

Heathgate Medical Practice New patient registration – additional information

This form should be completed for each new patient registering at the Practice in addition to the national registration form (GMS1). It may seem lengthy but saves filling in lots of separate forms!

| | |
|---|--|
| Surname | |
| Forename name | |
| Date of birth | |
| Mobile telephone | |
| E Mail address | |
| Your emergency contact – name and telephone number | |

Allergies

**Have you any allergies to any medicines or anything else?
(i.e. plasters, latex, pollen, nuts)**

Carers

Do you have a carer? Or are you a carer for anyone else registered at this Practice? If so, please provide their details below.

Medical conditions

Are there any medical conditions we should be aware of before your medical records arrive with the Practice? If so, please detail below.

Repeat medication

Are you on regular medication? Yes/No.

If yes, please attach a copy of your last repeat prescription listing from your previous surgery. We may not be able to continue your repeat medication without this.

Family History

Does any of your direct family have a significant medical condition such as diabetes, asthma, epilepsy, cancer or had a heart attack or a stroke? If so, please detail this below with their relation to you.

Ethnicity

Please tick one of the following¹

| | | | |
|------------------------------------|--|--------------------------------------|--|
| White – British | | Asian or Asian British – Bangladeshi | |
| White – Irish | | Other Asian background | |
| Other White background | | Black or Black British – Caribbean | |
| Mixed – White & Black Caribbean | | Black or Black British – African | |
| Mixed – White & Black African | | Other Black background | |
| Mixed – White & Asian | | Chinese | |
| Other Mixed background | | Other ethnic background | |
| Asian or Asian British - Indian | | Information declined or refused | |
| Asian or Asian British – Pakistani | | | |

Alcohol

How often do you have a drink containing alcohol?

| | | | | |
|-------|-----------------|-----------------------------|---------------------------|-----------------------------|
| Never | Monthly or less | Two to four times per month | Two to three times a week | Four or more times per week |
| | | | | |

How many drinks containing alcohol do you have on a typical day when you are drinking?

| | | | | |
|--------|--------|--------|--------|------------|
| 1 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more |
| | | | | |

How often do you have six or more drinks on one occasion?

| | | | | |
|-------|-------------------|---------|-----------------------------|---------------------------|
| Never | Less than monthly | Monthly | Two to three times per week | Four or more times a week |
| | | | | |

¹ We are collecting this information to help the NHS understand the needs of patients from different groups and so adapt our services. The information also helps identify risk factors, as some groups are more at risk of specific disease. The 16 ethnic groups are standard categories.

Smoking status

| | Tick |
|------------------------------|-------------|
| Never smoked | |
| Ex smoker | |
| Current smoker | |
| If a smoker, how many a day? | |

Summary Care Record (SCR) – you need to make a choice here

Unless you have previously chosen to opt out, you are likely to have a Summary Care Record which holds key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medications you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems and you could 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 GP medical record. This will help staff involved in your care make better and safer decisions about how best to treat you.

You have a choice of what information to share and with whom. Healthcare staff can only view your Summary Care Record with your permission.

There are three options you have. Please choose **one**.

| | Tick |
|--|-------------|
| Yes (expressed consent) , I would like a Summary Care Record containing only information about medication, allergies for adverse reactions only. Practice use – XaXbY | |
| Yes (expressed consent) , I would like a Summary Care Record containing 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 and what support you might need and who should be contacted for more information about you. This information uses data recorded by coding processes and not my whole medical record. Practice use - XaXbZ | |
| No (express dissent) , I do not wish for a Summary Care Record to be created or any information shared with other healthcare professionals. Practice use – XaXj6 | |

A leaflet on the SCR is available from the Practice.

Care Information Choices – you need to make a choice here

NHS Digital uses health and social care information in a number of ways to support your personal care and to improve and develop health and social care services for everyone (through research and planning). In places you receive care, including the surgery, hospitals and community settings, staff will record information about you and your care. The NHS Care Information Choices Programme allows you to decide who can have access to your data.

You can choose to opt out of your information being shared or used for any purpose other than your direct care. There are two types of opt out, you can consider.

Type 1 – opt out

If you do not want information held by us at the Practice to be shared outside of the Practice, for purposes other than your direct care, you can ask us to record your preference. This prevents any personal information being used other than in particular circumstances required by law, such as a public health emergency like an outbreak of flu.

Place a tick in the box below if you would like to opt out of the Practice sharing your confidential data for purposes other than your direct care.

| | Tick |
|--|-------------|
| I do not want information that identifies me to be shared outside the GP Practice. Practice use - XaZ89 | |

National data opt out

NHS Digital also collects information from a range of places (other than your GP Surgery) where you receive care, including hospitals. If you do not want this personal information to be shared outside NHS Digital, for purposes other than your direct care, you can register a national opt out by visiting the website detailed below. Please take a note of the web address. We are unable to register your preference here in the surgery. This must be completed via the national website.

www.nhs.uk/your-nhs-data-matters

Military veterans

The Practice has adopted the Healthwatch Norfolk Military Veteran’s treatment policy, which encourages us to include a declaration within referrals to the hospital. The Government has a desire to prioritise care for this group of people and consider the military aspects of a condition when diagnosing and referring to hospital. This prioritisation is a decision made by the hospital not us.

If you would like us to record in your medical record that you are a military veteran, please tick the box below.

I would like you to record I am a military veteran. **(Code XaX3N)**

Prescriptions

When we complete your registration formalities, we will **clear** all nominated pharmacies from your electronic medical record, as this could see your regular prescriptions sent digitally to a pharmacy in an area that you no longer live.

If you are a **dispensing patient**, your prescription will be made up for collection from one of our two dispensaries in Poringland or Rockland St Mary.

If you live less than a mile from the nearest pharmacy to your home, you are classed as a **non-dispensing** patient and we are unable to dispense medication to you. Rather than collect paper prescriptions from the surgery, we can arrange for your prescriptions to be sent digitally to the pharmacy of your choice (via a system called EPS).

For non-dispensing patients - if you would like your prescriptions to be sent electronically to a pharmacy of your choice, please indicate below which one, if possible quoting the address and postcode.

| | |
|--|--|
| Pharmacy name, address and post code for electronic prescriptions | |
|--|--|

Communication by SMS text

We send confirmation and reminders for appointments along with other carefully worded messages via text. Patients have advised us that confirmation and reminders for their appointments are useful. We have also found this a really beneficial in reducing the number of patients who do not keep their appointments.

Please provide your explicit consent for us to communicate with you in this way.

| | Tick |
|--|-------------|
| I provide explicit consent for you to communicate with me (or on behalf of my child or a child for whom I have carer responsibility) via SMS Text using the mobile number provided. | |
| I acknowledge it is my responsibility to advise the Practice of any change in my mobile number. | |
| I do not wish to be contacted for any reason by SMS Text including confirmation and reminders for appointments. | |

On line services

We offer online services allowing patients to:

- 1. Book GP appointments
- 2. Order repeat prescriptions
- 3. Access a copy of their Summary Care Record
- 4. View coded entries in their medical record

If you are interested in online services, please tick here.

You will need to bring identification with you to the surgery when you register. Once we have seen this, we will in due course forward your log in registration details.

Accessible standards

We work hard to communicate well with our patients and would like to make sure you are able to understand any information we provide.

Please indicate below if you need any additional help in communicating with us such as braille, large print or interpretation or translation services.

Additional communication information required

Declaration

To the best of my knowledge the additional information provided in this supplementary registration form is correct and up to date.

I give consent for the Practice to send referrals to specialist care providers including hospitals, which may include relevant clinical information from my medical record. The need for such referrals will be discussed with me before they are made.

..... Signed Date

Heathgate Medical Practice operates an equal opportunities policy for patients when registering and a zero tolerance policy towards violence and aggression or abusive behaviour to its staff. Those deemed to be breaching the zero tolerance policy will be removed from our Practice list.