donation

- I am already registered as a donor
- I wish to be a donor – all body part
- I wish to be a donor – for these body parts:
- I do not wish to be a donor

To register: Online: www.blood.co.uk/the-donation-process/recognising-donors
Telephone: 0300 123 23 23 to speak to an advisor who will send out a donor card.

Signatures

Signature

I confirm that the information I have provided is true to the best of my knowledge.
 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
- Photo Proof of ID *e.g. Passport, Photo Driving License or Photo ID card*
- Proof of Address *e.g. Bank statement, Utility Bill or Council Tax from within the last 3 months*

Practice Use Only

Appointment	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required		
Photo ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving licence	<input type="checkbox"/> Identity card	<input type="checkbox"/> Other
Proof of Address	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Council Tax	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> Other

5. Sharing Your Health Record

It is very important you sign this form to say that you understand and accept the risks to your personal health care if you do decide to opt out of SCR or EDSM. Hand the completed form in to your GP Surgery; they will scan this form into your NHS GP Medical Records and enter the appropriate computer codes.

EDSM – Enhanced Data Sharing Model “SystemOne”

Sharing Out – Do you consent to the sharing of data recorded by your GP practice with other NHS organisations that may care for you?

- YES share data with other NHS organisations (recommended)
- NO do NOT share any data recorded by my GP Practice; I fully accept the risks associated with this decision

Sharing In – Do you consent to your GP Practice viewing data that is recorded at other NHS organisations and care services that may care for you?

- Consent Given (recommended)
- Consent Refused; I fully accept the risks associated with this decision.

Your Summary Care Record (SCR)

- Express consent for medication, allergies and adverse reactions only
- Express consent for medication, allergies, adverse reactions and additional info (recommended)
- Express dissent – Patient does not want a summary care record and fully understands the risks involved with this decision

Signature

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



SHARING YOUR NHS PATIENT DATA

Information sharing in the NHS is subject to rigorous regulation and governance to ensure your full identifiable and personal medical data is kept confidential and only ever seen by carefully vetted doctors, nurses and administrative staff responsible for overseeing your care.

With the development of information technology the NHS will increasingly be sharing key information from your GP medical notes with Out of Hours GP Services, Hospital A&E Units, Community Hospitals, Community Nurses all of whom may at various times in your life be looking after you. Sharing information can improve both the quality and safety of care you receive and in some cases can be vital in making life-saving decisions about your treatment.

There are currently two different elements of “sharing NHS patient information”

- **SCR = The NHS Summary Care Record**
- **EDSM = The Enhanced Data Sharing Model “SystemOne”**

We ask you please to read the information on this document carefully and complete the relevant fields on the attached form and return it to your GP surgery.

SCR = NHS SUMMARY CARE RECORD

The NHS Summary Care Record was introduced many years ago to help deliver better and safer care; it contains basic information about:

- Any allergies you may have,
- Unexpected reactions to medications, and
- Any prescriptions you have recently received.

The intention of the SCR is to help clinicians in Hospital A&E Departments and GP ‘Out of Hours’ health services to give you safe, timely and effective treatment. Clinicians are only allowed to access your SCR record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Over time, health professionals treating you may add details about any health problems and summaries of your care. Every time further information is added to your record, you will be asked if you agree (explicit consent).

Patients under 16 years have an NHS Summary Care Record created for them so if you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf.

EDSM = ENHANCED DATA SHARING MODEL “SYSTEMONE”

The database and software used to store your GP health record is called “SystemOne” it is a very secure national system used by over 2000 GP practices and 4800 NHS organisations including GP out of hour’s services, children’s services, community services and some hospitals. All the GP Practices in the Newton Abbot locality use this same confidential clinical computer system. The system gives your GP the facility to share your record with other NHS health providers that use the same clinical computer system and are involved in your care for example the local Community Nurses who may look after you if you when you leave hospital or become terminally ill or housebound. Allowing your GP to share your record in the “SystemOne” database helps to deliver better and safer care for you. It is the policy of all local GP practices to automatically opt registered patients into “SystemOne” sharing unless they expressly decline. Those patients who choose to decline are able to determine if their data is “shared out” and/or “shared in”

Sharing OUT controls whether information recorded at our GP practice can be shared with other NHS health care providers.

Sharing IN determines whether or not our GP practice can view information in your record that has been entered by other NHS services who are providing care for you or who may provide care for you in the future (*that you have consented to share out*).

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

For further information about how the NHS uses your data for research & planning and to opt-out, please see: www.nhs.uk/your-nhs-data-matters

6. Online Access To Your Health Record

I wish to have online access to: *Please tick all that apply*

- View & book appointments
- View & request medication
- Access to detailed coded record (this can take up to 3 months)
- Complete online questionnaires
- Access my Summary Care Record

I wish to access my medical record & understand & agree with each statement: *Please tick all that apply*

- I have read and understood the 'Important Information' section below
- I will be responsible for the security of the information that I see or download
- If I choose to share my information with anyone else, this is at my own risk
- I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
- If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible

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

Signature

Signature

Name

Date

For Practice Use Only:

Patient NHS Number:		Identify Verified by name staff member:	
Date form received:	Method of Verification: <input type="checkbox"/> Photo ID - State type of ID seen:..... <input type="checkbox"/> Vouching - How have you verified this patients identity?		
Account authorised by:		Date:	
Access to Detailed Coded Record Requests			
Records received, summarised & coded:		Date:	
Patient Status Alert OK? YES <input type="checkbox"/> NO <input type="checkbox"/> Detailed coded record access granted		Detailed coded record access authorised and actioned by: Sign..... Date	
If NO pass to AH for authorisation: Detailed coded record access granted? YES <input type="checkbox"/> NO <input type="checkbox"/>		Detailed coded record access authorised Sign.....Date:	

Access to GP Online Services

Important Information – Please read before completing form below

It is the practice policy to only allow online record access to patients 16 years and over. If you wish to, you can now use the internet (www.systmonline.tpp-uk.com/) 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.** If you decide not to join or wish to withdraw, Practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

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 are unable to 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.

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 re-instate access as quickly as possible.

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. 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. 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