

# NHS Family Doctor Services Registration [PLEASE CHECK WITH RECEPTION WE

COVER THE AREA WHERE YOU LIVE ]

## Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

Mr  Mrs  Miss  Ms

Surname:

Date of birth:

First names:

NHS No: 

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Previous surname/s:

Male  Female

Town & country of birth:

Home address:

Postcode:

Email:

Home telephone:

Please tick if this is your preferred contact number

Mobile telephone:

Please tick if this is your preferred contact number

Work telephone:

Please tick if this is your preferred contact number

Occupation:

Next of kin:

Do you have a carer?      yes / no

If yes, please give name:

and date of birth:

Are you a carer?      yes / no

If yes, please give name:

and date of birth:

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

Previous address in the UK:

Name of previous doctor while at that address:

Address of previous doctor:

### **If you are from abroad:**

Your first UK address where registered with a GP:

From which country have you moved?.....

If previously resident in the UK, date of leaving: ..... Date you first came to live in the UK:.....

### **If you are returning from the armed forces:**

Address before enlisting:

Service or personnel number:

Enlistment date:

Date of Discharge:

### Online Access

Our practice has the facility to book appointments with a doctor, order repeat medication & view aspects of your medical record online. We encourage our patients to use this facility as it is available 24 hours a day, 7 days a week and it is more efficient than ordering by phone or in person. Should you wish to use this service, please speak to the reception team and they will issue a registration form & password.

**This facility is also available for parents to use on behalf of their children (but only until they reach the age of 11 years old)**

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### NHS Summary Care Record (SCR)

The SCR is an electronic patient summary containing key clinical information that is accessible by authorised healthcare staff outside of your doctor's practice in an **urgent or emergency** situation. An SCR is optional and you can choose whether or not to have one. Furthermore where you have an SCR it should only be accessed with your permission except in exceptional circumstances, for example, emergency access if you are unconscious. The SCR contains information about your medications, allergies & adverse reactions and is taken directly from the medical record held by your GP. You may change your mind at any time by informing the Practice.

For more information talk to our Staff, the Patient and Liaison Service (PALS) 01246 512640, or [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk)

Please tick here if you **DO NOT** want a Summary Care Record

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### NHS Full Record Sharing

Your full record with a GP is not routinely shared with other NHS healthcare providers. This means that when you use other NHS services (like community physiotherapy, districts nurses etc) or when you attend hospitals, the healthcare professionals are unable to see your medical record. Conversely, when you receive treatment outside of the GP surgery, we are unable to see details of your consultation other than when we are sent a letter detailing the summary of your treatment.

Many NHS computer systems now have the functionality to allow their records to be shared across NHS organisations and we believe that better sharing of information between providers will result in improved safety & efficiency of the healthcare system. However, this can only happen with your permission.

In order for your records to be shared, you need to grant access at both ends. Therefore, by granting permission at the practice alone, this will not result in any additional sharing of information. The sharing agreement is only finalised when you grant permission with another provider at the point of use.

**We will therefore set your record to allow sharing in & out of this practice unless you advise us otherwise.**

If you **do not** want to allow record sharing, please tick this box:

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### Communication Method

Do you have any specific communication requirements owing to a disability, impairment or sensory loss, e.g. sight or hearing impairment etc.? YES  NO

If yes, please specify: .....

**Smoking Data**

Please provide details of your smoking history so we can add this to your medical record.

Never smoked                       Ex-smoker                       Current smoker

Year stopped                       Quantity per day

Ex-Quantity per day

**Allergies or Sensitivities /Medical Problems**

Allergies/Sensitivities.....

Medical Problems: .....

.....

.....

**IF YOU ARE TAKING REGULAR MEDICATION PLEASE SPEAK TO OUR DISPENSARY ABOUT IT.**

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**Patient Participation Group**

Our Patient Participation Group is a group of patients, carers and practice staff who come together every 3 months to improve services and the experience of our patients within this Practice.

Every one of our Patients is welcome. The date of the next meeting is published in our waiting area and on our practice website. We understand that a lot of people do not have the time to attend an evening meeting, but could be involved in providing feedback on our services via an email questionnaire. This would not happen often and your contact details would never be passed on for any other purpose. If you would be willing to provide feedback in the future please ensure you have provided your preferred contact details.

If you would be interested in being part of our group, please tick this box  (Please make sure you have included your email address is on front page)

**Ethnicity and main spoken language**

We are required to ask you to provide details of your ethnic origin for statistical purposes. Please tick one box below.

- |   |   |
|---|---|
| <input type="checkbox"/> British or mixed British       | <input type="checkbox"/> Bangladeshi or British Bangladeshi |
| <input type="checkbox"/> Irish                          | <input type="checkbox"/> Chinese                            |
| <input type="checkbox"/> Caribbean                      | <input type="checkbox"/> White and Asian                    |
| <input type="checkbox"/> African                        | <input type="checkbox"/> Other Asian background             |
| <input type="checkbox"/> Indian or British Indian       | <input type="checkbox"/> Other black background             |
| <input type="checkbox"/> Pakistani or British Pakistani | <input type="checkbox"/> Other mixed background             |
|   | <input type="checkbox"/> Other                              |

We are required to ask you to provide details of your **main spoken language** for statistical purposes. Please tick one box below.

- English                       Other (please specify).....

**Text reminder service**

We send out appointment reminders and other reminders (for example, invites for annual reviews & flu vaccination clinics) by text message. The signing of this form indicates your preference to receive text reminders.

You may opt **out** of the service by ticking this box

**Signature:**

- Signature of patient                      Signed:..... Date: .....
- Signature on behalf of patient

If signing on behalf of the patient, please print name & relationship to patient: .....

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**Proof of Identity**

When you have completed your document to register with this Practice (either temporarily or permanently), you will be asked – in line with the NHS Counter Fraud Service requirements – to prove your identity. Preferably at least one document will be a photo ID, and one should show your address. Please ask at reception if you are unsure what we can accept as identification.

Anyone suspected of trying to obtain a false registration will be reported to the Local Counter Fraud Specialist (LCFS)

For Reception:

I.D SEEN: Y / N

TYPE OF I.D SEEN:

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