



## LITTLEDOWN SURGERY CONFIDENTIAL REGISTRATION FORM

Please complete this form in full using BLOCK capitals. When returning this completed form please ensure you bring photographic ID (passport or driving licence) and a document to confirm your address, such as a utility bill or tenancy agreement

<b>Title:</b>	(Mr)    (Mrs)    (Miss)    (Ms) <b>Other:</b>
<b>Surname:</b>	
<b>First Names: (in full)</b>	
<b>Previous surnames:</b>	
<b>Date of Birth:</b>	Day _ _ / Month _ _ / Year _ _ _ _
<b>Address:</b>	          <b>Postcode:</b>
<b>Contact Details:</b>	<b>Mobile No.</b> _ _ _ _ _ _ _ _ _ _  <b>Home No.</b> _ _ _ _ _ _ _ _ _ _  <b>Email Address:</b>
<b>Preferred method of contact:</b>	(SMS)    (Email)    (Phone)
<b>NHS Number:</b>	<div style="background-color: yellow; padding: 2px;">If not known, please contact your previous surgery.</div> _ _ _    _ _ _    _ _ _    _ _ _

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

<b>Your Previous Home Address:</b>	   <b>Postcode:</b>
<b>Previous GP name &amp; Address</b>	<b>Dr</b>   <b>Postcode:</b>

**Place of Birth....****Country/City/Town:****If you are from abroad....****The date you first came to the UK:**

Day \_ \_ / Month \_ \_ / Year \_ \_ \_ \_

**Your first UK address where registered with a GP:****Postcode:****If you are returning from the Armed Forces....****Address before enlisting:****Postcode:****Enlistment Date:****Service/Personnel Number:****List of current medications....****Name of medication(s):****Dose:****Name of the pharmacy or chemist you wish to collect your prescription from:****Lifestyle....**

Please enter your height, weight and most recent blood pressure reading

**Height:****Weight:****BP:**

\_\_\_\_ / \_\_\_\_

**Lifestyle smoking....**

<b>Do you smoke?</b> _____	<b>Yes:</b> <input type="checkbox"/>	<b>No:</b> <input type="checkbox"/>
<b>If yes, what do you smoke?</b>	(Cigarettes) (Cigars) (Pipe) (Vape)	
<b>How many do you smoke a day?</b>	(1/day) (1-9/day) (10-19/day) (20-39/day) (40+day)	
<b>Are you an ex-smoker?</b>	<b>Yes:</b> <input type="checkbox"/>  <b>When did you give up?</b>	<b>Never smoked:</b> <input type="checkbox"/>

**Family history.....**

**Who in the family has been diagnosis with the following medical condition?  
Please fill in the details below.**

<b>Condition</b>	<b>Family Member</b>
<b>Diabetes</b>	
<b>Stroke</b>	
<b>Hypertension (high blood pressure)</b>	
<b>Asthma</b>	
<b>Myocardial Infarction</b>	
<b>Glaucoma</b>	
<b>Cancer (type of part of the body_</b>	

**Allergies....**

<b>Please list any allergies you have to drugs/medication:</b>	<b>What was the reaction?</b>

**Tell us about yourself....**

Do you look after someone who couldn't manage on their own due to a health condition?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Are you a carer?	Yes:	No:

Does someone look after <i>you</i> without whom you would not manage due to a health condition?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
_____	_____	_____
Do you have a carer?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
_____	_____	_____
If yes, please tell us the name & address of your carer:	Name:	
	Address:	

**Next of Kin....**

Name:	Contact telephone No.	Relationship:

**Ethnicity....**

British or mixed British		Irish		African	
Caribbean		Indian		Pakistani	
Bangladeshi		Chinese		Other (please state)	

### **Littledown Surgery Patient Group....**

#### **Would you like to join our Patient Group?**

This is an informal group that meets every couple of months to discuss ways we can improve the running of the surgery. If you cannot make the meetings, but would like to be involved you can join our email group

**Email address:**

### **Sharing of Patient Records within the NHS....**

Please carefully read the attached information on how information from your record may be shared within the NHS. If you would like to opt out, please return the form detailing your wishes.

### **HIV....**

Following the NHS guidelines, we now recommend that all new patients registering with a new practice have an HIV test due to high local prevalence of the condition, which is now almost 3 people per 1000. Please ask at Reception for further information.

### **Signature....**

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

**Signed:**

**Date:**

Signature of the patient

Signature on behalf of the patient

## Sharing of Patient Records within the NHS

Different parts of the NHS have a variety of IT and paper based systems to record your care.

**This form explains the ways in which the NHS shares information, and your choices to opt out.**

### **Planned Care**

For NHS staff to treat you effectively as a patient, your information will be passed, using secure means, from one part of the service to another. When a GP refers you to a consultant, or another department, relevant information is sent in a letter to support the referral. Other information about your medical condition and history relevant to your care may also be included.

***When your GP advises that you are to be referred to another speciality, and you agree, this generally implies that you consent to relevant information being shared with the service you are due to see.***

### **Unplanned Care / Summary Care Record (SCR)**

We previously wrote to patients about this type of electronic record. This is used to support your emergency care. It contains important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you may have had. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or out of hours when the surgery is closed. You may want to add other details about your care to your SCR. This is possible if you specifically ask your GP for the additional information to be included.

***You should always be asked directly whether you are happy for clinical staff to look at your notes (where this is possible). They should record this consent, and the access is audited.***

For more information about Summary Care Records and your choices visit:

[www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk)

**If you do not want your records routinely shared with other health professionals that are caring for you, in planned or unplanned situations, please tick the opt out boxes at the end of this information sheet and return to your GP Practice. REMEMBER, if you change your mind at any time and wish to opt back in just let your GP Practice know.**

### **Care.Data**

Using information about the care you have received enables those involved in providing care and health services to improve the quality of care and health services for all. NHS England has therefore commissioned a programme of work on behalf of the NHS, public health and social care services to address gaps in information. This is called Care.Data.

The new system will provide joined-up information about the care received from all of the different parts of the health service, including hospitals and GP practices.

Your date of birth, full postcode, NHS Number and gender rather than your name will be used to link your records in a secure system. Once this information has been linked, a new record will be created. This new record will be anonymised and will not contain information that identifies you.

The NHS also needs to account for how money is spent, and to research diseases and illnesses. For some of this work they will use Universities or private organisations, and these will generally work with anonymised data relating to groups of patients. This collection of information will be part of Care.Data.

### What are the benefits of sharing my information?

Your information will help the NHS to:

- Find more effective ways of preventing, treating and managing illness;
- Ensure changes or improvements to services reflect the needs of local patients;
- Understand who is most at risk of particular diseases or conditions, to plan preventative services
- Improve your understanding of the outcomes of care
- Guide decisions about how to manage NHS and social care resources so that they can best support treatment and care
- Identify who could be at risk of a condition or would benefit from a particular treatment
- Make sure that NHS organisations receive the correct payments for services that they provide

### For more information about Care.data and your choices:

- Visit NHS Choices website at: [www.nhs.uk/caredata](http://www.nhs.uk/caredata) for more information and a list of common questions
- Call the Care-data Information Line on [0300 456 3531](tel:03004563531) (this phone also offers translation and text phone services.
- More details about how your confidential information is looked after and how it may be used can be found on the website [at www.hscic.gov.uk/patientconf](http://www.hscic.gov.uk/patientconf)

***If you do not want your records, which may identify you, to be available for clinical research, and anonymised through the accounting process of the NHS, you can ask to be opted out of Care.Data. To do this please complete relevant boxes below and return to your GP Practice. REMEMBER, if you change your mind at any time and wish to opt back in just let your GP Practice know.***

#### **Opt-out Form :**

Title..... First Name..... Surname.....

Postcode..... House Number..... Date.....

Signature.....

Please opt me out of sharing my record from the practice with others involved in caring for me ☐

Please opt me out of sharing my record with other NHS organisations for unplanned care ☐

Please opt me out of my health data leaving the GP practice for Care.Data ☐

Please opt me out of my identifiable health data leaving HSCIC Care.Data ☐

PLEASE RETURN COMPLETED FORM TO YOUR GP PRACTICE

Nov 2020

## Online Services for Patient

**We provide online services via Systmonline for our patients over the age of 16. These services enable you to order repeat prescriptions, make appointments and view your clinical records from the date of your registration. If you would like to register for these services, please complete the section below.**

***\*Please complete the form and return it to reception with photographic identification\****

### **I understand and agree with each statement:**

- I will be responsible for the security of the information that I see or download. ☐
- If I choose to share my information with anyone else, this is at my own risk. ☐
- If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible. ☐
- If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible. ☐
- 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. ☐

Signature of Patient.....

Print Name..... Date.....

NHS Number.....

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Staff to complete:

ID checked by: Print..... Signed.....

Date.....

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