

Patient's details

 Please complete in BLOCK CAPITALS and tick as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		Surname
Date of birth		First names
NHS No.	Previous surname/s	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Town and country of birth
Home address		
Postcode		Telephone number

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

Your previous address in 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

If previously resident in UK, date of leaving	Date you first came to live in UK
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If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number	Enlistment date
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If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

<input type="checkbox"/> I live more than 1 mile in a straight line from the nearest chemist	*Not all doctors are authorised to dispense medicines
<input type="checkbox"/> I would have serious difficulty in getting them from a chemist	

Signature of Patient
 Signature on behalf of patient
 Date ____/____/____

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

Any of my organs and tissue or
 Kidneys
 Heart
 Liver
 Corneas
 Lungs
 Pancreas
 Any part of my body

Signature confirming my agreement to organ/tissue donation Date ____/____/____

For more information, please ask at reception for an information leaflet or visit the website www.uktransplant.org.uk, or call 0300 123 23 23.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register Date ____/____/____

For more information, please ask for the leaflet on joining the NHS Blood Donor Register
My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode: _____

HA use only
 Patient registered for
 GMS
 CHS
 Dispensing
 Rural Practice

To be completed by the doctor

Doctors Name _____ HA Code _____

I have accepted this patient for general medical services For the provision of contraceptive services
 I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above _____ HA Code _____

I am on the HA CHS list and will provide Child Health Surveillance to this patient or
 I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above _____ HA Code _____

I will dispense medicines/appliances to this patient subject to Health Authority's Approval
 I am claiming rural practice payment for this patient.
 Distance in miles between my patient's home address and my main surgery is _____

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Authorised Signature _____ Date ____/____/____

Practice Stamp _____

SUPPLEMENTARY QUESTIONS
PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK. Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges. More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice. You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment. The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided. Please tick one of the following boxes:
 a) I understand that I may need to pay for NHS treatment outside of the GP practice
 b) I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested.
 c) I do not know my chargeable status
 I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.
 A parent/guardian should complete the form on behalf of a child under 16.

Signed: _____ Date: ____/____/____

Print name: _____ Relationship to patient: _____

On behalf of: _____

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 PDHMS

Do you have a non-UK EHIC or PRC? YES: NO: If yes, please enter details from your EHIC or PRC below:

Country Code:

3: Name _____

4: Given Names _____

5: Date of Birth _____

6: Personal Identification Number _____

7: Identification number of the institution _____

8: Identification number of the card _____

9: Expiry Date

PRC validity period (a) From: _____ (b) To:

Please tick if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process. Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

NEW PATIENT NHS REGISTRATION AND HEALTH QUESTIONNAIRE

DO YOU HAVE ANY SPECIAL COMMUNICATION NEEDS?

YES NO

If YES - Large Print Sign Language Other

PERSONAL DETAILS

MOBILE TEL No		WORK TEL No	
EMAIL ADDRESS			
NEXT OF KIN DETAILS		Contact Number	
Name		Relationship to you	
Address			

DISABILITY ASSISTANCE

Do you have a disability that requires assistance?	YES / NO
If YES, what assistance do you require?	

CARER DETAILS

NAME OF CARER	CONSENT GIVEN FOR ENTRY ONTO THE CARER REGISTER YES / NO	SIGNED BY PATIENT	SIGNED BY CARER

CARER CONTACT DETAILS	
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YOUR FAMILY HEALTH HISTORY

Have your parents, brothers or sisters suffered from any of the problems listed below – please tick and then circle which family member		
DIABETES		Father / Mother / Sister / Brother
ASTHMA		Father / Mother / Sister / Brother
HIGH BLOOD PRESSURE		Father / Mother / Sister / Brother
STROKE		Father / Mother / Sister / Brother
HEART DISEASE		Father / Mother / Sister / Brother
HIGH CHOLESTROL		Father / Mother / Sister / Brother
CANCER		Father / Mother / Sister / Brother

FOR FEMALES ONLY

Are you currently using a form of contraception?	
If you do use contraception when was your last check up / review with a GP or Nurse?	Date:
If you have a coil or implant approximately what date was it fitted?	Date:
If you have depot injections when was your last one?	Date:
Have you had a recent smear?	Date:
Have you had a hysterectomy?	Date:

YOUR OWN HEALTH

HEALTH PROBLEMS: Please tick if you have a **history** of any of the following 12 health problems....

CANCER		CORONARY HEART DISEASE, HEART FAILURE or ATRIAL FIBRILATION		DIABETES	
DEMENTIA or ALZHEIMERS		DEPRESSION or MENTAL HEALTH PROBLEMS		EPILEPSY	
HYPERTENSION (HIGH BLOOD PRESSURE)		KIDNEY DISEASE		LEARNING DISABILITIES	
RESPIRATORY DIFFICULTIES (ASTHMA or COPD)		STROKE or TRANSIENT ISCHEMIC ATTACKS		THYROID DISEASE	

If you have any other history of important illness or disabilities not mentioned above please give details here:

MEDICATION

Are you taking any regular / repeat medication? If so please attach the most recent repeat prescription list / form from your previous GP surgery, this information is essential to enable your new GP to authorise future repeat medication and send to your nominated pharmacy.

Please tick here if you do not want your prescription sent electronically.

PHARMACY COLLECTION: Please circle which pharmacy you would like to nominate.

From the Surgery	Boots Town	Ross (Bishopteignton)
Orchid (Opposite Surgery)	Buckland	Day Lewis
ASDA	Boots (Queen Street)	Superdrug
Boots Greenhill	Sainsburys	

ALLERGIES

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YOUR LIFESTYLE

EXERCISE: Please circle which of these terms best describes how much exercise you take on a regular basis

None	Light	Moderate	Heavy
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BODY MEASUREMENTS

HEIGHT	WEIGHT
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SMOKING STATUS (*tick boxes as appropriate*)

Never Smoked			
Ex-Smoker		Date Stopped?	
Cigarette Smoker		How many per day?	
Roll Own Cigarettes		How many per day?	
Cigar Smoker		How many per day?	
Pipe Smoker		How many ounces per week?	

If you wish to stop smoking our trained advisors can help you.

Please mention this when you book your appointment for a New Patient Health check.

YOUR ALCOHOL CONSUMPTION

Units	Pint of Regular Beer Lager/Cider	Alcopop or Can of Lager	Glass of Wine (175ml)	Single Measure of Spirits	Bottle of Wine
	2 Units	1.5 Units	2 Units	1 Unit	9 Units

	score 0	score 1	score 2	score 3	score 4	YOUR SCORE
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? <i>(As a rough guide 2 units of alcohol = 1pt beer OR medium glass wine OR double shot of spirits)</i>	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	
TOTAL						

YOUR ETHNICITY AND LANGUAGE

The NHS requires all medical records to show patients ethnic origin together with native or first language.

WHITE: British or Mixed British		ASIAN: Bangladeshi or British Bangladeshi	
WHITE: Irish		ASIAN: Any other background	
WHITE: Any other background		BLACK: Caribbean	
MIXED: White and Black Caribbean		BLACK: African	
MIXED: White and Black African		BLACK: Any other background	
MIXED: White and Asian		CHINESE:	
MIXED: Any other background		ANY OTHER ethnic group Please specify	
ASIAN: Indian or British Indian		I prefer not to specify my ethnic group	
ASIAN: Pakistani or British Pakistani			

What is your first spoken language?

We will record your first spoken language as **ENGLISH** unless you specify otherwise

This information will be stored on a confidential NHS database and the medical practice will use MAIL, PHONE, TEXT or EMAIL as appropriate to contact you. Please sign consent forms for each method of contact.

NEW PATIENT HEALTH CHECK

New patients are recommended to book “**New Patient Health Check**” appointment with a Health Care Assistant or Practice Nurse. This gives an opportunity to review and update your health records and for you to discuss any health or lifestyle issues.

Print name here		Date of birth	
Patient Signature		Date	



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. All the GP Practices in the Newton Abbot 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 if 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	
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Patients full NAME	
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Patients DATE OF BIRTH	
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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

information

- 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
- 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
- Consent Refused; I fully accept the risks associated with this decision.

Patient’s full SIGNATURE		DATE	
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Patient Consent Form Online Services

Name	
Date of Birth	
Email Address	
Mobile Number	

By giving your mobile number and email address, you are consenting to be contacted by these methods.

Please allow me access to the following online services:

(please tick)

Online Appointment Booking

Online Prescription Requests

Signed.....

Print Name.....

Date.....

If you are a new patient your login details for the online services will be emailed to you once we have completed your registration

We are also able to provide patients with access to their “Detailed coded medical record”

This can be requested once logged on via the “Patient Record” section

If you are a new patient you will be unable to see any information until your record has been summarised.

This access will only include test results, referrals made and letters received.

This access will not include consultation notes and professional comments

Office Use

Login details sent to patient	
Sent to scanning desk	

KINGSTEIGNTON MEDICAL PRACTICE
SMS/Text and Email Contact Consent Form

Name.....

D.OB

Date.....

Please confirm your consent to the following methods of contact;

Texts to include:

Appointment reminders

Invites to specialist clinics (if relevant) eg flu, health checks, asthma etc

Requests to update key medical information

Requests to contact the surgery if we have been unable to contact you by phone eg appointment changes etc

Key changes, new services. This will normally include a link on the text where you can read about changes and new services. An example would be the launch of on line consultations.

Requests for feedback

Emails to include:

Invites to specialist clinics (if relevant) eg flu, health checks, asthma etc

Responding to requests for information, enquiries, complaints

Key changes, new services. This will normally include a link on the text where you can read about changes and new services. An example would be the launch of on line consultations.

Practice Newsletter

Requests for feedback

Please note that you can opt in or out at any time. Just let us know and we can change your options on our clinical system. You can also opt in or out of SMS messaging if you have signed up for online services.

We have a legal duty to check your consent wishes periodically so you will be contacted accordingly.

I Agree Disagree to Kingsteignton Medical Practice contacting me by the above methods

SIGNED

GENERAL DATA PROTECTION REGULATION INFORMATION

Your Data

The General Data Protection Regulation is a new law that determines how your personal data is processed and kept safe. Kingsteignton Medical Practice is responsible for informing you about the data we hold, what it is used for and to allow you more control over the data we hold.

We already have the facility to allow our patients access to some of their records on line. The online service enables you to:

- Book appointments
- Order repeat prescriptions
- View your summary care record. This gives details of allergies and any prescriptions you have recently received.
- Detailed Patient Record
- Change contact details

You can request on line access by completing the patient Consent Form for Online Services and bringing ID with you.

How we contact you

We contact patients for a number of reasons related to their health needs at the time. Much of the contact is by telephone and it is important that you update us when changing land line numbers and/or mobile numbers. We also use text and email as well as the post. Our preference is to use text or email as it is a quick and cost effective method of communication to use.

We do need to have your consent to contact you by text or email. Most contact is made by SMS text. If you consent to the Practice contacting you by SMS(Text) you could receive the following types of communication:

- Confirmation and reminders of appointments
- Invites (if relevant) to clinics such as Flu, Health Checks, Chronic Disease clinics
- Requests for key information to do with your health
- Messages to call us if we have been unable to contact you by phone
- Links to our website when new services are launched that may be of interest such as the new online consultation facility or links to a survey when we need feedback.

We do not send any information regarding your health such as test results by text unless you expressly ask us to do so and the clinician agrees.

If you consent to the Practice contacting you by email you could receive the following types of communications:

- Invites (if relevant) to clinics such as Flu, Health Checks, Chronic Disease clinics
- Links to our website when new services are launched that may be of interest such as the new online consultation facility or links to a survey when we need feedback.
- Our newsletter