**MEDICAL REGISTRATION FORM**

**Please complete all pages using BLOCK capitals**

Surname

First Name(s) (in full)

Previous Surnames

Date of Birth (DD/MM/YY)

Address

Post Code:

Home Telephone number: Mobile number:

Email address:

What do we use your mobile phone for?

We may send you texts for:

Appointment reminders

Information regarding health campaigns such as Flu vaccinations

Message you regarding test results

If you do not wish to be contacted in this way please let reception know.

Do you consent to be contacted by:

Telephone Yes / No

Text Yes / No

Email Yes / No

**Next of Kin**

Name: Tel. contact

number:

Relationship:

**Veteran**

**vej**

Are you a Veteran ? 🞏 Yes 🞏 No

Are you a Member of a Military Family (Spouse or Dependant Child)? 🞏 Yes 🞏 No

**Medication: If you**

**Communication Requirements**

**vej**

Do you have any special communication requirments? Yes / No

If yes please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate your ethnic origin:

**Ethnicity/Language**

**vej**

🞏 British or mixed British 🞏 Irish 🞏 African 🞏 Caribbean 🞏 Indian 🞏 Pakistani

🞏 Bangladeshi 🞏 Chinese 🞏 Other (please state):

🞏 Decline to state

Please advise if a translator is required: 🞏 Yes 🞏 No

**Personal Medical History**

**vej**

**Do you have an ongoing medical condition? If so please list below**

|  |  |
| --- | --- |
| **Condition** | **Year Diagnosed** |
|  |  |
|  |  |
|  |  |

**Please list any the names and dosage of any medication which you take regularly:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |

**All Prescriptions will be sent direct to Pharmacies, please indicate below the name and address of your chosen Pharmacy:**

**Please list any allergies you have:**

|  |  |
| --- | --- |
|  |  |
|  |  |

**Carer**

**vej**

Are you a carer? 🞏 Yes 🞏 No Do you have a carer? 🞏 Yes 🞏 No

If yes, please tell us the name & address of your

Carer:

Are you happy for us to contact your carer about you? 🞏 Yes 🞏 No

**Smoking**

Do you smoke: 🞏 Yes 🞏 No

If yes, do you smoke: 🞏 Cigarette 🞏 Cigars 🞏 Pipe

🞏 1-9 per day 🞏 10-19 per day 🞏 20-39 per day 🞏 40+ per day

Are you an ex-smoker? 🞏 Yes 🞏 No If yes, what date did you stop?

IF YOU ARE A SMOKER AND WANT TO STOP, CALL 0845 602 4663 FOR FREE ADVICE

**Family Medical History**

**vej**

Have either of your parents or any of your siblings had Angina or a Heart Attack before the age of 60?

🞏 Yes 🞏 No

If yes, please give details:

**Female patients only**

**vej**

Are you currently, or think you may be pregnant? 🞏 Yes 🞏 No

Have you had a cervical smear test? 🞏 Yes 🞏 No Date (if known)

Have you had a Total Abdominal Hysterectomy? 🞏 Yes 🞏 No Date (if known)

**Lifestyle alcohol**

**This is one unit of alcohol…**

****

**…and each of these is more than one unit**

****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **0** | **1** | **2** | **3** | **4** |
| 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 |
| 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 been unable to remember what happened the night before because you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| In the 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 the last year |  | Yes, during the last year |

**Patient Participation Group**

**vej**

Would you like to join our Patient Participation Group

and be able to give your views on how the Practice is doing? 🞏 Yes 🞏 No

**Data Sharing**

To ensure you receive the right care we may share information about you and your care with other health professionals. We will only use or pass on identifiable information about you with other health professionals who are involved in the direct provision of your care. They will ask your permission to see your information when they first see you. We will not disclose your identifiable information to anyone else without your permission unless in exceptional circumstances (i.e. life or death situations), or where the law requires it.

The NHS currently uses your information in an anonymous and safe way to:

* Protect the health of the public
* Help us anticipate, plan and provide care
* Audit and monitor the quality of services provided

***By registering with this practice you are consenting to your information being shared.***

However, you can ask for your information not to be shared outside of the practice.

Please complete the information sharing **opt-out** form if you do not wish your information to be shared. If you decide to opt out it will not affect your entitlement to care. However, it may result in the delivery of your care being less efficient as clinicians will not see your full medical history. If you have any concerns about how your information is shared or held, please contact the Practice Manager.

To maintain continuity of clinical care, we upload certain medical information so that it is available to other healthcare organisations e.g. emergency departments. Please read the accompanying leaflet which details what part of your record is extracted and how it is used to help other NHS organisations

**Summary care record**

A Summary Care Record (SCR) is an electronic record of important information about your health. It will be available to health care staff providing your NHS care. In the case of an emergency, this allows other NHS healthcare agents to gain access to information about you, including your medications, allergies and any other relevent information. Please visit; <https://digital.nhs.uk/services/summary-care-records-scr>

**Please tick one box below to indicate your preference:**

**🞏** I would like a SCR containing details of my medications, allergies and any bad reactions to medication.

**🞏** I would like a SCR containing details of my medications, allergies, bad reactions to medication AND any addition information useful for my care.

**🞏** I do not want to have a SCR (opt out).

SIGNATURE: DATE:

**Application For Online Access To My Medical Record**

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

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

|  |  |
| --- | --- |
| Booking appointments | 🞏 |
| Requesting repeat prescriptions | 🞏 |
| Access to Allergies, medication and Immunisation information | 🞏 |
| Detailed access to my medical record | 🞏 |

I wish to access my medical record online and understand and agree with each statement

|  |  |  |
| --- | --- | --- |
| I have read and understood the information leaflet provided by the practice | | 🞏 |
| 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 is not about me or is inaccurate, I will contact the practice as soon as possible | | 🞏 |
| Signature | Date | |

**For practice use only**

|  |  |  |  |
| --- | --- | --- | --- |
| Patient NHS number | | Practice computer ID number | |
| Identity verified by  (initials) | Date | Method  Vouching 🞏  Photo ID and proof of residence 🞏 | |
| Authorised by | | | Date |

Patient Online Access

**What you need to know about your GP online records**

You can book and cancel appointments with the GP and order repeat prescriptions online and you can also have access to detailed information that is on your GP record which is arranged with agreement from your GP.

**What’s in it for you?**

Online records are up to date and more secure than a printed paper record which could get lost or seen by others.

People who have long term conditions, for example diabetes, hypertension or coronary heart disease, have found that looking at their test results online helps them make positive changes to improve their health. They can see if their condition is improving or getting worse by looking at past test results.

You can look at your medical records before your appointment to see if there is anything you need to discuss with the doctor or nurse. This could be your test results, illnesses you have had in the past or any new information added to your records. This would help you discuss any concerns you may have and help you benefit more from your appointment.

Sometimes when you see your doctor, you are given a lot of information which you may not be able to remember it later. You may also want further information once you have had time to think about what was said. You can look at your online records after your appointment to make sure you understood what your doctor or nurse said.

**Understanding your records**

Your records are written to help medical people look after you and so in some cases, you may not understand everything you see. If you find anything difficult to understand, as well as talking to your doctor or nurse, you can go to the NHS Choices website [www.nhs.uk](http://www.nhs.uk).

**A few things to think about**

Your GP may not think it in your best interest for you to look at your GP records online. If this happens, your GP will discuss their reasons with you. It is up to your GP to decide if you should be allowed access to your online records.

You may see your test results before your doctor has discussed them with you. This may be when you cannot contact your surgery, or when your surgery is closed. This means you will need to wait until an appointment is available to talk to your doctor.

Information in your medical records might need correcting. If you find something you think is not correct, you should contact your surgery. The staff will be able to answer your questions and set things right when needed. Please bear in mind that you cannot change the record yourself.

There may be information in your medical records that you did not know was there or that you had forgotten about, such as an illness or an upsetting incident. If you see anything you did not know about that worries you, please speak to your surgery and they will discuss this with you.

If you have questions about any of the above points, please talk to your surgery and they will be able to advise you further.