Lincolnshire NHS

New Patient Registration Form Today's Date:

Please complete this confidential questionnaire (**one** for each member of the family to be registered with the Practice).

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

You will need to bring with you Identification e.g. Passport and Proof of address e.g. Utility Bill (dated within the last 3 months – see page 12).

Please complete a separate form for each family member over the age of 16 to be registered.

Summary Care Records.

The NHS are changing the way your health information is stored and managed.
The NHS Summary Care record is an electronic record of important information about your health.
It will be available to health care staff providing your NHS Care. See details below.

Information for new patients: about your Summary Care Record

Dear Patient

If you are registered with a GP practice in England you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice
You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.
Your options are outlined below; please indicate your choice on the form overleaf.

Express consent for medication, allergies and adverse reactions only. You wish to share information about medication, allergies for adverse reactions only.

Express consent for medication, allergies, adverse reactions and additional information. You wish to share information about medication, allergies for adverse reactions and further medical information that includes: Your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.

Express dissent for Summary Care Record (opt out). Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions.
Once you have completed the consent form, please return it to your GP practice.
You are free to change your decision at any time by informing your GP practice.

Summary Care Record Patient Consent Form
Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP Practice:

Yes – I would like a Summary Care Record

☐ Express consent for medication, allergies and adverse reactions only.

or

☐ Express consent for medication, allergies, adverse reactions and additional information.

No – I would not like a Summary Care Record

☐ Express dissent for Summary Care Record (opt out).

Name of Patient: .....

Date of Birth: ..... Patient's Postcode: .....

NHS Number (if known): .....

Signature: ..... Date: .....

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name: .....

Please circle one: Parent Legal Guardian Lasting power of attorney for health and welfare

If you require any more information, please visit http://systems.digital.nhs.uk/scr/patients
or phone NHS Digital on 0300 303 5678 or speak to your GP Practice.

For those patients aged 16+ (younger patients may be considered on a case by case basis) the Practice uses SMS Text messaging to confirm you have made an appointment and to remind you 24 hours before hand. It also uses this service from time to time for medical information such as "Smoking Status", invitations for immunisations e.g. flu jab, to advise your medication is ready for collection (dispensing patients only) and if appropriate to advise of test results requiring further discussion or an appointment.

The text messages are generated using a secure system. However, they are transmitted over a public network and as such may not be secure. The SMS text service for appointment reminders is an additional service and should not be solely relied upon. The responsibility for attending appointments or cancelling them still rests with you the patient.

If you would be happy to receive SMS text messages or emails from Gosberton Medical Centre, please sign the declaration below.

Please note:

- You must remember to tell us if you change your mobile telephone number, home telephone number or email address
- We will not ordinarily send text messages or emails to anyone under the age of 16 years including parents on behalf of their children unless agreed otherwise.
- We cannot send text messages to anyone else on your behalf
- We will not share contact details with any external organisation
- If more than one person shares the use of the mobile phone number detailed above, we will need a consent form from each of those people.

Please tick as appropriate:

☐ **I consent** to Gosberton Medical Centre contacting me by SMS text message.

I agree to advise the practice if my mobile number changes, or if this is no longer in my possession. Failure to do so could result in my sensitive information being forwarded to the incorrect recipient.

I understand that I can cancel the text message facility at any time by contacting Gosberton Medical Centre in writing

☐ **I decline and do not wish to be contacted by this method**

Patient Signature ..... Date .....

PLEASE NOTE WE CANNOT ACCEPT INCOMING TEXT MESSAGES.

IF YOU WISH TO CANCEL AN APPPOINTMENT PLEASE TELEPHONE THE SURGERY.

(Practice use only - Clinical system updated by ..... Dated .....)

Gosberton Medical Centre

Patient Online Registration form - Access to GP online services – (Patients aged 16+)

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

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

Booking appointments	☐
Requesting repeat prescriptions	☐
Accessing my medical record	☐

Application for online access to my medical record

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

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 log out immediately and contact the practice as soon as possible	☐

I confirm that I have read the above statements and that I am over the age of 16 -

Patient Signature

Date

For practice use only

Identity verified through (tick all that apply)	Vouching ☐ Vouching with information in record ☐ Photo ID ☐ Proof of residence ☐	Name of verifier	Date
Name of person who authorised (if applicable)			Date
Date account created			
Date passphrase sent			

Patient Online: 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. In general 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 for anyone that doesn't use them responsibly.

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.

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 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.

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.

Full Name:					**Home Telephone Number:**
Mr / Mrs / Miss / Ms / Other.....					**Work Telephone Number**
Current Address and Postcode:					**Mobile Telephone Number:**
					E-mail Address:
Date moved in:					**NHS Number** (If Known – can be found on your Prescription if applicable)
Date of Birth:		**Previous surname's if different to above:**			**Town & Country of Birth**
		Maiden Name (original)			
Marital Status:		**Gender:**	**Male:**	**Female:**	
Your Ethnic Origin: e.g. White British, Asian, African					
Your Religion: e.g. C of E, Catholic, Muslim					
Your main or 1st language Spoken / Understood: e.g. English, Polish, Latvian			**Do you require an Interpreter**		**YES/NO**
Occupation:					
If you have recently moved to the area - Previous Address and Postcode:					**Name of Other residents of your home**
If applicable, date you first came to live in Britain:					**Previous Doctor Telephone No.**
Previous Doctor Name & Address:					

If you have served in the Armed Forces at any time:	Your Service or Personnel Number	Your Enlistment Date

Your height:	Feet / inches	cm	Your weight:	Stones / lbs.	kg

Smoking and Alcohol Consumption:

Are you currently a smoker?	Yes	No	Have you ever been a smoker?	Yes	No
If so, how many cigarettes / cigars / tobacco do you smoke in a day?			If so, how many cigarettes / cigars / tobacco did you smoke in a day?		
If you are a smoker and want to stop, please ask for information about local smoking cessation services.			How many units of alcohol do you drink in a week? *(One unit = 1 small glass of wine, a single measure of spirits, or 1/2 a pint of beer)*		Units:

Your Medical Background:

What illnesses have you had & When?	
What operations have you had and When?	
Do you have any medical problems at present?	Please continue on a separate sheet and attach if insufficient space here.
Please list any tablets, medicines or other treatments you are currently taking: (inc. Dose + frequency) **OR attach a copy of your current prescription with these details showing**	

Are there any serious diseases that affect your Parents, Brothers, Sisters, Paternal/Maternal Grandparents *(In the box provided please write who e.g. Mother)*	Diabetes	Heart Attack	Heart attack under age of 60	Bowel Cancer	
	Breast Cancer		High Blood Pressure	Asthma	Stroke
	Thyroid Disorder		Any other major Family Illness?		

What immunisations have you had? (please tick all that apply)	Diphtheria	Measles	German Measles	Tetanus	Polio	MMR
	Whooping Cough		Pre-school booster	Triple vaccine (Diphtheria, Tetanus & Pertussis) – 3 doses		

Specific Needs: Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:					
Please state any Sensory Impairment you have (i.e. Speech, Hearing, Sight):					
Are you an 'Assistance Dog' User?					
Please state any Physical disabilities you have:					
Please state any Mental disabilities you have:					
Please state any requirements you may need to be able to access and use the Practice premises					
Please state any Religious or Cultural needs the Practice should be aware of :					
Please state any specific nutritional requirements you have:					
Please state any allergies and sensitivities you have:					
Please state any phobias you have:					
If you are a Carer, please state the name / address / phone number of the person you care for:	<u>Person Cared For Contact Details:</u> Relationship to person being cared for : - Condition being cared for: -				
If you have a Carer, please state their name / address / phone number and sign here if you wish us to disclose <u>any information we hold about your health</u> and medication to your Carer.	<u>Carer Contact Details:</u>				
	<u>Signed:</u> <u>Date:</u>				
Do you have a "Living Will" (a statement explaining what medical treatment you would not want in the future)?	Yes	No	*If "Yes", can you please bring a written copy of it to your New Patient Consultation*		
Have you nominated someone to speak on your behalf (e.g. a person who has Power of Attorney)?	Yes	No	If "Yes", please state their name / address / phone number:		
When was your last smear done? (if applicable)	Date		Was this at your GP's Surgery?	Yes	NO

What was the result of the smear? (if applicable)			
Date of last mammogram (if applicable):	Date	Method of contraception (if used):	

Do you wish to see our Nurse Partner for contraceptive services (including the pill, coil or cap)?	Yes	NO

Patient Participation Group

The Practice is committed to improving the services we provide to our patients.
To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better.
By expressing your interest, you will be helping us to plan ways of involving patients that suit you.
It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.
If you are interested in getting involved, please tick the box below and we will arrange for the Practice Patient Participation Group Application Form to be posted out to you.

Yes, I am interested in becoming involved in the Practice Patient Participation Group (Please tick the "Yes" Box). If not please tick the "no" box	Yes	No

Accessible Information Standard

We want to get better at communicating with our patients.

We want to make sure you can read and understand the information we send you. If you find it hard to read our letters or if you need someone to support you at appointments, please let us know.

We want to know if you need information in braille, large print or easy read.

We want to know if you need a British Sign Language interpreter or advocate.

We want to know if we can support you to lip-read or use a hearing aid or communication tool.

Please tell the receptionist when you arrive for your next appointment, or call us on 01775 840204 between 10:00 and 16:00

Thank you.

References:
https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-implmntn-guid.pdf

https://www.sense.org.uk/content/accessible-information-standard-england

Name:
Address:
NHS number:

In accordance with The Accessible Information Standard (SCCI 1605 (Accessible Information)) please accept the below as formal notification of my information and communication preferences.

I communicate using (e.g. BSL, deafblind manual):

To help me communicate I use (e.g. a talking mat, hearing aid):

I need information in (e.g. Braille, easy read):

If you need to contact me the best way is (e.g. email, telephone):

For more information visit: www.england.nhs.uk/accessibleinfo

Form completed by -

Patient Signature:		**Signature on behalf of Patient:**	
	REMINDER		**REMINDER**
Copy of Identification attached	e.g. Passport, Picture Driving Licence	**Copy of Address Validation attached**	e.g. Utility Bill, Bank Statement (dated within the last 3 months)

You can now book for a new patient check which will include having your height, weight and blood pressure taken, and a specimen of urine for testing (it would be helpful if you would bring a specimen with you when coming to the Practice).
The Consultation will also establish relevant past medical and family history, including:

- ***Medical factors - illnesses, immunisations, allergies, hereditary factors, screening tests, current health***
- ***Social factors - employment, housing, family circumstances***
- ***Lifestyle factors - diet and exercise, smoking, alcohol and drug abuse.***

Thank you for completing this form

For more information about the services we offer, please refer to your new patient pack or see our website: ***www.gosbertonmedicalcentre.co.uk***

Photographic Personal Identification

- Valid current passport
- Valid current photo-card driving licence
- Valid current National ID card and / or other valid documentation relating to immigration status and permission to work
- HM Forces ID Card (UK)
- Firearms Licence (UK)

NB – organisational ID cards are not acceptable (e.g. NHS ID Card)

Non-Photographic Personal Identification

- Full UK Birth Certificate – issued within 12 months of birth
- UK full old style paper driving licence. Old style provisional driving licences are not acceptable
- Residence permit issued by the Home Office to EU Nationals on inspection of own-country passport
- Certificate of employment in HM Forces
- Benefit statement, book or card, or original notification letter from the Department of Work and Pensions (DWP) confirming legal right to benefit (e.g. child allowance, pension)**
- Most recent tax notification from HM Revenue and Customs (i.e. tax assessment, statement of account, notice of coding) A P45 or P60 is not acceptable**
- UK Firearms Certificate
- NHS Medical Card (under 18's)

Confirmation of address documents

- Recent utility bill (gas, electricity or land line phone, not a mobile) or a certificate from a supplier of utilities confirming the arrangement to pay for services on pre-payment terms*
- Bank/Building Society statement*
- Finance Company statement*
- Credit Card/Store Card Finance Statement*
- Local authority tax bill valid for the current year**
- Most recent mortgage statement from a recognised lender (UK)**
- Current local council rent card or tenancy agreement*
- Current benefit book or card or original notification letter from Department of Work and Pensions (DWP) confirming the rights to benefit (e.g. child allowance, pension)**
- TV Licence**
- UK full or provisional photo-card driving licence (must include paper counterpart); or a full old-style paper driving licence (if not already presented as a personal ID document). Old style provisional driving licences are not acceptable.

Documents marked with an * must be dated within the last 3 months. (unless there is a good reason for it not to be, e.g., clear evidence that the person was not living in the UK for three months or more). These documents must contain the name and address of the applicant. Documents marked with ** must be dated within the last 12 months. Documents must have been posted, not internet print outs.

If you fall ill while away from home or if you are not registered with a GP practice but you need to see one, you can still **contact your nearest practice** to ask for treatment.

You can receive emergency treatment for 14 days. After that you will have to register as a temporary resident or permanent patient.

Registration as a temporary resident allows you to be taken onto the practice's list for up to a three-month period. If you are registered with a practice but are away from your home area, you can register temporarily with a practice near where you are currently staying and still remain a patient of your registered practice.