

Medical Registration Form

Please complete all pages in full using block capitals

Your Details:

Name		NHS No.	
Address		Date of Birth	
		Home Telephone	
		Work Telephone	
Email		Mobile Telephone	
Previous Names			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		
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 Religion	<input type="checkbox"/> C of E <input type="checkbox"/> Bhuddist <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		
Your Language	What is your main spoken language? Do you need an interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Support Worker	If English is not your first language, do you have a support worker? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is your support worker? Name: Address: Telephone:		
Communication	Do you have any specific communication difficulties? E.g. Language issues, problems with vision or hearing.		
Do you need to use?	<input type="checkbox"/> Walking aid <input type="checkbox"/> Hearing aid <input type="checkbox"/> Lip reading <input type="checkbox"/> Wheelchair <input type="checkbox"/> Large print <input type="checkbox"/> British sign language (BSL) <input type="checkbox"/> Braille <input type="checkbox"/> Makaton sign language <input type="checkbox"/> Other:		
Are you currently?	<input type="checkbox"/> Housebound <input type="checkbox"/> Homeless <input type="checkbox"/> A Refugee <input type="checkbox"/> An Asylum Seeker		
Employment	<input type="checkbox"/> Full-time <input type="checkbox"/> Student <input type="checkbox"/> Carer <input type="checkbox"/> Retired <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> House partner		

Carer and Relationship Details:

Who is your next of kin?	Name: Address: Telephone: Relationship:
Are you cared for? If yes, who by:	Name: Address: Telephone: Relationship:
Are you a carer? If yes, who for:	Name: Address: Telephone: Relationship:

Further Details:

Electronic Prescribing

Please nominate a pharmacy

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

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:

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.

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

Yes No

Contacting You

We may need to contact you to confirm appointments, test results and any health campaigns. It is your responsibility to keep the Practice updated with any changes to your telephone number, email address & postal address.

Do you give consent for us to contact you by:

Email
Text/SMS

Yes No
 Yes No

Signatures

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

Signature

Signed on behalf of patient

Name

Date

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

Sharing Your Health Record

1. Your Health Record

Do you consent to your GP Practice sharing your health record with other organisations who care for you?

- Yes *(recommended option)*
 No *(not recommended, please discuss this with your GP before ticking this option)*

Do you consent to your GP Practice viewing your health record from other organisations that care for you?

- Yes *(recommended option)*
 No

2. Your Summary Care Record (SCR)

Do you consent to having an Enhanced Summary Care Record with Additional Information?

- Yes *(recommended option)*
 No

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

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

Online Access To Your Health Record

Name
 NHS Number
 Date of Birth
 Address
 Telephone
 Email Address

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

- Booking appointments
 Requesting repeat prescriptions
 Access to coded record
 Summary care record

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

- Request to access my medical record
 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 process to be completed

Signature		Date	
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For Practice Use Only:

Identity verified through (tick all that apply)	<input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Student ID Card <input type="checkbox"/> Proof of residence <input type="checkbox"/> Bank Statement <input type="checkbox"/> Utility Bill <input type="checkbox"/> Professional Vouching <input type="checkbox"/> Other: (please specify) _____		
Name of Verifier		Date	
Name of person who authorised and added to SystemOne		Date	