

South Molton Medical Centre - New Patient Registration Form

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

Please complete a **SEPARATE FORM FOR EACH FAMILY MEMBER** to be registered and return them to the surgery with the NHS registration form and any documentation specified. To register with the practice you must complete both the practice and the NHS (GMS1) registration forms.

If you are newly arrived in this country, please bring your passport to confirm your date of birth and entitlement to NHS treatment.

Full Name:		Date of Birth:	
Mobile Telephone Number:		Work Telephone Number:	
Please indicate your preferred telephone contact number : Mobile / Home / Work		Do you agree to contact by SMS text messaging?	Yes / No
E-mail address:		Do you agree to contact by e-mail?	Yes / No
Preferred chemist:			

IF YOU ARE COMPLETING THIS FORM FOR YOUR CHILD PLEASE ALSO PROVIDE THE FOLLOWING INFORMATION SO THAT WE CAN FAMILY MATCH THEM TO YOUR RECORDS:

Child's Primary Carer:	Primary Carer's Telephone No:	Primary Carer's Address
Child's Mother's Name:	Child's Mother's Date of Birth:	
Child's Father's Name:	Child's Father's Date of Birth	
Child's Current School:	Mother's Address <i>if different from Primary Carer's Address above</i>	Father's Address <i>if different from Primary Carer's address above</i>
Child's Previous School:		

Please bring your Red Book of child's immunisation record for the surgery to photocopy

Ethnic Origin: <i>(please tick one)</i>		White (UK)		White (Irish)		White (Other)	
African	Asian	Bangladeshi / British Bangladeshi		Chinese		Caribbean	Indian / British Indian
Pakistani / British Pakistani	Other Asian Background	Other Black Background	Other Mixed Background	Other:		Ethnic Category not stated	
Main or first language Spoken / Understood:		English	French	German	Spanish	Polish	Other: <i>(Please Specify)</i>

DO YOU HAVE A LIVING WILL? *(A statement of what medical treatment you would not want in the future?)*

Yes / No	<i>If "Yes", you will need to book a separate appointment with your Doctor to review these instructions. There is an information leaflet explaining our procedure available from reception.</i>	
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 no:

ARE YOU CARING FOR SOMEONE?

If you are a Carer, please state the name, address and phone number of the person you care for:

Person Cared For Contact Details:

If you have a Carer, please state their name, address and phone number and sign here if you wish us to disclose information about your health to your Carer.

Carer Contact Details:

Signed:

Date:

VALIDATION OF YOUR IDENTITY

The NHS requires GP surgeries to validate a patient's identity and address on registration. One of the following photo identification and address validation is required at the time of registration:

please tick documentation provided

Passport

Driving Licence

Public Sector or
Armed Services ID

Utility Bill /
Other

OR
Birth Certificate



SHARING YOUR NHS PATIENT DATA

Information sharing in the NHS is subject to rigorous regulation and governance to ensure your full identifiable and personal medical data is kept confidential and only ever seen by carefully vetted doctors, nurses and administrative staff responsible for overseeing your care.

With the development of information technology the NHS will increasingly be sharing key information from your GP medical notes with Out of Hours GP Services, Hospital A&E Units, Community Hospitals, Community Nurses all of whom may at various times in your life be looking after you. Sharing information can improve both the quality and safety of care you receive and in some cases can be vital in making life-saving decisions about your treatment.

There are currently two different elements of “sharing NHS patient information”

- **SCR = The NHS Summary Care Record**
- **EDSM = The Enhanced Data Sharing Model “SystemOne”**

We ask you please to read the information on this document carefully and complete the relevant fields on the attached form and return it to your GP surgery.

SCR = NHS SUMMARY CARE RECORD

The NHS Summary Care Record was introduced many years ago to help deliver better and safer care; it contains basic information about:

- Any allergies you may have,
- Unexpected reactions to medications, and
- Any prescriptions you have recently received.

The intention of the SCR is to help clinicians in Hospital A&E Departments and GP ‘Out of Hours’ health services to give you safe, timely and effective treatment. Clinicians are only allowed to access your SCR record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Over time, health professionals treating you may add details about any health problems and summaries of your care. Every time further information is added to your record, you will be asked if you agree (explicit consent).

Patients under 16 years have an NHS Summary Care Record created for them so if you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf.

EDSM = ENHANCED DATA SHARING MODEL “SYSTEMONE”

The database and software used to store your GP health record is called “SystemOne” it is a very secure national system used by over 2000 GP practices and 4800 NHS organisations including GP out of hour’s services, children’s services, community services and some hospitals. Most of the GP Practices in the North Devon locality use this same confidential clinical computer system. The system gives your GP the facility to share your record with other NHS health providers that use the same clinical computer system and are involved in your care for example the local Community Nurses who may look after you when you leave hospital or become terminally ill or housebound. Allowing your GP to share your record in the “SystemOne” database helps to deliver better and safer care for you. It is the policy of all local GP practices to automatically opt registered patients into “SystemOne” sharing unless they expressly decline. Those patients who choose to decline are able to determine if their data is “shared out” and/or “shared in”

Sharing OUT controls whether information recorded at our GP practice can be shared with other NHS health care providers.

Sharing IN determines whether or not our GP practice can view information in your record that has been entered by other NHS services who are providing care for you or who may provide care for you in the future (*that you have consented to share out*).

NHS PATIENT INFORMATION SHARING – MY CHOICES

Please complete the boxes below to detail your personal decisions regarding the aspects of NHS patient data sharing:

It is very important you sign this form to say that you understand and accept the risks to your personal health care if you do decide to opt out of SCR or EDSM. Hand the completed form in to your GP Surgery; they will scan this form into your NHS GP Medical Records and enter the appropriate computer codes.

GP Practice	South Molton Medical Centre
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Patients full NAME	
Patients DATE OF BIRTH	

1. SCR - NHS SUMMARY CARE RECORD

Please tick only one box.

- Express consent for medication, allergies and adverse reactions only
- Express consent for medication, allergies, adverse reactions and additional info (recommended)
- Express dissent – Patient does not want a summary care record and fully understands the risks involved with this decision

2. EDSM – ENHANCED DATA SHARING MODEL “SystemOne”

Sharing Out – Do you consent to the sharing of data recorded by your GP practice with other NHS organisations that may care for you?

- YES share data with other NHS organisations (recommended)
- NO do NOT share any data recorded by my GP Practice; I fully accept the risks associated with this decision

Sharing In – Do you consent to your GP Practice viewing data that is recorded at other NHS organisations and care services that may care for you?

- Consent Given (recommended)
- Consent Refused; I fully accept the risks associated with this decision.

Patient's full SIGNATURE		DATE	
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South Molton Medical Centre

New Patient Health Questionnaire

PLEASE RETURN THIS QUESTIONNAIRE WITH YOUR REGISTRATIONS FORMS

*You will be asked to make an appointment with the Health Care Assistant for a **NEW PATIENT CHECK**. This 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.*

Your Name:		Date of Birth:	
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Smoking, Alcohol Consumption and Exercise:

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 week?		How much alcohol do you drink in a week (Units)? <i>(One unit = 1 small glass of wine, a single measure of spirits, or 1/2 a pint of beer)</i>	
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If you are a smoker and want to stop, please ask for information about our smoking cessation service.

How often do you exercise?	No. hours per week	Type(s) of exercise	
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Please tell us any significant medical History, illnesses you have had and when

What operations have you had and when ?

Please state any allergies and sensitivities you have:

Are there any serious diseases that affect your Parents, Brothers or Sisters (<i>tick all that apply</i>)	Diabetes	Heart Attack	Heart attack under age of 60	Bowel Cancer
	Asthma	Stroke	High Blood Pressure	Breast Cancer
	Thyroid Disorder		Any other important Family Illness?	

If you take any tablets or medication regularly you will need to make an appointment with the GP before we can issue further supplies.

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?	Yes / No	
Please state any physical disabilities you have:		
Please state any requirements you have to be able to access the Practice premises		
Please state any Religious or Cultural needs:		
Do you require the help of a Translator / Interpreter?	Yes <i>Please state</i>	No

Thank you for completing this form – please sign below

For more information about the services we offer, please refer to your New Patient Pack or see our Website: www.southmoltonmedicalcentre.co.uk

Signature of Patient

Date:

For office use only

Identity Validated By: <input type="text" value="initials"/>	Template Completed By: <input type="text" value="initials"/>	FORM TO BE SCANNED
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