



CONFIDENTIAL MEDICAL REGISTRATION FORM

IDENTIFICATION IS REQUIRED FOR REGISTRATION

Please provide 1 x photo ID and 1 x address ID, this may be in the form of a passport/driving license/citizen card or utility bill.

Please complete all pages in FULL using BLOCK capitals

Surname

First Names (in full)

Previous Surnames

Title: Mr Mrs Miss Ms Male Female

Date of Birth (day/month/year) NHS Number
(Must be completed)

Town & Country of Birth

Address Post Code:

Telephone number: Mobile number:

Email address:

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

Your previous address in UK Post Code:

Name of previous Doctor while at that address

Address of previous Doctor Post Code:

If you are from abroad:

Your first UK address where Registered with a GP Post Code:

If previously resident in UK Date you first

Patient Declaration for all patients who are not ordinarily resident in the UK

Please see **Appendix 1** for patient declaration.

If you are returning from the Armed Forces:

Addresss before enlisting

	Post Code:
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Enlistment date

Service/
Personnel number

Military Veterans

Please tick this box if you have previously served in the armed forces.

Please tell us about yourself:

Personal Medical History

Have you ever suffered from any important medical illness, operation or admission to hospital? If so please enter details below:

Condition	Year diagnosed	Ongoing
		Yes/No
		Yes/No
		Yes/No

Family History

Have any close relatives (*father, mother, sister, brother only*) ever suffered from any of the following:

Heart Disease	Stroke	Diabetes	High Blood Pressure	Asthma	Glaucoma	Cancer Please Specify:

(please indicate who in the boxes)

Immunisations

Immunsation	Year	Immunisation	Year
Tetanus		Polio	
Typhoid		Yellow Fever	
Hepatitis A		Hepatitis B	

Allergies

Please list any allergies you have to any drugs/medication:

Name of medication	What was the problem or upset?

List of current medication

If you have a copy of your repeat medications, please pass to Reception to copy

Name of medication	Dosage

Lifestyle

Please enter your height & weight:

Height:	Weight:
BP:	

Smoking

Do you smoke: Yes No

If yes, do you smoke: Cigarette Cigars Pipe

Are you an ex-smoker? Yes No

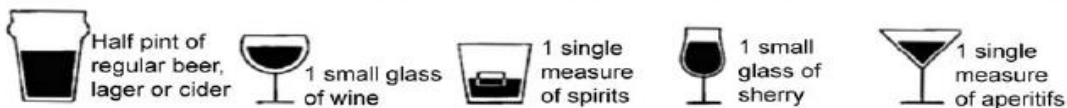
When did you give up?

How many cigarettes/ cigars do you smoke daily? <1/day 1-9/day 10-19/day 20-39/day 40+/day

Would you like help to quit smoking? Yes No

Alcohol

This is one unit of alcohol...



...and each of these is more than one unit



Do you drink alcohol: Yes No If yes, please answer the following questions:

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 units of alcohol do you drink on a typical day when you are drinking? 1-2 3-4 5-6 7-8 10+

How often do you have 6 or more units if female or 8 or more if male, on a single occasion? Never Less than Monthly Monthly Weekly Daily

Exercise

How often do you exercise?

No exercise:

Light exercise 1-3 times per week

Moderate exercise: 3-5 times per week

Heavy exercise: 5+ times per week

Yes No

Yes No

Yes No

Yes No

For Female Patients

Are you currently, or think you may be pregnant?

Yes No

Do you have any children?

Yes No

If yes, how many?

Which method of contraception (if any) are you using at present?

Have you had a cervical smear test? If yes, what was the result? (if known)

Yes No

Date (if known)

Ethnicity

Please indicate your ethnic origin:

British or mixed British

Irish

African

Caribbean

Indian

Pakistani

Bangladeshi

Chinese

Other (please state):

Decline to state

Next of Kin

Name:

Tel. contact number:

Relationship:

Carers

Do you act as a carer for anyone?

YES/NO

If Yes: Name: Dob

Address

Are they registering/ed with this Practice?

YES/NO

Data Sharing Consent Choices

As a default, we will set your record as available to share both in SystmOne and the Summary Care Record. For further information on data sharing please read the attached information leaflet.

Do you consent to your GP Practice sharing your health record with other local organisations who care for you?

- Yes *(recommended option)*
 No, except in an emergency.
 No, never *(not recommended)*

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, Basic Summary Care Record only
 No, I do not want a Summary Care Record

Dorset Care Record (DCR)

For more detailed information visit the Dorset Care Record (DCR) website. To opt out at any time complete the online form <https://news.dorsetcouncil.gov.uk/dorset-care-record> or by calling 0345 200 0026.

Data sharing for Research (Not for direct care)

If you do not mind your data being used for research purposes, you do not need to do anything else. To opt-out, visit the 'Your NHS Data Matters' website – www.nhs.uk/your-nhs-data-matters - where you can find out more about data sharing and set a national data opt-out.

Signature

Signature

Signed on behalf of patient

Name

Date

Contacting You

The practice wishes to expand its methods of communicating with patients to include the use of email and text messaging.

Patient Privacy is important to us, and Stour Surgery would like to communicate with you regarding any activities that may be of interest, which means that we need your consent.

This may include using emails to provide updates on new developments at the practice, and the use of text messaging to send patients reminders about the details of their next appointment.

Email and text communication will never be used for urgent communications. Your contact details will be used solely in relation to healthcare services offered by the practice, and you can choose to opt out of the services at any time by contacting us.

Where you have provided information on how to contact you, **can you confirm you are happy for Stour Surgery to contact you by the following:**

- | | | | |
|----------|------------------------------|-----------------------------|---|
| By email | <input type="checkbox"/> Yes | <input type="checkbox"/> No | This will be to send you letters, newsletter and the like |
| By text | <input type="checkbox"/> Yes | <input type="checkbox"/> No | This will be to send you reminders of appointments via text |

Online Access

You can use SystemOnline to:

- **Request repeat prescriptions**
- **Book and cancel appointments**
- **View your full medical record**

Before you are able to use this service, you must complete the form attached (appendix 2). We will then provide you with a username and password for you to be able to log in to the system.

NHS Organ Donor Registration

As of May 2020, Organ donation in England has moved to an 'opt out' system. This means that all adults in England will be considered to have agreed to be an organ donor when they die unless they have recorded a decision not to donate or are in one of the excluded groups.

You still have a choice whether or not you wish to become a donor.

You can record your organ donation decision on the NHS Organ Donor Register by visiting the website <https://www.organdonation.nhs.uk/register-your-decision/>. Alternatively, you can phone the dedicated helpline on 0300 303 2094

NHS Blood Donor Registration

For information on how to become a blood donor please visit the **NHS Blood Donor website:** www.blood.co.uk . Alternatively, you can phone the dedicated helpline on 0300 123 2323 or email customer.services@nhsbt.nhs.uk

Named Accountable GP

We are required to allocate all patients at this practice with a named GP who is responsible for your overall care. Our reception staff will advise you at time of registration who this will be, however if you have a preference as to who this is, we will make reasonable efforts to accommodate your request.

Accessible Information

We want to make sure you can read and understand the information we send you. If you find it hard to read our letters or if you need someone to support you at appointments, please let us know. We want to know if you need information in braille, large print or easy read.

Signature

I confirm that the information I have provided is true to the best of my knowledge.

Signed:

Date:


Signature of patient Signature on behalf of patient

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

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	

SUPPLEMENTARY QUESTIONS			
PATIENT DECLARATION for all patients who are not ordinarily resident in the UK			
<p>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.</p> <p>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.</p> <p>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.</p> <p>Please tick one of the following boxes:</p> <p>a) <input type="checkbox"/> I understand that I may need to pay for NHS treatment outside of the GP practice</p> <p>b) <input type="checkbox"/> 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</p> <p>c) <input type="checkbox"/> I do not know my chargeable status</p> <p>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.</p> <p>A parent/guardian should complete the form on behalf of a child under 16.</p>			
Signed:		Date:	DD MM YY
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 FORMS			
Do you have a non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:	
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</i></p>	Country Code: <input type="text"/>		
	3: Name		
	4: Given Names		
	5: Date of Birth	DD MM YYYY	
	6: Personal Identification Number		
	7: Identification number of the institution		
	8: Identification number of the card		
	9: Expiry Date	DD MM YYYY	
	PRC validity period (a) From:	DD MM YYYY	(b) To:
Please tick <input type="checkbox"/> 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.			

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

The practice has the right to remove online access to services. This is rarely necessary but may be the best option if you do not use them responsibly or if there is evidence that access may be harmful to you. This may occur if someone else is forcing you to give them access to your record or if the record may contain something that may be upsetting or harmful to you. The practice will explain the reason for withdrawing access to you and will re-instate access as quickly as possible.

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 to see it, then you should change your password immediately. If you can't 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.

Be careful that nobody can see your records on screen when you are using Patient Online and be especially careful if you use a public computer to shut down the browser and switch off the computer after you have finished.

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. This may occur before you have spoken to your doctor or while the surgery is closed, and you cannot contact them. If this happens please contact your surgery as soon as possible.
- **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.
- **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.

More Information - Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>



Application for Online Access to My Medical Record

SURNAME:	FIRST NAME:
ADDRESS:	
POSTCODE:	
EMAIL ADDRESS:	
TELEPHONE NUMBER:	MOBILE:

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

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

1. I have read and understood the information above provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>

I would like to receive my login details via:

Email	<input type="checkbox"/>
Text Message	<input type="checkbox"/>
Printed off and I will collect from the Surgery	<input type="checkbox"/>

Signature:	Date:
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