Farmdene Health Centre

Patient Registration Form

Thank you for registering with our practice.

We hope that you will find our services efficient, friendly and caring.

PLEASE ENSURE YOU PROVIDE TWO FORMS OF I.D. WHEN RETURNING YOUR REGISTRATION DOCUMENTS

Photo I.D (driving licence/passport). In addition Proof of Address is required (recent utility bill/bank statement)

Please note fields with an Asterisk * are mandatory

Name*		Date of Birth*	
Address* Post Code*		For the purpose of home visits, if you have a door access key code please provide it here	
Home Tel.		Mobile Telephone:	
Email		Ethnicity	
Preferred Language		Do you have any communication difficulties?	

Have you been previously registered with a GP in the UK? **Yes** ☐ **No** ☐

Your previous two addresses in the UK*:

Address 1	Address 2

Known Allergies (please state)

Weight/Height

Height:		Feet	**OR**		Cm
Weight:		Stone	**OR**		Kg

Staff use only.

Confirmation of ID

1. 2.

Personal Medical History*

Blindness	Yes	No	Glaucoma	Yes	No	Epilepsy	Yes	No
Asthma	Yes	No	Hayfever	Yes	No	Heart Attacks	Yes	No
Diabetes	Yes	No	Eczema	Yes	No	Stroke	Yes	No
Blood Pressure Problems	Yes	No				Cancer	Yes	No
Other (please state)	Yes	No						

Immediate Family Medical History (please state who, if anyone has suffered from the below)

Blindness **Who?** _____	Glaucoma **Who?**_____	Epilepsy **Who?**_____
Asthma **Who?** _____	Hayfever **Who?**_____	Heart Attacks **Who?**_____
Diabetes **Who?** _____	Eczema **Who?**_____	Stroke **Who?** _____
Blood Pressure Problems **If so, who?** _____	Cancer **Who?** _____	Other **Who?** _____

Prescribed Medications (please state)

Healthy Living

Smoking

Have you ever smoked? Yes ☐ No ☐

Do you smoke now? Yes No

If yes, how many do you smoke daily?	If no, when did you quit?

We can provide support to quit smoking. ☐ ☐

Are you interested in quitting and would you like help from us? **Yes** **No**

Alcohol (16 years and over) 1 drink = 1/2 pint of beer OR 1 glass of wine OR 1 single spirits

Question	Scoring system					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	7-8	10+	
How often do you have six or more standard drinks on one occasion?	Never	Monthly or less	Monthly	Weekly	Daily/ almost daily	

Would you like to be referred to help you stop drinking? Yes ☐ No ☐

Who is your Next of Kin/Emergency Contact?*

Name

Relationship to you

Contact Number

Permission to discuss your medical record?

Carer Information

Do you have a carer? Yes ☐ No ☐ (If yes please give name and contact details)

Name

Contact Number

Relationship

Address

Are you a carer for a friend, neighbour or relative? **Yes/No**

Would you like us to note who you care for? **Yes/No**

Name

Contact Number

Are you next of kin for this person? Yes ☐ No ☐

Address

Please see page 6 for a Consent to Share Information form if you wish for a carer/relative to discuss your medical records and care.

New Patient Survey (your views and comments will be used to improve our service)

Were you previously registered with another GP in Yeovil?

Yes ☐ No ☐

Why did you choose this practice?

Recommendation ☐ Randomly Chosen ☐

Difficulty getting into other preferred practice ☐

Large practice offering services you require ☐ Other ☐

We would appreciate your views on the registration process. Please tick any of the relevant boxes:

I was made to feel welcome by the receptionist ☐

I was offered help through the registration process ☐

I would have liked help through the registration process ☐

I was given an overview of the practice and/or the services the practice offers ☐

I found the registration experience: Very Helpful ☐ Satisfactory ☐ Below Satisfactory ☐

What could have improved the registration process?

Communication Consents

Declaration*

I consent to the practice contacting me by text message and/or email for the purposes of health promotion, practice news and appointment reminders.

I acknowledge that appointment reminders by text are an additional service and that they may not be sent on all occasions but that the responsibility for attending appointments or cancelling them still rests with me. I can cancel the text message facility at any time.

Text messages are generated using a secure facility, but I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure. However the practice will not transmit any information which would enable an individual patient to be identified.

I understand that if I have provided a phone number that is used by multiple people, others may have access to information about my appointments.

Due to new GPDR regulations, we require an 'opt in' consent to send information by email or SMS.

Name	
Email Address	
Mobile Number	

☐

IF YOU WOULD LIKE TO <u>OPT IN</u>, PLEASE TICK HERE

NHS Electronic Prescription Service

Please choose your nominated Pharmacy for dispensing prescriptions issued by the NHS Electronic Prescription Service

Day Lewis (Hendford)	☐	Day Lewis (Abbey Manor)	☐
ASDA Pharmacy	☐	Boots (Middle Street)	☐
Boots (Babylon Hill)	☐	Options Pharmacy (West Coker Road)	☐
Penn Hill Pharmacy	☐	Preston Grove Pharmacy	☐
Superdrug	☐	Tesco Pharmacy	☐
Rowlands (Marsh Lane)		Co-operative Pharmacy (St Johns Road)	☐
Other……			☐

Nomination has been explained to me and I understand that all my future prescriptions will automatically go to this pharmacy unless I state otherwise

Signature		Date	

Patient Online Services Terms and Conditions

1. The applicant's identity will need to be verified by providing two identifying documents, at least one of which should carry a photograph of the individual. Documents accepted for this process are listed in the Appendix. In exceptional cases it may be possible to proceed without ID where the registering patient is very well known to the staff member vouching for them, but this should not be assumed.

2. The service is provided solely for the use of the registered person i.e. the patient, their parent/ guardian,
carer or power of attorney.

3. Appointments booked using this service must only be booked for the registered patient. Appointments for relatives/friends must be booked using their own credentials.

4. This service can be used to book appointments with the GPs or other nursing clinics. If you are unsure as to whether it is appropriate to see a doctor, please contact us by telephone during normal surgery hours.

5. Access to the service is provided on the condition that appointments are kept and that the service is not abused in anyway. Repeated failure to attend or cancellation of appointments at short notice will result in withdrawal of the service.

6. Prescriptions that are requested will be processed by the practice within 72 working hours.

7. To reduce medicines wastage, please only request required prescription items.

8. Passwords/logon credentials should be kept secret. Do not pass on the details of passwords to anyone else.

9. It is the registered user's responsibility to protect any information that may be displayed on screen or downloaded using this service. Sharing this information with any third party is at the user's risk.

10. If you think anyone knows your password or that your account has been accessed without your consent, you must contact the surgery at the first opportunity so that we can suspend your access to the system and provide you with new user credentials.

11. If you access any information through this system about anyone other than yourself or users for whom you are an authorised proxy you must log out and contact the practice as soon as possible to rectify any security breach.

12. The practice cannot guarantee that the online service will be continuously available and cannot accept responsibility for the consequences of any interruption in service provision.

Failure to comply with any of the above conditions will result in revocation of access to the service.

Patient Online Services

Patient Online services will give you the option to make appointments online, order repeat prescriptions online and view your own medical record summary online.

You will be able to complete these actions using a computer, tablet or smartphone rather than having to phone or visit your practice.

What are the benefits?

Online services will allow you to book and cancel appointments or request repeat prescriptions at a time that is convenient to you—day or night. It can also mean not having to travel to the surgery and can free up phone lines for people without access to a computer.

How to get access

Generally, you will need to fill in a short form and bring proof of your identity into your GP surgery so that they can provide you with login details. Alternatively you can register online however the practice will need to authorise your request before you can access your record.

Access to records is available on request for all patients aged 16 years and over or under the age of 13. For clinical safety and patient confidentiality, access to online services for patients aged 13 to 16 years will not be granted.

APPLICATION FOR ONLINE ACCESS TO MY MEDICAL RECORD

First Name		Surname		Date of Birth	
Address		Email address			
		Mobile Telephone			
		Home Telephone			

I wish to have the following online services:

Booking Appointments		Repeat Prescription Requests		View Medical Records	

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

I have read and understood the information provided above about Patient Online Services	
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 will be at my own risk	
I will inform 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 inform the practice as soon as possible	

Signature		Date	

For Office Use Only

Name of Staff Completing the Request		Date	

Consent to Share Information

Please complete in block capitals

Name……..……..……..……...

Address…….…….……

Telephone number ……..……..……..

Date of birth……...…….……..

Give permission to release information to:-

Name…….. …… ……..…

Telephone number…..……...…….……

Relationship ……..……..……..

(for example: carers, friends, mum, dad, brother, sister, workmate)

Next of Kin ☐

Discuss Records About my condition and treatment ☐

Emergency Contact ☐

Is a Carer ☐

Power Of Attorney – Health ☐ Welfare ☐

Local Services as required ☐

(Social Services, Paramedic, Out of Hours GP, Fire Service, Police, Community Services, Wardens, Clinical team within your GP Surgery e.g. Nurse, Pharmacist, Health Coach)

Keep Indefinitely ☐ Review date ☐

I have had the opportunity to discuss the issues with the above named person.

Signed by patient ……

Witnessed/ID by ……..……

Signed name……..…….……

Date…….……..

Summary Care Records

Your emergency care summary*

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that

if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

- **Yes I would like a Summary Care Record** – you do not need to do anything, a Summary Care Record will be created for you.
- **No I do not want a Summary Care Record** – Please complete the opt-out form

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

- Phone the Summary Care Record Information Line on 0300 123 3020;
- Contact your local Patient Advice Liaison Service (PALS); or
- Contact your GP practice.

Summary Care Records

NHS

Your emergency care summary

CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you DO NOT want a Summary Care Record please fill out the form and send it to your GP practice

A. Please complete in BLOCK CAPITALS

Title ..... Surname / Family name .....

Forename(s) .....

Address .....

Postcode..... Phone No ..... Date of birth .....

NHS Number (if known)..... Signature .....

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name ..... Your signature.....

Relationship to patient..... Date .....

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please contact your GP practice.

FOR NHS USE ONLY

Actioned by practice: yes / no Date.....

NHS

Your Data Matters to the NHS

Information about your health and care helps us to improve your individual care, speed up diagnosis, plan your local services and research new treatments.

In May 2018, the strict rules about how this data can and cannot be used were strengthened. The NHS is committed to keeping patient information safe and always being clear about how it is used.

You can choose whether your confidential patient information is used for research and planning.

To find out more visit: **nhs.uk/your-nhs-data-matters**

ico.
Information Commissioner's Office

YOUR DATA MATTERS

For more information about your data rights please visit the Your Data Matters campaign at ico.org.uk

You can choose whether your confidential patient information is used for research and planning.

How your data is used

Your health and care information is used to improve your individual care. It is also used to help us research new treatments, decide where to put GP clinics and plan for the number of doctors and nurses in your local hospital. Wherever possible we try to use data that does not identify you, but sometimes it is necessary to use your confidential patient information.

What is confidential patient information?

Confidential patient information identifies you and says something about your health, care or treatment. You would expect this information to be kept private. Information that only identifies you, like your name and address, is not considered confidential patient information and may still be used: for example, to contact you if your GP practice is merging with another.

Who can use your confidential patient information for research and planning?

It is used by the NHS, local authorities, university and hospital researchers, medical colleges and pharmaceutical companies researching new treatments.

Making your data opt-out choice

You can choose to opt out of sharing your confidential patient information for research and planning. There may still be times when your confidential patient information is used: for example, during an epidemic where there might be a risk to you or to other people's health. You can also still consent to take part in a specific research project.

Will choosing this opt-out affect your care and treatment?

No, your confidential patient information will still be used for your individual care. Choosing to opt out will not affect your care and treatment. You will still be invited for screening services, such as screenings for bowel cancer.

What should you do next?

You do not need to do anything if you are happy about how your confidential patient information is used.

If you do not want your confidential patient information to be used for research and planning, you can choose to opt out securely online or through a telephone service.

You can change your choice at any time.

To find out more or to make your choice visit **nhs.uk/your-nhs-data-matters**

or call **0300 303 5678**

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