**New Patient Registration Form**

Please complete all pages in full using block capitals

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| **Surgery Name:** | Fernside Surgery  Heatherview Medical Centre  Lilliput Surgery | Parkstone Tower Practice  Poole Road Medical Centre  Wessex Road Surgery |

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| **1. Background Details** |

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| **Contact Details** | | | | |
| NHS Number |  | | | |
| Name |  | | Gender |  |
| Address |  | | Date of Birth |  |
| Home Telephone |  |
| Work Telephone |  |
| Email address |  |
| Previous Address |  | | | |
| Mobile Telephone |  | | | |
| Email |  | | | |
| Next of Kin | Name: | Tel: | Relationship: | |

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| **If you are from abroad** | | | |
| Your first UK address when registered with a GP: |  | | |
| If previous resident in UK,  date of leaving |  | Date you first came  to UK to live |  |

***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 or health campaigns\**

*If you do not consent to being contacted by SMS or Email, please tick here:*  *SMS*  *Email*

*\*Further information can be found in our email and text message communications policy and privacy notice – SMS & Email Communication on the website.*

***Please note telephone calls may be recorded for governance and training purposes***

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| **Other Details** | | | | |
| Previous GP – including address |  | | | |
| Country of Birth |  | | | |
| Ethnicity | White (UK)  White (Irish)  White (Other) | Black Caribbean  Black African  Black Other | Bangladeshi  Indian  Pakistani | Chinese  Other |
| Religion | C of E  Catholic  Other Christian | Buddhist  Hindu  Muslim | Sikh  Jewish  Jehovah’s Witness | No religion  Other: |
| Housing | Own Home  Sheltered House | Residential Home  Nursing Home | Housebound  Homeless | Refugee  Asylum Seeker |
| Employment | Employed  Self-employed | Student  Unemployed | House husband  House wife | Carer  Retired |
| Overseas Visitor | Yes | European Health Insurance Card Held | | |
| Armed Forces | Military Veteran | Family member | |  |

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| **Communication Needs** | | | |
| Language | What is your main spoken language?  Do you need and interpreter?  Yes  No | | |
| Communication | Do you have any communication difficulties?  Yes  No  If Yes please identify below | | |
| Hearing aid  Lip reading | Large print  Braille | British Sign Language  Makaton Sign Language |

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| **Carer Details** | | | | | |
| **Are you** a carer? | Yes – Informal / Unpaid Carer | | Yes – Occupational / Paid Carer | | No |
| Do you **have** a carer? | Yes | Name\*: | Tel: | Relationship: |  |

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

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| **2. Medical History** |

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| **Medical History** | | | |
| Have you suffered from any of the following conditions? | | | |
| Asthma  COPD  Epilepsy | Heart Disease  Heart Failure  High Blood Pressure | Diabetes  Kidney Disease  Stroke | Depression  Underactive Thyroid  Cancer - Type: |
| Any other conditions, operations or hospital admission details: | | |  |

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| --- | --- | --- |
| **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 | | |
| Asthma………………….  COPD………………...…  Epilepsy…………………  Depression………..…… | Heart Disease……….…  Stroke…………….……..  Blood Pressure…………  Thyroid…………..….….. | Diabetes………..………  Kidney Disease..………  Liver Disease..….……..  Cancer………………….. |
| Other …….. |  |  |

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| **Allergies** |
| Please record any allergies or sensitivities below |

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| **Current Medication** |
| Please check and include as much information about your current medication below Please give us your previous repeat medication list too if possible |

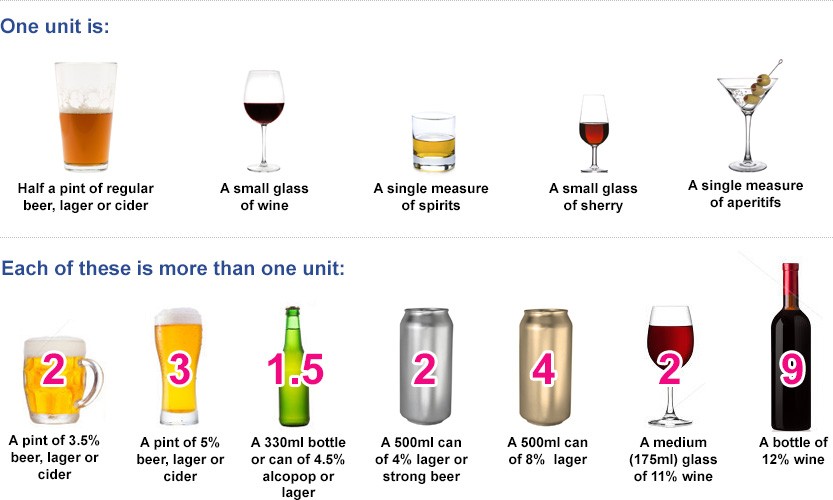
|  |
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| **3. Your Lifestyle** |

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

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| --- | --- | --- | --- | --- | --- | --- |
| **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 *lower risk drinking* | | | |  | 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 cutdown? | No |  | Yes, but not in last year |  | Yes, during last year |  |
| TOTAL: | | | | | |  |



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| **3. Your Lifestyle - Continued** |

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| **Smoking** | | | |
| Do you smoke? | Never smoked | Ex-smoker | Yes |
| Do you use an e-Cigarette? | No | Ex-User | Yes |
| How many cigarettes did/do you smoke a day? | Less than one | 1-9  10-19 | 20-39  40+ |
| Would you like help to quit smoking? | Yes | No |  |
| For further information, please see:  [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree) | | |

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| **Blood Pressure** | | | | |
| What is your latest blood pressure reading? *(If known)* |  | / |  | mmHg | |

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| --- | --- | --- | --- |
| **Height & Weight** | | | |
| Height |  | Weight |  |

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| **Women Only** | | | |
| Do you use any contraception? | Yes | No | If needed, please book appointment. |
| Are you currently pregnant or think you may be? | Yes | No | Expected due date: |

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| **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](http://www.nhs.uk/Livewell/Studenthealth) | | | |
| I am less than 24 years old and have had two doses of the MMR Vaccination | Yes | No | Unsure |
| I am less than 25 years old and have had a Meningitis C Vaccination | Yes | No | Unsure |

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| **4. Further Details** |

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

# Patient Declaration

By signing below, you are declaring that the information contained within this patient registration form is accurate to the best of your knowledge.

# Any suspected fraudulent information will be reported to the relevant authorities.

|  |  |
| --- | --- |
| **Patients Signature** | |
| Signature |  |
| Name |  |
| Date |  |

|  |  |
| --- | --- |
| **Signature -** Signature of authorised person, if registering on behalf of someone else | |
| Signature |  |
| Name |  |
| Relationship to patient |  |
| Date |  |

**Checklist**

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

|  |
| --- |
| Completed & Signed Above 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* |

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| **5. Sharing Your Health Record** |

Shore Medical

Data Sharing - Patient Information Leaflet

**E-mail:** [enquiries.shore@dorsetgp.nhs.uk](mailto:enquiries.shore@dorsetgp.nhs.uk)

**Website:** <https://www.shoremedical.co.uk/>

**Introduction**

This leaflet explains why we collect information about you, the ways in which this information may be used and who we may share this information with to help care for you.

**Why we collect information about you and what records do we keep**

To provide you with the best quality care possible, we must keep health records about you. These contain information about the treatment and support you receive which is recorded by the professionals who have been involved in your care. This may include:

* basic details about you such as address, date of birth, next of kin;
* any contact we have had with you such as clinical visits;
* notes and reports about your health;
* details and records about your treatment and care;
* hospital letters;
* results of x-rays, laboratory tests etc.;
* any other relevant information from people who care for you and know you well such as health professionals and relatives.

**How we keep your records confidential**

Everyone working for the NHS has a legal duty to keep information about you confidential and secure. To help us protect your confidentiality, it is important to inform us about any relevant changes that we should know about, such as change of address, telephone, change of personal circumstance.

All staff working in the practice sign a confidentiality agreement that explicitly makes clear their duties in relation to personal health information and the consequences of breaching that duty. Access to patient records by staff other than clinical staff is regulated to ensure they are only accessed when there is a genuine need to do so, such as when identifying and printing repeat prescriptions for patients, or when typing referral letters to hospital consultants. We will share information in your health record to allow health professionals to work together more effectively to ensure you receive the best quality care.

**Summary Care Record**

One of the ways of sharing your health information for your care is through the Summary Care Record (SCR). The SCR is available nationally to health professionals who may care for you. It contains important information about any medicines you are taking, any allergies you suffer from, and any bad reactions to medicines that you have had. Access to this information can prevent mistakes from being made when caring for you in an emergency, or when your GP practice is closed. Additional information in the SCR such as details of long-term health conditions, significant medical history, or specific communication needs is now also included by default for patients with an SCR. If you are registered with a GP practice in England your SCR is created automatically, unless you have opted out. Further information on the SCR: <https://digital.nhs.uk/services/summary-care-records-scr/summary-care-record-supplementary-transparency-notice>

**Dorset Care Record**

The Dorset Care Record (DCR) is a confidential computer record that joins up different information from local health organisations to create a more comprehensive and up-to-date record about you which helps improve the care you receive. You can find out more at the [DCR website](https://news.dorsetcouncil.gov.uk/dorset-care-record/). If you are registered with a GP practice in Dorset, your DCR is created automatically, unless you choose to opt out by emailing [dcr.dpo@dorsetcouncil.gov.uk](mailto:dcr.dpo@dorsetcouncil.gov.uk). However, by not sharing information your treatment may be slower and vital information may be missed in an emergency situation.

Health and care services in Dorset and Hampshire/Isle of Wight are planning to share patient records through the Wessex Care Records collaboration. This can be really helpful to make sure you are provided with the best possible care and treatment.

Your records can also be shared with some hospitals and specialist NHS services outside Dorset, Hampshire and the Isle of Wight, but who provide services for people living in these counties. A good example is Yeovil Hospital, which is the main hospital for people living in parts of north Dorset.

**SystmOne - GP Clinical System**

Our Practice and our Primary Care Network (PCN) share your information for your care through the confidential electronic record system that we use, called SystmOne. This is a fully auditable system that is used widely across the NHS and care organisations to keep accurate medical records about you. These records store important information about your illnesses and the care you have received in the past. Your record will contain information from different health and social care organisations such as a hospital, a minor injuries unit, or from a community care service such as district nursing. Your record is only accessed by individuals who have a legitimate reason to do so and who are providing you with care.

**How does this work?**

Local trusted organisations who work with our PCN on a regular basis will be able to access your record immediately when delivering direct care. Other local health care organisations close to your home, but outside of our PCN, will only access your medical record if you give them permission.

For organisations that are further afield and that we do not work with on a regular basis, we can send you a verification (security code) which allows you to choose whether to let that organisation view your medical record or not. For example, you may be working or on holiday in another part of the country and need care from a hospital or a clinic. Having access to your whole medical record will improve the care they can provide you. We will use your preferred mobile phone number or email address recorded on your medical record, so remember to let us know if this changes. If you already use the SystmOnline patient portal, then you can select organisations to allow or prevent them from accessing your records.

If you do not have a phone or email address and don’t use SystmOnline, then we will be happy to record your choices about which organisations you are happy to share your whole record with. Further information about SystmOnline and these sharing controls: <https://systmonline.tpp-uk.com/2/help/help.html>.

**Other access**

If you are a carer and have the appropriate and evidenced authority,then you can agree access to the record on behalf of the patient who lacks capacity. If you do not have authority to make decisions about access to a patient record,then you can raise any concerns with the patient’s doctor, who will make a decision in the best interests of the patient.

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 they can make this decision for themselves.

**Can I access my records?**

The Data Protection Act 2018 (DPA) and the General Data Protection Regulation give every living person, or authorised representative, the right to apply for access to their health records. An audit log is maintained showing who has accessed your record, and when. You are also entitled to request a copy of this log.

You can view your own health record, change how your record is accessed, and view an audit trail of who has accessed your record by using the SystmOnline patient portal or NHS app. Ask your practice for details on how to set up a SystmOnline account or download the NHS app. Alternatively, you can make a request in writing, and we will respond within a month. You will be required to provide ID before any information is released to you.

If you would like any further details about your information rights under the General Data Protection Regulation or think that anything in your record is factually inaccurate, please contact us.

**Other people who may view my record**

Occasionally we may receive requests from insurance companies. Once the insurance company has provided a copy of your consent, we will issue a medical report rather than releasing your medical records.

We may also need to provide limited information to local authorities about some infectious diseases or if you have had food poisoning. Very rarely, doctors may also 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.

**GP Connect**

We use a facility called GP Connect to support your direct care.  GP Connect makes patient information available to all appropriate clinicians when and where they need it, to support direct patient care, leading to improvements in both care and outcomes.  GP Connect is not used for any purpose other than direct care.

Authorised Clinicians such as GPs, NHS111 Clinicians, Care Home Nurses (if you are in a Care Home), Secondary Care Trusts, Social Care Clinicians are able to access the GP records of the patients they are treating via a secure NHS Digital service called GP connect.

The NHS 111 service (and other services determined locally e.g. other GP Practices in a Primary Care Network) will be able to book appointments for patients at GP Practices and other local services.  For additional information about the [GP Connect](https://digital.nhs.uk/services/gp-connect/gp-connect-in-your-organisation/gp-connect-privacy-notice) facility, visit the NHS Digital website.

**Data sharing outside of our GP practice for secondary uses**

You can register a type 1 opt with us if you wish to prevent your personal information being used outside this GP practice for purposes other than your individual care. A Type 1 secondary use objection does not in any way affect how healthcare professionals provide patients with direct medical care or prevent them from accessing a patient’s medical record if, and when, appropriate.  Secondary uses are not about information sharing between healthcare professionals, your information can still be used to provide secondary care, for example, if you are referred to a specialist.

**Data sharing by NHS Digital and other health and care organisations for secondary uses such as research and planning (National Data Opt-Out)**

NHS England links together information from all the different places where you receive care, such as hospital, community service and your GP Surgery. This allows them to compare the care you receive in one area against the care you receive in another. This information is held in a secure environment by NHS Digital. The role of NHS Digital is 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 security and confidentiality to ensure that your confidential information is always protected. This data can also be used, with permission from NHS England, for research purposes.

You can choose whether or not you want your confidential patient information to be shared by NHS Digital and other health and care organisations for purposes other than your individual care such as research and planning. You can set your own opt-out choice by visiting [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters) or by phoning 0300 303 5678. You will need to provide:

* your NHS number, or your postcode (as registered with your GP practice);
* your mobile phone number or email address provided previously at your GP practice or other NHS service.

If you would like to view this information in an alternative format, for example large print or easy read, or, if you need help communicating with us, for example because you use British Sign Language, please contact the practice.

Shore Medical

**Data Sharing**

*Please ensure you have read this ‘Sharing your Medical Information’ leaflet before completing this form. As a default, we will set your record as “available to share” in both SystmOne and the Summary Care Record.*

**Summary Care Record (SCR)**

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| --- |
| **If you do not want to have a Summary Care Record or an Enhanced Summary Care Record, please tick one of the boxes below.**  I am happy to have a basic Summary Care Record but do not want my Summary Care Record to include additional information to do with long term conditions, care preferences or specific communication needs.  I do not want a Summary Care Record at all. |

**Type 1 opt-out of sharing my information outside of this Practice for secondary uses**

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| **If you do not want your information shared outside of this Practice for secondary uses, tick the box below.**  I do not agree to the sharing of my information for purposes other than my direct care. |

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Date of Birth:** |  |
| **NHS Number (if known):** |  |

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| **6. Online Access to Your Health Record** |

The NHS APP is available on IOS and Android



<https://www.nhs.uk/using-the-nhs/nhs-services/the-nhs-app/>

**What you can do with the NHS App**

You need to [prove who you are](https://www.nhs.uk/nhs-services/online-services/nhs-app/nhs-app-help-and-support/prove-who-you-are-to-get-full-access/) to get full access to the NHS App. With full access you can:

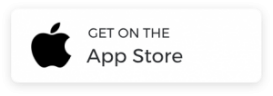
* order repeat prescriptions and nominate a pharmacy where you would like to collect them
* book and manage appointments
* view your GP health record to see information like your allergies and medicines (if your GP has given you access to your detailed medical record, you can also see information like test results)
* book and manage coronavirus (COVID-19) vaccinations
* get your NHS COVID Pass (there are also [other ways to get your COVID Pass](https://www.nhs.uk/conditions/coronavirus-covid-19/nhs-covid-pass/get-an-nhs-covid-pass/))
* register your organ donation decision
* choose how the NHS uses your data
* view your NHS number ([find out what your NHS number is](https://www.nhs.uk/using-the-nhs/about-the-nhs/what-is-an-nhs-number/))
* use NHS 111 online to answer questions and get instant advice or medical help near you

Before proving who you are, you can use the NHS App to:

* search trusted NHS information and advice on hundreds of conditions and treatments
* find NHS services near you

# Or

You can register for SystmOnline or Via the Airmid app



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| **7. Requesting an appointment** |

**Klinik Access**

Klinik is a great way to request an appointment, receive a response to your query, and other services as demonstrated below.

To access Klinik visit our website <https://shoremedical.co.uk/klinik/>

