**New Patient Registration Form Staff Initials**

Please complete all pages in full using block capitals

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| **1. Background Details** |

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| **Contact Details** | | | | | | |
| NHS Number |  | | | *If you have had a previous GP then you will find this on letters/prescriptions or at* [www.nhs.uk/find-nhs-number](https://eur01.safelinks.protection.outlook.com/?url=http%3A%2F%2Fwww.nhs.uk%2Ffind-nhs-number&data=04%7C01%7Csupport%40ardens.org.uk%7Cffabf11787fb41dc43be08d99fa70d67%7C2574bae132844b5a8833850acab88d43%7C1%7C0%7C637716362095841893%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=MF3g4y6zrx4E0Qifat%2FgKNmjXrzmgNeU5ebPuaEcNAo%3D&reserved=0) | | |
| First Name |  | | | Surname | |  |
| Previous name (if applicable) |  | | | Gender | |  |
| Title | Mr  Mrs  Miss  Ms | | | | | |
| Which of the following best describes how you think of yourself? | Non-binary  Female  Male  Prefer not to say  Unable to answer | | | | | |
| Previous Surname  (if applicable) |  | | | | | |
| Address |  | | | Date of Birth | |  |
|  |  | | | Home Telephone | |  |
|  |  | | | Work Telephone | |  |
| Previous Address |  | | | | | |
| Mobile Telephone | I consent to be contacted\* by SMS on this number: | | | | | |
| Email | I consent to be contacted\* by email at this address: | | | | | |
| Previous GP | Name: Address: | | | | | |
| Country of Birth |  | |  | |  | |
| Have you been registered in the NHS Before? | |  | | | | |
| **If no please state date entered UK:** | | | | | | |

**\* It is your responsibility to keep us updated with any changes to your telephone number, email & postal address .We may contact you with appointment details, test results, health campaigns or Patient Participation Group details**

**If you do not consent to being contacted by SMS or Email, please tick here:  SMS  Email**

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| **Other Details** | | | | | |
| Next of Kin | Name: Tel: | | Relationship: | | |
|  |  | | | | |
| Ethnicity | White (UK)  White (Irish)  White (Other) | Black Caribbean  Black African  Black Other | | Bangladeshi  Indian  Pakistani | Chinese  Other |
| Armed Forces | Military Veteran | Family member | |  |  |

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| **Communication Needs** | | | |
| Language | What is your main spoken language?  Do you need an interpreter? | | |
| Communication | Do you have any communication needs?  Yes  No (If **Yes** please specify below) | | |
| Hearing aid  Lip reading | Large print  Braille | British Sign Language  Makaton Sign Language  Guide dog |

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| **Carer Details** | | | | | |
| **Are you** a carer? | Yes – Informal / Unpaid Carer | | Yes – Occupational / Paid Carer | | No |
| Do you **have** a carer? | Yes | Name\*: | Tel: | Relationship: | |

*\* Only add carer’s details if they give their consent to have these details stored on your medical record*

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| **Family History** | | | |
| Please record any significant family history of close relatives with medical problems and confirm which relative e.g. mother, father, brother, sister, grandparent | | | |
| Asthma  COPD  Epilepsy | Heart Disease  Stroke  Blood Pressure | Diabetes  Kidney Disease  Liver Disease | Depression  Thyroid  Cancer |
| Other: | | | |

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| **Allergies** |
| Please record any allergies or sensitivities below  *See below* |

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| **Current Medication** |
| Please check and include as much information about your current medication below  Please give us your previous repeat medication list. |

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| **3. Your Lifestyle** |

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| **Smoking** | | | |
| Do you smoke? | Never smoked | Ex-smoker | Yes |
| Do you use an e-Cigarette? | No | Ex-User | Yes |
| How many cigarettes did/do you smoke a day? | Less than one | 1-9 10-19 | 20-39  40+ |
| Would you like help to quit smoking? | Yes | No |  |
|  | For further information, please see: [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree) | | |

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| **Women Only** | |
| Do you use any contraception? Do you have a coil or implant in situ? | Yes  No If needed, please book appointment.   Yes  No Date inserted: |
| Are you currently pregnant or think you may be? | Yes  No Expected due date: |

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| **4. Further Details** |

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| **Electronic Prescribing** | |
| Please provide details of the pharmacy you would like to use: | Pharmacy: |

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| **Patient Participation Group** | |
| Would you like to be involved in our Patient Participation Group? | Yes  No |

*We are committed to improving the services we provide. The Patient Participation Group is a mechanism for us to gain valuable feedback from our patients about their experiences, views and ideas for improving our services.*

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| **Signatures** | |
| Signature | I confirm that the information I have provided is true to the best of my knowledge.  Signed on behalf of patient |
| Name |  |
| Date |  |

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| **5. Sharing Your Health Record** |

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| **Your Health Record** |
| Do you consent to your GP Practice sharing your health record with other organisations who care for you?  Yes *(recommended option)*  No, never  Do you consent to your GP Practice viewing your health record from other organisations that care for you?  Yes *(recommended option)*  No |

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| **Your Summary Care Record (SCR)** |
| Do you consent to having an Enhanced Summary Care Record with Additional Information?  Yes *(recommended option)*  No |

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| **Signature** | |
| Signature | I confirm that the information I have provided is true to the best of my knowledge |
|  | Signed on behalf of patient |
| Name |  |
| Date |  |

**Sharing Your Health Record**

**What is your health record?**

Your health record contains all the clinical information about the care you receive. When you need medical assistance it is essential that clinicians can securely access your health record. This allows them to have the necessary information about your medical background to help them identify the best way to help you. This information may include your medical history, medications and allergies.

**Why is sharing important?**

Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

* Sharing your contact details This will ensure you receive any medical appointments without delay
* Sharing your medical history This will ensure emergency services accurately assess you if needed
* Sharing your medication list This will ensure that you receive the most appropriate medication
* Sharing your allergies This will prevent you being given something to which you are allergic
* Sharing your test results This will prevent further unnecessary tests being required

**Is my health record secure?**

Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

**Can I decide who I share my health record with?**

Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

**Can I change my mind?**

Yes. You can change your mind at any time about sharing your health record, please just let us know.

**Can someone else consent on my behalf?**

If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made by those caring for you.

**What about parental responsibility?**

If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

**What is your Summary Care Record?**

Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

**How is my personal information protected?**

The Manor Clinic will always protect your personal information. For further information about this, please see our Privacy Notice on our website or please speak to a member of our team

For further information about your health records, please see: <https://www.nhs.uk/using-the-nhs/about-the-nhs/your-health-records/>

For further information about how the NHS uses your data for research & planning and to opt-out, please see: [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters)