

For Office Use only: Does this patient need a New Patient Check? YES NO _____

REGISTERED BY.....

ID SEEN – Please state ID type: _____ PST initials _____

PST's please clearly write

Forenames- _____ Surname _____ Date of birth _____

BRIMINGTON SURGERY - NEW PATIENT REGISTRATION FORM

Please fill in this questionnaire to enable us to assess any treatment you may need in the near future. Any other medical history will be transferred from your medical records when we receive them from your previous GP.

DEMOGRAPHICS: **NHS Number** _____ **Date of birth** _____

Title: Mr Mrs Miss Ms Mx Dr Other _____ **Age** _____

Which of the following best describes you?

Female (including Trans Woman) Male (including Trans Man) Non-binary

Is your gender identity the same as the gender you were given at birth? Yes/No

First Name _____ **Surname** _____

Previous Surname/s _____ **Town & County of birth** _____

Address _____

_____ **Postcode** _____

Landline _____ **Mobile phone** _____

Email address _____

What is your Preferred Method of Contact: Phone call/ Text Message/ Email/ Letter

Can we contact you via SMS YES/NO **Can we contact you via email** YES/NO

Which of the following options best describes you? Heterosexual/Straight Lesbian/Gay Bisexual

What is your Ethnic Origin _____ **What is your first language** _____

Please help us trace your previous medical records by providing the following information:

Your previous address in the UK: _____

Name and address of previous GP: _____

If you are from overseas:

Your first UK address where registered with a GP: _____

Date you first came to live in UK: _____

If previous resident of UK, Date of leaving: _____

Patients who are not ordinarily resident in the UK (which broadly means living lawfully here on a properly settled basis for the time being) may have to pay for NHS treatment outside of the GP surgery.

Please ask for the additional declaration form if you are not ordinarily resident in the UK

Occupation _____

If you are returning from the armed forces:

The last base you lived at: _____

Please circle as appropriate: ARMY (For office use XaP9d) NAVY (XaP9f) RAF (XaP9g)

Service or personnel number: _____

Enlistment Date: _____ Discharge Date: _____

PERSONAL MEDICAL HISTORY:

Height _____

Weight _____

Do you have a history of any of the following?

Asthma	Yes/No	Anti-coagulation (INR)	Yes/No
Cancer	Yes/No	Cardiovascular Disease	Yes/No
COPD	Yes/No	Diabetes	Yes /No
Epilepsy	Yes/No	High Blood Pressure	Yes/No
Hypertension	Yes/No	Mental Health Problems	Yes/ No
Rheumatology	Yes/No	Stroke/TIA	Yes/No
Substance Misuse	Yes/No		

Any other illnesses you think we might need to know _____

Please list any operations you have had _____

Do you have any allergies / please list _____

ACCESSIBLE INFORMATION STANDARDS :

Do you have any disabilities? _____

Do you have any communication or information needs? Yes/No

Please let us know what these are so we can do our best to support you: _____

MEDICATIONS AND VACCINATIONS:

Please list any medicines or tablets you are taking on a regular basis. Attach a repeat prescription list if possible

Which pharmacy would you like to nominate to receive electronic prescriptions where appropriate?
Name of pharmacy _____

Last Tetanus _____ Last Polio _____

Other immunisations _____

FEMALES ONLY:

Please inform us if you take Sodium Valproate and are of child bearing age _____

Are you currently pregnant YES/ NO Which method of contraception do you use _____

Approximate date of your last smear _____

Approximate date of your last breast screening _____

SMOKING:

Do you smoke? YES/NO OR Used to but gave up in/on (please give date) _____

If Yes: Cigar/Cigarettes _____ How many per day _____

Have you considered giving up YES/NO Would you like some stop smoking advice? YES/NO

ALCOHOL:

QUESTIONS	0	1	SCORING SYSTEM 2	3	4	YOUR SCORE
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: Government Guidelines suggest that a total of 5+ indicates hazardous or harmful drinking. Should you score 5 or more, you may get a follow up letter from the surgery.

PHYSICAL ACTIVITY:

Do you exercise YES/NO

How many times a week _____

How long for _____

What types of activity? _____

CARERS:

Do you look after any of the following (who need support due to a physical or learning disability/illness?)

Relative

Child

Friend

If yes and you would like more information please ask for our Carer's leaflet – you may be entitled to free annual influenza vaccinations

NEXT of KIN (if you wish this information to be entered on your record)

Name _____ Relationship to you _____

Address _____ Contact Phone Number _____

FAMILY HISTORY:

Have your parents or siblings had any of the following when they were **under 65 years of age** (if yes, please give brief details):

	YES	NO		(For Office Use)
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	_____	(ZM1Jg)
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	_____	(XE0oF)
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	_____	(12C1)
Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	_____	(1252)

NHS ORGAN DONOR REGISTER:

From 20 May 2020, organ donation in England will move to an 'opt out' system.

This means that all adults in England will be considered to have agreed to be an organ donor when they die unless they have recorded a decision not to donate or are in one of the following excluded groups:

- Those under the age of 18
- People who lack the mental capacity to understand the new arrangements and take the necessary action
- Visitors to England, and those not living here voluntarily
- People who have lived in England for less than 12 months before their death

If you still wish to record your preferences, you can still do so directly through the blood and organ donation online registration websites, or by phone:

1. Blood donation: <https://www.blood.co.uk>
2. Organ donation: <https://www.organdonation.nhs.uk>
3. Blood or organ donation by phone: 0300 123 23 23

DATA SHARING:

Unless you tell us otherwise, other professional providers of care will be able to view limited parts of your medical records BUT unless you are unable to respond at the time of treatment, consent will ALWAYS be asked. Having this information stored in one place makes it easier for healthcare staff to treat you outside of your GP practice.

Summary Care Record (SCR)

A Summary Care Record is an automatically created real time electronic record which includes medication including adverse reactions and allergies.

Summary Care Record – SCR Additional Information

This is an additional enhancement to the SCR service described above. You will need to explicitly request this. The additional information will include the following: Significant problems (past and present); significant procedures (past and present); Anticipatory care information and communication preferences; End of life care information; Immunisations

Sensitive items related to IVF, STDs, terminations, gender re-assignment etc are automatically excluded so if you require these to be included you need to provide specific consent for these to be added

You can change your mind at any time about whether or not you have a Summary Care Record, but you will need to tell us.

I have decided to opt in to: Standard SCR plus Enhanced SCR

I have decided to opt out of SCR

Sharing methods outside of GP service

This is via the Medical Interoperability Gateway (MIG) - a different method of sharing information held on your records and is ONLY shared with appropriate professional services who have undergone security assessments (eg Ambulance and Out of Hours Services, Community Health; Social Care) and are working with you to provide support, so your information is available when it is needed most.

Health and Social Care Professionals will still ask for your consent to view certain information when treating and supporting you, which means that you are always presented with an option to agree or disagree.

The only exception is ‘duty of care’, which means that confidentiality can be over-ridden, if, for instance, there are safeguarding concerns about someone’s welfare or in a medical emergency and consent cannot be obtained. Only authorised health and social care staff involved in your care would be able to access your information, and only specifically to be able to do their job.

Access to SCR and MIG is in a coded format across secure NHS networks and accessed by trained Health Professionals with Chip and Pin smartcard access with relevant access rights embedded in it.

Are you happy for:

Information on our computer systems to be seen by Clinicians treating you in other health care settings YES/NO

This practice to view the information recorded about you at other healthcare settings YES/NO

Name _____

Date _____

Signed _____

If you require online access to book appointments, order medication or view your records please continue to the next section

PATIENT ONLINE ACCESS TO RECORDS (POLAR); APPOINTMENTS & REPEAT MEDICATION

We offer online appointment booking, prescription ordering and access to your summary or detailed coded, medical records. Examples of the coded information you will be able to view includes: vaccination history, coded consultations, and test results.

Your medical record will be reviewed by a clinician prior to online access being granted. Application does not necessarily mean access will automatically be granted.

If approved, we will provide you with a username and password which will allow you to access the online clinical portal (SystemOnline). If for any reason we do not grant access to your medical records, you will be contacted to discuss the reasons for this decision.

Important Information – Please read before returning this form

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 us so that we can remove online access until you are able to reset your password.

If you print out any information from your record, it is 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.

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.

If you find anything difficult to understand, as well as talking to us, you can go to the NHS Choices website by using this link www.nhs.uk . This is the NHS website for patients so you can look for information on illnesses, improving health and to find NHS services in your local area.

Other websites used to search for information on illnesses and test results are www.patient.info and www.labtestsonline.org.uk. Although these are not owned or checked by the NHS, other patients have found them useful.

Please complete form A for Access for yourself or Form B for Proxy Access if required

We require, two forms of documentation as evidence of identity, one must contain a photograph. Acceptable documents include passports, photo driving licences and bank statements. If none of the above is available household bills may be accepted at the discretion of the Practice Manager.

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 accompanying this form
- 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
- If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.

Signature		Date	
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For practice use only

Identity verified by	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Authorised by		Date
Date account created		
Date passphrase sent		
Level of record access enabled Declined <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Parts Redacted <input type="checkbox"/>	Notes / explanation	

CONSENT TO PROXY ACCESS TO GP ONLINE SERVICES:

Proxy - a person authorised to act on behalf of another or the authority to represent someone else.

If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patient's best interest section 1 of this form may be omitted. Proxy access application will not be accepted from any third party commercial company i.e. Insurance company or solicitors.

We require, two forms of documentation as evidence of identity for each party involved (including the patient - this might be waived when the proxy is clearly the parent/person with Parental Responsibility), one must contain a photograph. Acceptable documents include passports, photo driving licences and bank statements. If none of the above is available household bills may be accepted at the discretion of the Practice Manager.

Note: Up until a child's 13th birthday, the usual position would be for the parents of the child to control access to their child's record and online services, this will cease automatically when the child reaches the age of 13. Any subsequent proxy access will need authorisation by the patient subject to a (Gillick) competency test being completed by a clinician.

Section 1 - The patient (This is the person whose records are being accessed)

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

I,....., give permission to my GP practice to give the following people :..... proxy access to the online services as indicated below [in section 2](#).

I reserve the right to reverse any decision I make in granting proxy access at any time.
 I understand the risks of allowing someone else to have access to my health records.
 I have read and understand the information leaflet provided by the practice

Signature of patient	Date
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Section 2

1. Online appointments booking	<input type="checkbox"/>
2. Online prescription management	<input type="checkbox"/>
3. Accessing Medical Record	<input type="checkbox"/>

Section 3

I/we..... (Names of representatives)
 wish to have online access to the services ticked in the box above in section 2
 for(Name of patient).

I/we understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:

4. I/we have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential	<input type="checkbox"/>
5. I/we will be responsible for the security of the information that I/we see or download	<input type="checkbox"/>
6. I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	<input type="checkbox"/>
7. If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	<input type="checkbox"/>

Signature/s of representative/s	Date/s
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The REPRESENTATIVES

(These are the people seeking proxy access to the patient's online records, appointments or repeat prescription.)

Surname	Surname
First name	First name
Date of birth	Date of birth
Address	Address (tick if both same address <input type="checkbox"/>)
Postcode	Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile

For practice use only

Identity verified by	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Authorised by	Date	
Date account created		
Date passphrase sent		
Level of record access enabled Declined <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Parts Redacted <input type="checkbox"/>	Notes / explanation	