

Please indicate the surgery that you are registering at:

St Anne's Surgery Beltinge and Reculver Surgery William Street Surgery Hersden Surgery

The Heron Medical Practice



New Patient Health Questionnaire & Out Of Area Registration Form

PERSONAL DETAILS & SHARING INFORMATION

Title	Mr	Mrs	Miss	Ms	Other	Date of Birth	
Surname						NHS Number	
First Name						Occupation	
Next of Kin						Relationship To You	

SHARING INFORMATION & MEANS OF CONTACTING YOU **

In accordance with the Data Protection Act, the Practice requires consent to enable us to leave messages, send text message reminders and speak to a third party (i.e. next of kin or your carer) about your medical care.

Address:	PLEASE TICK BELOW if you consent to the practice leaving you answer phone messages or text reminders or contacting you by your email.
Tel No:	
Mobile:	
Work:	
Email:	

I consent for the practice to leave messages concerning my medical treatment e.g. cancelled appointments with:

If you wish to give consent for a third party to have access to your medical records please ask reception for a separate consent form.

COLLECTING PRESCRIPTIONS **

Any patient wishing for a third party to collect their prescription will have to provide consent.

I give consent for _____ to collect my prescription on my behalf.

***This consent will remain in force until further notice or cancellation by me.**

ELECTRONIC PRESCRIPTIONS

The Electronic Prescription Service is an NHS service. It gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from.

You need to choose a place for your GP Practice to electronically send your prescription to. This is called nomination. You can choose:

- A pharmacy
- A dispensing appliance contractor (if you use one)
- Your dispensing GP Practice (if you are eligible)

For more information about EPS visit www.cfh.nhs.uk/eps, your pharmacy, dispensing appliance contractor or GP practice

If you would like to use this service please tell us your choice of nomination.

The pharmacies below are live with this service
Please tick the one pharmacy of choice

Boots – Station Road []
 Boots – Mortimer Street []
 Swalecliffe Pharmacy []
 Sainsbury's []
 Borno []
 Park Pharmacy []
 Delmergate - Broomfield []
 Delmergate - Beltinge []
 Delmergate - Reculver []
 Lloyds []
 Cheadles – Whitstable []

If you would like to use another pharmacy please state clearly below which one:

CONSENT

If you are registered with a GP practice in England, you will have a Summary Care Record (SCR) unless you have chosen not to have one. Your SCR contains the following basic information: the medicines you are taking , your allergies ,bad reactions you may have to certain medicines. It also includes your name, address, date of birth and unique NHS Number helps to identify you correctly.

An SCR is used in a number of healthcare settings and will provide healthcare professionals with any information they wouldn't otherwise have. For example, when you're visiting an urgent care centre or being admitted to hospital, staff could view your SCR and discover you are on a particular medication or have allergies.

If appropriate, you/health professionals can choose to add any information to your SCR that you think will help improve your care. This can be of particular benefit to patients with detailed and complex health problems. You and/or your carer should discuss anything you wish to add with your GP. Only authorised healthcare professionals directly involved in your care can access your SCR. Your SCR will not be used for any other purposes.

All patients registered at St Anne's Group Practice are recorded as 'implied consent, medications, allergies and adverse reactions only'. This will remain on your record until you make an express choice. If you would like further information please contact reception or visit <https://digital.nhs.uk/summary-care-records>

Please select one from below:		
I give express consent for my Summary Care Record – medications, allergies and adverse reactions only	Name	
	Signature	
	Date	
I give express consent for my enriched Summary Care Record - medications, allergies and adverse reactions AND additional information	Name	
	Signature	
	Date	
I am unsure about Summary Care Records and would like to decide after further discussion – remaining as implied consent until I notify the practice otherwise.	Name	
	Signature	
	Date	
I DO NOT give my express consent – Opted out	Name	
	Signature	
	Date	
Other please specify ...		

ETHNIC GROUP

White	British		Black	Caribbean	
	Irish			African	
Asian	Indian		Other	White & Black Caribbean	
	Pakistani			White & Black African	
	Chinese			White & Asian	
				Arab	
	Other (Please specify)			Prefer not to answer.	

LANGUAGE & COMMUNICATION

Please indicate your first language

Do you speak a second language?

If English is not your first language, would you need an interpreter during a consultation?

Yes / No

OTHER WAYS WE CAN HELP

The practice is always looking at ways to improve the way in which we communicate with our patients, if you have a disability, impairment or sensory loss please let us know so that we can better help you access and understand the information and correspondence from the practice. Examples of support would include emails, text messages, sign language interpreters, lip-reading, audio, braille, easy read or large print etc. For more information please ask at the reception desk or visit www.england.nhs.uk/accessibleinfo

Do you have any information or communication needs?

Yes / No

If yes please give details:

OTHER INFORMATION

Are you registered disabled?

Yes

No

If yes please give details of your disability:

Do you have a carer?

Yes

No

Are you a carer?

Yes

No

Do you have a social worker?

Yes

No

Do you live in a care home?

Yes

No

Are you an asylum seeker or refugee?

Yes

No

Are you an armed forces veteran?

Yes

No

If yes, please give details:

If you are a carer please ask for a carer's questionnaire at the reception desk, thank you.

MEDICAL INFORMATION**Have you ever suffered from? (tick as appropriate)**

Epilepsy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Blindness/Glaucoma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
High Blood Pressure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Heart Attack/Stroke	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Depression	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cancer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Asthma	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Eczema	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Hay Fever	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

You are invited to make an **appointment for a new patient check**, where your medical history will be discussed, in the meantime are there any serious illnesses, operations, accidents or disabilities you think we should be aware of beforehand?

Your height:

Your weight:

Are you **allergic** to any medicines and if so, which?**FAMILY HISTORY**

Please state any serious illness, in particular heart disease, strokes, high blood pressure, diabetes or any inherited disease:

SMOKING STATUS

Are you a current smoker?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes how many cigarettes or ounces of tobacco per day?	<input type="text"/>
Would you like advice on giving up smoking?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Are you an ex-smoker?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes how many cigarettes or ounces of tobacco per day?	<input type="text"/>
		<input type="checkbox"/>		<input type="checkbox"/>	When did you stop?	<input type="text"/>

ALCOHOL CONSUMPTION (over 16s only)		
How much alcohol do you drink in a week?		Units
(1 unit = ½ pint beer, 1 small glass of wine, 1 single spirit, 1 small glass of sherry or 1 single aperitif)		

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-3 times per month	2-3 times per week	4+ per week	
How many standard alcoholic drinks do you have 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 standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

****dependent on your score we may offer you the opportunity for further screening in line with national guidance.**

Print Name:	
Patient Signature:	
Date:	

We offer an online service for our patients so you can book your appointments, order your repeat prescriptions and view parts of your medical record online at your convenience. It is important that you read the attached 2 page leaflet '*Patient Services Records Access Patient information leaflet It's your choice*' before submitting your Application for Patient Online Services form to the Practice. Application forms are available from Reception and can be found on our website. Along with your application form, you will need to bring two forms of identification, one being a photo ID, the other verifying your address, along with the completed registration form. Examples below.

Photo ID

- Passport
- Photo card Driving License
- Photo Travel Card
- Student ID Card

Address ID

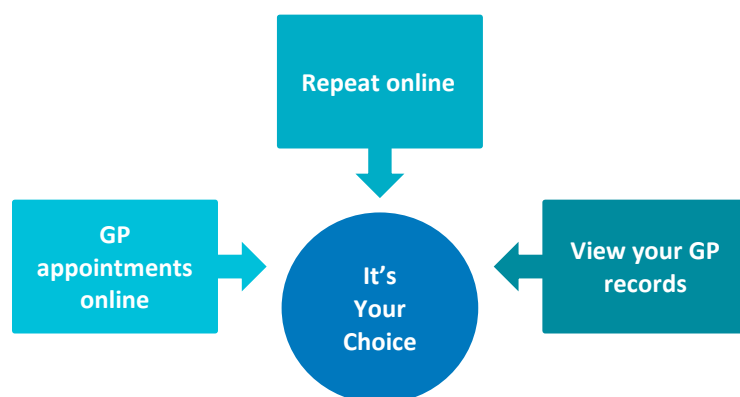
- Utility Bills (Gas, Water and Electricity bills dated within the last 3 months)
- Bank/Financial Statement (dated within the last 3 months)
- Council Tax Bill
- Tax Documentation

Please note we can not accept Mobile telephone bills as proof of address

Please note that we will only be able to activate access to your medical information once your medical records have been received from your previous practice.

Patient 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.

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 for anyone that doesn't use them responsibly.

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.

Things to consider

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

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

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

Out of Area Patients

New arrangements introduced from January 2015 give people greater choice when choosing a GP practice. Patients may approach any GP practice, even if they live outside the practice area, to see if they will be accepted on to the patient list.

The new arrangements mean GP practices now have the option to register patients who live outside the practice area but without the obligation to provide home visits.

Out of area is voluntary for GP practices meaning patients may be refused because they live out of the area.

If your application is considered the GP practice will only register you without home visits, if it is clinically appropriate and practical in your individual case. To do this we may:

- Ask you or the practice you are currently registered with questions about your health to help decide whether to register you in this way.
- Ask you questions about why it is practical for you to attend this practice (for example, how many days during the week you would normally be able to attend)

If accepted, you will attend the practice and receive the full range of services provided as normal at the surgery. If you have an urgent care need and the surgery cannot help you at home we may ask you to call NHS111 and they will put you in touch with a local service (this may be a face to face appointment with a local healthcare professional or a home visit where necessary).

We may decide that it is not in your best interests or practical for you to be registered in this way. In these circumstances we may offer you registration with home visits for example if you live just outside the practice area or we may not register you and advise you should seek to register (or remain registered) with a more local practice.

If accepted but your health needs change we may review your registration to see if it would be more appropriate for you to be registered with a GP practice closer to your home.

This new arrangement only applies to GP practices and patients who live in England.

For further information visit the NHS Choices website www.nhs.uk

If you are registering as an out of area patient please complete the section below and return the completed form to the practice along with your New Patient Health Questionnaire and completed GMS1

Full Name.....

Date of Birth.....

Home Address.....

.....

.....

Telephone/Mobile Number.....

E-mail address.....

I confirm I have read the Out of Area patients information and I am aware that the GP practice is not obligated to carry out home visits

Signed:.....

Print Name:.....

I confirm I have read the Out of Area patients information and I am aware that if my health needs change the practice may advise it may be more appropriate for me to be registered with a GP closer to my home

Signed:.....

Print Name:.....