



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
.....

If you are returning from the Armed Forces

Address before enlisting

.....

.....

Service or Personnel number	Enlistment date
.....

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*

**Not all doctors are authorised to dispense medicines*

I live more than 1 mile in a straight line from the nearest chemist

I would have serious difficulty in getting them from a chemist

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

To avoid any delays in registering you, please ensure you:

- Sign at the bottom of this form
 - Provide details of your previous GP
 - Complete your date of birth
- (These are the most common omissions)

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: _____

PATIENT ETHNIC ORIGIN QUESTIONNAIRE

This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act.

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Choose ONE section from A to E, and then tick ONE box to indicate your background, and then please provide your first language.

FIRST LANGUAGE.....

A - White		B - Mixed	
<input type="checkbox"/>	British	<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	Irish	<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	Any other white background please write in below	<input type="checkbox"/>	White and Asian
<input type="checkbox"/>		<input type="checkbox"/>	Any other mixed background please write below
C – Asian or Asian British			
<input type="checkbox"/>	Indian	D - Black or Black British	
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	African
<input type="checkbox"/>	Any other Asian background please write below	<input type="checkbox"/>	White and Asian
<input type="checkbox"/>		<input type="checkbox"/>	Any other black background please write below
E – Chinese or Other Ethnic Group			
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other

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:	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:		
	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:	DD MM YYYY

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 REGISTRATION/HEALTH QUESTIONNAIRE

To the Patient:

To register with the Practice please complete this questionnaire as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment.

Surname: Forename(s):

Date of Birth: Marital status:

Address:

..... Postcode:

Home tel: Mobile:

Are you happy to receive information/appointment reminders via text message? Yes / No

Email address:

Weight (approx): Height:

COMMUNICATION NEEDS



Easy to read

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help communicating with us, for example because you use British Sign Language please let us know.

Do you have any special communication requirements?

CARERS

Do you need / have anyone who looks after you or your daily needs as Carer? Yes / No

If "Yes", would you like them to deal with your health affairs here? Yes / No
(the receptionist can help with these arrangements)

Do you care for anyone else? Yes / No

If "Yes", ask the receptionist about Carers support

FAMILY & NEXT OF KIN

Please list any family members you would like us to contact in an emergency.

Name..... Relationship..... Contact No.....

Name..... Relationship..... Contact No.....

Name..... Relationship..... Contact No.....

Parents - Please list any children you have.

Name..... Age.....

Name..... Age.....

Name..... Age.....

Name..... Age.....

FAMILY HISTORY

Is there any of the following in your family (*father, mother, brother, sister*) before age of 65?

Heart Disease (heart attacks, angina) Yes / No Which family member?

Stroke? Yes / No Which family member?

Cancer? Yes / No Which family member?
Site of cancer?

SMOKING

Do you smoke? Yes / No

If Yes, how many:

Cigarettes per day Cigars per day Ounces of tobacco per day

How old were you when you started smoking?

EX-SMOKERS

How old were you when you stopped smoking?

How much did you smoke per day?

PAST MEDICAL HISTORY

Please give details of any significant medical history you think we should be aware of until your full medical records arrive, including and chronic conditions:

.....

.....

If you are on regular medication, please provide a summary (usually the counterfoil of a previous prescription)

ALLERGIES

Have you had any allergic reactions to any medications? Yes / No

Are you allergic to any substances or foods? Yes / No

If yes, please give details:

.....

ALCOHOL



BASED ON THE ABOVE HOW MANY UNITS OF ALCOHOL DO YOU CONSUME IN AN AVERAGE WEEK?

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	

Please complete the above questions, if you score more than 5 please complete the remaining questions below.

Questions	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 the last year		Yes, during the 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 the last year		Yes, during the last year	



Your Electronic Patient Record & the Sharing of Information
- A Patient's Guide

Please read this leaflet carefully. It will give you information about the sharing of your electronic patient record and the choices you need to make

Today, electronic records are kept in all the places where you receive healthcare. These NHS Care Services can usually only share information from your records by letter email, fax or phone. At times, this can slow down your treatment and mean information is hard to access.

Your GP practice uses a computer system called SystmOne that allows the sharing of full electronic records across different NHS Care Services. We are telling you about this as a patient at this practice as you have a choice to make about how your practice shares information about your care from your electronic patient record. This form is not about your Summary Care Record (SCR), it is asking your sharing preferences regarding your full electronic GP record. You can choose to share or not to share your electronic GP record with other NHS Care Services.

How is my decision recorded?

Your GPs computer system has two settings to allow you to control how your medical information is shared:

Sharing Out – This controls whether your full GP electronic patient record can be shared with other NHS Care Services where you are treated. Please record your preference:

Please tick: Sharing Out **Yes** (shared) or **No** (not shared)

Sharing In – This controls whether you agree for this practice to view information you've agreed to share at other NHS Care Services. Please record your preference:

Please tick: Sharing In **Yes** (viewable) or **No** (not viewable)

Patient Name (Print Name): _____
Date of Birth: ____/____/____
Patient Signature: _____ Date: ____/____/____

Summary Care Record

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.



Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.
- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- **Express dissent for Summary Care Record (opt out).** Select this option, if you DO NOT want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) will be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice. You are free to change your decision at any time by informing your GP practice.

Having read the above information regarding your choices, please choose one of the options below and return the completed form to your GP practice:

Yes – I would like a Summary Care Record

Express consent for medication, allergies and adverse reactions only.

Or

Express consent for medication, allergies, adverse reactions and additional information.

No – I would not like a Summary Care Record

Express dissent for Summary Care Record (opt out).

Name: Signature.....

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Please circle one: Parent Legal | Guardian | Lasting power of attorney for health and welfare

For more information, please visit <https://www.digital.nhs.uk/summary-carerecords/patients>, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

Patient Online registration form
Access to GP online services

Surname			
First name			
Date of birth			
Address			
Postcode			
Email address			
Telephone number		Mobile number	

I wish to have access to the following online services (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"/>

Application for online access to my medical record

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

1. I have read and understood the information on the reverse of this form	<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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. 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	<input type="checkbox"/>

Signature		Date	
-----------	--	------	--

For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Name of verifier	Date
Name of person who authorised (if applicable)			Date

Important Information – Please read before returning this form

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. 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 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.

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.

More information

You must be over 15 years old to use this service.

For more information about keeping your healthcare records safe and secure please visit our website:

<http://www.rustlingssurgery.org.uk/>