NHS

FRONT STREET SURGERY

14 Front Street, Acomb, York, YO24 3BZ
Website: www.frontstreetsurgery.nhs.uk Facebook: Front Street Surgery

New Patient Registration Form

Please complete **all** pages in full using block capitals

1. Background Details

Contact Details			
NHS Number			
First Name		Surname	
Previous Surname		Gender	
Date of Birth		Home Tel. No.	
Mobile Telephone *			
Current Address		Previous Address	
Email *			
Next of Kin	Name:	Tel:	Relationship:
Please list any family members registered with us			
Have you been registered in the NHS before?	☐ Yes	☐ No	
If no, please state the date you entered the UK:			

*** by providing a mobile number and/or email address, we assume your consent for contacting you by SMS and/or email**

Other Details				
Previous GP	**Name:**	**Address:**		
Town of Birth				
Ethnicity	☐ White (UK) ☐ White (Irish) ☐ White (Other)	☐ Black Caribbean ☐ Black African ☐ Black Other	☐ Bangladeshi ☐ Indian ☐ Pakistani	☐ Chinese ☐ Other
Religion	☐ C of E ☐ Catholic ☐ Other Christian	☐ Buddhist ☐ Hindu ☐ Muslim	☐ Sikh ☐ Jewish ☐ Jehovah's Witness	☐ No religion ☐ Other:
Occupation				
Armed Forces	☐ Military Veteran	☐ Family member		
Communication Needs				

Language	What is your main spoken language? Do you need an interpreter? ☐ Yes ☐ No
Communication	Do you have any communication needs? ☐ Yes ☐ No (If **Yes** please specify below) ☐ Hearing aid ☐ Large print ☐ British Sign Language ☐ Lip reading ☐ Braille ☐ Makaton Sign Language ☐ Guide dog
Learning disability	Do you have a Learning Disability? ☐ Yes ☐ No

Carer Details		
Are you a carer?	☐ Yes – Informal / Unpaid Carer ☐ Yes – Occupational / Paid Carer ☐ No	
Do you **have** a carer?	☐ Yes	Name*: Tel: Relationship:

** Only add carer's details if they give their consent to have these details stored on your medical record*

2. Medical History

Medical History

Have you suffered from any of the following conditions?

☐ Asthma	☐ Heart Disease	☐ Diabetes	☐ Depression
☐ COPD	☐ Heart Failure	☐ Kidney Disease	☐ Underactive Thyroid
☐ Epilepsy	☐ High Blood Pressure	☐ Stroke	☐ Cancer- Type:

Any other conditions, operations or hospital admission details:

If you are currently under the care of a hospital or consultant outside our area, please tell us here:

Family History

Please record any significant family history of close relatives with medical problems and confirm which relative e.g. mother, father, brother, sister, grandparent

☐ Asthma………………….	☐ Heart Disease………..…	☐ Diabetes……….……….	☐ Depression………..……
☐ COPD………………..….	☐ Stroke……………….……..	☐ Kidney Disease.……….	☐ Thyroid………….………..
☐ Epilepsy…………………	☐ Blood Pressure…………	☐ Liver Disease..…..……..	☐ Cancer…………………..

Other:

Allergies

Please record any allergies or sensitivities below

Current Medication

Please check and include as much information about your current medication below
Please give us your previous repeat medication list if possible and a medication review appointment may be needed

3. Your Lifestyle

ALCOHOL - Please answer the following questions which are validated as screening tools for alcohol use:

AUDIT–C QUESTIONS	**Scoring System**					**Your Score**
	0	**1**	**2**	**3**	**4**	
How often do you have a drink containing alcohol?	Never	Monthly or Less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
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	

A score of **less than 5** indicates *lower risk drinking* **TOTAL**:

Scores of 5 or more requires the following 7 questions to be completed:

AUDIT QUESTIONS (after completing 3 AUDIT-C questions above)	**Scoring System**					**Your Score**
	0	**1**	**2**	**3**	**4**	
How often during the last year have you found that you were not able to stop drinking once you had started?	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 needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after 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	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in last year		Yes, during 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 last year		Yes, during last year	

TOTAL:

One unit is:

Each of these is more than one unit:

Smoking					
Do you smoke?	☐ Never smoked	☐ Ex-smoker		☐ Yes	
Do you use an e-Cigarette?	☐ No	☐ Ex-User		☐ Yes	
How many cigarettes did/do you smoke a day?	☐ Less than one	☐ 1-9	☐ 10-19	☐ 20-39	☐ 40+
Would you like help to quit smoking?	☐ Yes	☐ No			
	For further information, please see: www.nhs.uk/smokefree				

Height & Weight	
Height	
Weight	
Waist Circumference	

Women Only			
Do you use any contraception?	☐ Yes	☐ No	If needed, please book appointment.
Do you have a coil or implant in situ?	☐ Yes	☐ No	Date inserted:
Are you currently pregnant or think you may be?	☐ Yes	☐ No	Expected due date:

Students Only			
Students are at risk of certain infections including mumps, meningitis and sexually transmitted infections, as well as mental health issues including stress, anxiety and depression. Please see www.nhs.uk/Livewell/Studenthealth			
I am less than 24 years old and have had two doses of the MMR Vaccination	☐ Yes	☐ No	☐ Unsure
I am less than 25 years old and have had a Meningitis C Vaccination	☐ Yes	☐ No	☐ Unsure

4. Further Details

Nominated Pharmacy	
Please name the Pharmacy you would like any prescriptions to be sent electronically to:	**Pharmacy:**

Patient Participation Group		
Would you like to be involved in our Patient Participation Group?	☐ Yes	☐ No

Blood and Organ Donation	
Blood Donation	☐ I am already a blood donor ☐ I wish to be a blood donor ☐ I do not wish to be a blood donor
Organ Donation	☐ I am already registered as a donor ☐ I wish to be a donor – all body part ☐ I wish to be a donor – for these body parts: ☐ I do not wish to be a donor To register: Online: www.blood.co.uk/the-donation-process/recognising-donors Telephone: 0300 123 23 23 to speak to an advisor who will send out a donor card.

Signatures	
Signature	I confirm that the information I have provided is true to the best of my knowledge. ☐ Signed on behalf of patient
Name	
Date	

5. Sharing Your Health Record – Please complete.

Your Health Record
Do you consent to your GP Practice sharing your health record with other organisations who care for you? ☐ Yes *(recommended option)* ☐ No, never Do you consent to your GP Practice viewing your health record from other organisations that care for you? ☐ Yes *(recommended option)* ☐ No

Your Summary Care Record (SCR)
Do you consent to having an Enhanced Summary Care Record with Additional Information? ☐ Yes *(recommended option)* ☐ No

Signature	
Signature	☐ Signed on behalf of patient
Name	
Date	

Sharing Your Health Record

What is your health record?

Your health record contains all the clinical information about the care you receive. When you need medical assistance it is essential that clinicians can securely access your health record. This allows them to have the necessary information about your medical background to help them identify the best way to help you. This information may include your medical history, medications and allergies.

Why is sharing important?

Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

- Sharing your contact details — This will ensure you receive any medical appointments without delay
- Sharing your medical history — This will ensure emergency services accurately assess you if needed
- Sharing your medication list — This will ensure that you receive the most appropriate medication
- Sharing your allergies — This will prevent you being given something to which you are allergic
- Sharing your test results — This will prevent further unnecessary tests being required

Is my health record secure?

Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

Can I decide who I share my health record with?

Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

Can I change my mind?

Yes. You can change your mind at any time about sharing your health record, please just let us know.

Can someone else consent on my behalf?

If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made by those caring for you.

What about parental responsibility?

If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

What is your Summary Care Record?

Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

How is my personal information protected?

<Organisation Details> will always protect your personal information. For further information about this, please see our Privacy Notice on our website or please speak to a member of our team

For further information about your health records, please see: www.nhs.uk/NHSEngland/thenhs/records
For further information about how the NHS uses your data for research & planning and to opt-out, please see: www.nhs.uk/your-nhs-data-matters

6. ONLINE ACCESS **I wish to have online access to:** *Please tick all that apply*
☐ Book appointments
☐ Request medication
☐ View my medical record (subject to policy)
☐ View my Summary Care Record
☐ Complete online questionnaires

I wish to access my medical record & understand & agree with each statement: *Please tick all that apply* (Please note: Access starts from the date the request is processed)
☐ I have read and understood the 'Important Information' section below
☐ 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

For online access, please provide:

1. Photo ID (passport/driving licence)
2. Proof of address (utility bill/driving licence)

Signature	
Signature	
Name	
Date	

For Practice Use Only:

Identity verified through (tick all that apply)	☐ Self Vouching ☐ Vouching with information in record ☐ Photo ID ☐ Proof of residence ☐ Professional Vouching		
Name of Verifier		Date	
Name of person who authorised and added to SystmOne		Date	
Photocopied this page	☐ Yes – Name:		
Passed for scanning	☐ Yes – Name:		

Access to GP Online Services

Important Information – Please read before completing form below

If you wish to, you can now use the internet (via computer or mobile app) 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.

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 are unable to 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.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

The definition of a full medical record is all the information that is held in a patient's record; this includes letters, documents, and any free text which has been added by practice staff, usually the GP. The coded record is all the information that is in the record in coded form, such as diagnoses, signs and symptoms (such as coughing, headache etc.) but excludes letters, documents and free text.

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.

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.

For further information, please see:
www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx