

Adult Registration Form

Once complete, please return this form to Reception

We require **THREE** original forms of ID with the signed registration forms (One with a photograph, if possible) i.e.

- Passport (preferred)
- Driving Licence
- Birth Certificate
- House hold bill in your name less than 3 months old

PLEASE HELP US TO HELP YOU WITH YOUR CARE

Do you have a disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is it painful to write?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you need us to help you fill out the forms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would you like to speak to a member of Staff?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a Carer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you cared for?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you hard of hearing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

OFFICE USE ONLY

Completed by:

NEW PATIENT REGISTRATION HEALTH SCREENING ASSESSMENT

Name: _____ Occupation: _____

Address: _____ Post Code: _____

_____ Telephone: _____

Mobile: _____

Email: _____ Signed: _____

Date: _____

Male	Female	Date of Birth
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Personal History

Height	Weight
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Has a Doctor ever told you or any member of your family that you/they suffer from any of the following conditions?

CONDITION	YOU	NAME FAMILY MEMBERS (E.G.) MOTHER/FATHER	AGE AT ONSET OF CONDITION
Asthma			
Diabetes			
Heart Attack			
Angina			
Stroke			
Blood Pressure			
Allergies			
Eczema			
Other Relevant Information Operations/Fractures Current Medication			

PLEASE MAKE AN APPOINTMENT WITH A DOCTOR IF YOU HAVE ANY HEALTH CONCERNS OR IF YOU ARE CURRENTLY ON ANY MEDICATION.

N.B Please use Protocol: “New registrations” to input data below

RECORD OF PATIENT ETHNIC ORIGIN

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

If this form is not returned we record it as being declined.

Name _____ Date of Birth _____

Signed _____

ETHNIC ORIGIN	Tick
WHITE	
British	
Irish	
Any other white background – please write below	
MIXED	
White and Black Caribbean	
White and Black African	
White and Asian	
Any other mixed background – please write below	
ASIAN OR ASIAN BRITISH	
Indian	
Pakistani	
Bangladeshi	
Any other Asian background – please write below	
Black or Black British	
Caribbean	
African	
Any other black background – please write below	
Chinese or Other Ethnic Group	
Chinese	
Any other black background – please write below	

COMMUNICATION BY TEXT AND EMAIL CONSENT FORM

Patient Name _____

Date of Birth/...../.....

MOBILE:-

Consent to use?
(Appointment
Reminders and
cancellations) Y N

EMAIL:-

Consent to use?
(Including
Newsletters) Y N

Signature _____

Date _____

Patient Privacy is important to us, and **Forestside Medical Practice** would like to communicate with you mainly about any booked appointments or overdue clinical reviews and occasionally 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 service developments at the Practice, and the use of text messaging to send Patients reminders about the details of their next appointment.

Text messages and emails are generated using a secure facility, but because they are transmitted over a public network they may not be secure. Text message and email communications 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 these services at any time by contacting Mrs Angie Cain at our Dibden Purlieu Surgery.

Summary Care Record Patient Consent Form

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 of patient:

Date of Birth:Patients Postcode:

Surgery Name:Surgery Location (Town).....

NHS Number if known:

Signature: Date:

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:

Name:

Please circle one:

Parent	Legal Guardian	Lasting power of attorney for health and welfare
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For more information, please visit <https://www.digital.nhs.uk/summary-care-records/patients>, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

For GP practice use only

To update the Patients consent Status, use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below.

Summary Care Record consent preference	Read 2	CTV3
The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only)	9Ndm.	XaXbY
The patient wants a Summary Care Record with core and additional information (express consent for medication, allergies, adverse reactions and additional information)	9Ndn.	XaXbZ
The patient does not want to have a Summary Care Record (express dissent – for Summary Care Record opt out)	9Ndo.	XaXj6

Smoking Status

Please complete the following information about yourself by entering the appropriate letter in the box.

- A. Current Smoking Status
- B. Never smoked tobacco
- C. Ex-smoker
- D. Cigarette smoker
- E. Rolls own tobacco
- F. Cigar smoker
- G. Pipe smoker
- H. Vape User

Past Smoking Status

- A. Ex-trivial smoker < 1 per day
- B. Ex-moderate smoker 10-19 per day
- C. Ex-heavy smoker 20-39 per day
- D. Ex-very heavy smoker 40+ per day
- E. Ex-smoker about unknown
- F. Ex-pipe smoker
- G. Ex-cigar smoker
- H. Ex-rolled tobacco smoker

Other Smoking Information

- A. Trying to give up
- B. Currently on nicotine replacement therapy
- C. Smoking cessation advice given

Physical Activity

- A. Inactive
- B. Moderately inactive
- C. Moderately active
- D. Active

Alcohol Consumption

Please circle the answer that is correct for you.

SCORE

- How often do you have a drink containing alcohol?

Never (0) Monthly or less (1) Two to four times a months (2)
Two to three times per week (3) Four or more times a week (4)

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

1 or 2 (0) 3 or 4 (1) 5 or 6 (2) 7 to 9 (3) 10 or more (4)

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

Never (0) Less than monthly (1) Monthly (2) Two or three times per wk (3)
Four or more times a week (4)

Please add the numbers for each question to get your total score.

The maximum score is 12. A score above 4 for men indicates drinking above recommended levels. A score above 2 for women indicates drinking above recommended levels.

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some more questions about your use of alcohol. If we find that you are drinking more than you or we feel is good for you, we have some services that can help you take better care of yourself. Your answers will remain confidential so please be honest.

Place an X in one box that best describes your answer to each question

Questions	0	1	2	3	4	Score
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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	
5. How often during the past year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the past year have you needed a first thing in the morning drink to get yourself going after a heavy drinking session.	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the past year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the past year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes but not in the past year		Yes during the past year	
10. Has a relative, friend, doctor or other health care worker been concerned about your drinking and suggested you cut down?	No		Yes but not in the past year		Yes during the past year	
					TOTAL	

Electronic Prescriptions

We are now able to process prescriptions electronically, which means your prescription can go directly to the Pharmacy without the need for you to come to the Surgery to pick up your paper prescription

If you would like to sign up for this service please fill in the form below and return it to the Surgery.

Nominated Pharmacy

Day-Lewis – Marchwood Name _____

Day-Lewis – Hythe Signed _____

Jays – Dibden Purlieu Date of Birth _____

Boots – Hythe

Boots – Holbury

Other _____

Carers GP Registration Form

Are you looking after or providing support for a relative, friend or neighbour?

Please let your GP know so you can be directed to the right information, support and services and he/she can compile information about the carers who are registered at the surgery.

Please complete the form below and return it to your GP Surgery.

If you wish to discuss your needs as a carer, please initially make a pre-booked consultation with your GP or a member of staff at the Surgery.

Carer	
Name	
Address	
Telephone	Date of Birth
I give consent for my details to be held, as a carer, by the GP/Surgery and for them to contact me about the patient named below as necessary	
	Yes / No
Signed	Date
Person being cared for	
Name	
Address (if different from the carer above)	
Telephone	Date of Birth
<i>N.B. If the GP/Surgery attended is different from the carer please give details. If the person being cared-for is unable to give consent, please discuss with the surgery</i>	
I give consent for my details to be shared with my carer shown above	
	Yes / No
Signed	Date

.....
If you would like free information about services available to support you please send this slip to

FREEPOST RRJZ-UEBJ-TULH Carers Together 9 Love Lane Romsey SO51 8DE

Telephone 01794 519495 Email admin@carerstogether.org.uk

Please put me on your database and send me a Carers Information Pack

Name

Tel

Address

Email

Caring for relative, friend, neighbour (please circle as appropriate)

Special interest or medical condition (optional)



DR. M. WOOLLETT. DR. L JOSEPH. DR P LEE-ROBICHAUD DR J POWELL

APPLICATION FOR ONLINE ACCESS

Surname:	First name:
Date of birth:	
Address:	
Email address (required for online access):	
Mobile number (required for online access):	
Do you wish to receive text messages from us? YES <input type="checkbox"/> NO <input type="checkbox"/>	

I wish to have access to the following online services (tick)

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

I understand and agree with each statement below (tick)

1. I have read and understood the attached information leaflet (please remove and keep this for your records)	<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 (see 'coercion' in attached patient information leaflet)	<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. I understand that there may be sensitive information in my medical record that I might find upsetting.	<input type="checkbox"/>

SIGNATURE _____ **DATE:** _____

STAFF USE ONLY

Identity verified by:	Type of ID seen:	Date:
Account created by:	Pin Emailed: <input type="checkbox"/>	Date:
Level of Access enabled: Full Prospective <input type="checkbox"/> Limited Parts <input type="checkbox"/> Appts & Meds <input type="checkbox"/>		
Pass Form to Data Administrator <input type="checkbox"/> For Scanning <input type="checkbox"/>		

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Online Services Records Access Patient Information Leaflet 'It's your choice'

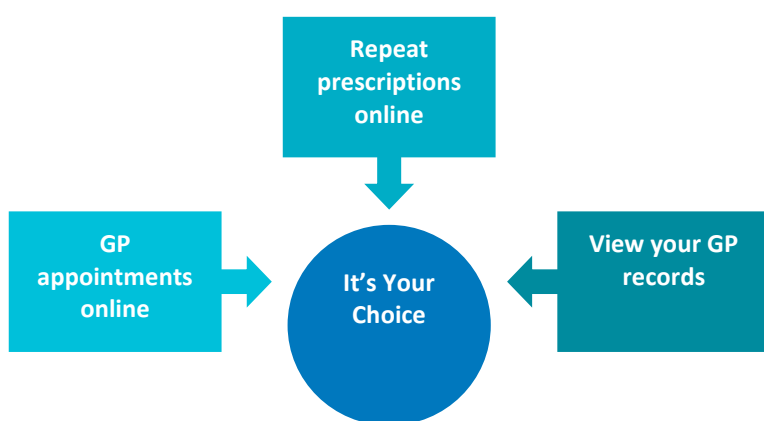
If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

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. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

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.

The practice will try its best to process applications as soon as possible. However, this could take up to 40 days (General Data Protection Regulation 2018.)

Once the practice has processed your application you will receive a pin document via email, this may go into the spam/junk folder. You will then need to register an account on your chosen online services provider. Make sure you set a password that 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.



It is 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.

The information that you can see online may be misleading if you rely on it alone to complete insurance, employment or legal reports or forms.

Be careful that nobody can see your records on screen when you are using online services and be especially careful if you use a public computer, remember to log out of your online services, 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 should read and understand the following before you access your online record.

Things to consider

Sensitive information and forgotten history

There may be sensitive information in your record that you might find upsetting. There could also be information that you have forgotten about.

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. The practice may set your record so that certain details are not displayed online. For example, they may do this with test results that you might find worrying until they have had an opportunity to discuss the information with you.

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. If it would be helpful to you, you can ask the practice to provide another set of login details to your Online services for another person to act on your behalf. They would be able to book appointments or order repeat prescriptions. They may be able to see your record to help with your healthcare if you wish. Tell your practice what access you would like them to have.

Coercion

'Coercion' is the act of governing the actions of another by force or by threat, in order to overwhelm and compel that individual to act against their will. If you feel that you are being pressured into applying for Patient Access against your will, please discuss with staff and/or your GP. Remember we can switch off Online Access for you at any time should you have concerns. 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.

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.

Consideration to other patients

The practice will do its best to talk through clinical data that may require an explanation. However, a routine appointment or telephone consultation may be needed; please understand that this may not be a priority above patients who are acutely unwell.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure:

www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf