**THIS FORM MUST BE RETURNED TO THE SURGERY BY HAND SO WE CAN BOOK YOUR NEW PATIENT CHECK.**



NEW PATIENT REGISTRATION FORM

WELCOME TO SUTTON VALENCE GROUP PRACTICE

**ONCE ALL SECTIONS OF THIS QUESTIONNAIRE ARE COMPLETED AND RETURNED**

**YOUR REGISTRATION WILL BE PROCESSED**

01/04/2022

The information that you provide will be treated in the strictest confidence. If you are completing this form for a person who is under 16 years of age, please be aware that once they reach their 16th birthday they will receive a letter from the practice asking them to complete another form themselves.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | | |
| **Title** | Mr/Mrs/Ms/Miss  Other: | **First Name** |  | | | **Surname** |  |
| **Previous Name** |  | **Address** |  | | | | |
| **Date of Birth** |  |
| **NHS Number**  **If known** |  |
| **Home Tel No** |  | **Postcode** |  | | **Office use only:**  **DISP:** Yes □ No □ **Miles:** | | |
| **Mobile Tel No**  **Only fill in if you give permission for us to contact you using your mobile number** |  | **Email**  **Only fill in if you give permission for us to contact you using your email address** |  | | | | |
| **Work Tel No** |  | **Sex** | Male □ Female □ | | | | |
| **Town of Birth** |  | **Country of Birth** | |  | | | |

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| **EMERGENCY CONTACT DETAILS**  This will be the person that the surgery contacts in case of Emergency | | | | | | | | |
| **Title** | Mr/Mrs/Ms/Miss  Other: | | **First Name** |  | | **Surname** | |  |
| **Home Tel No** |  | | | | | | | |
| **Mobile Tel No** |  | | | | | | | |
| **Work Tel No** |  | | | | | | | |
| **Relationship to you** | |  | | | | | | |
| **Is this person also your Next of Kin?** | | | | | | | Yes □ No □ | |
| **Can this person discuss your medical records?**  This person will have access to your appointments, results and other confidential information. You will contact the Practice if any of these details change. | | | | | | | Yes □ No □ | |
| **Signature:** | | | | | **Date:** | | | |

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| **CARER DETAILS**  (You are a carer if you spend a significant portion of your time providing paid/unpaid support to another person) | |
| Are you a carer? (If “Yes” please tell us who for (Name) and their relationship to you) | Yes □ No □ |
| Do you have a carer? (If “Yes” please tell us their name and their relationship to you) | Yes □ No □ |

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| **PATIENT CONSENT**  In accordance with the Data Protection Act, the practice needs consent from any patient that has an answer phone and is happy for us to leave a message. If you do not consent we will be unable to leave a message on an answer phone or with a third party. | |
| I give consent for the Practice to leave a message on my answer phone | Yes □ No □ |
| I give consent for the Practice to leave a message about any aspect of my medical treatment | Yes □ No □ |

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| **ETHNIC ORIGIN** | |
| * (Asian or Asian British) Bangladeshi 🞎 (Asian or Asian British) Indian * (Asian or Asian British) Other Background 🞎 (Asian or Asian British) Pakistani * (Black or Black British) African 🞎 (Black or Black British) Caribbean * (Black or Black British) Other Background 🞎 (Mixed) Other Background * (Mixed) White and Asian 🞎 (Mixed) White and Black African * (Mixed) White and Black Caribbean 🞎 (Other) Any Other * (Other) Chinese * (White) British 🞎 (White) Irish 🞎 (White) Other Background |  |
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**2**

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| **PREVIOUS DETAILS** | |
| **Previous Home Address** |  |
| **Previous GP**  **(Name and Address)** |  |

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| --- | --- |
| **If you are from ABROAD** | |
| **First UK address where registered with GP** |  |
| **Date you first came to live in the Uk** |  |
| **If previously resident in the UK, date of leaving** |  |

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| **ARMED FORCES** | |
| **If you have served or are serving in the ARMED FORCES please answer the following questions:** | |
| **Service or Personnel Number** |  |
| **Enlistment Date** |  |
| **Address before enlisting** |  |

**3**

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| **SMOKING STATUS** | |
| Do you smoke? |  |
| **Yes** □ How many cigarettes a day?\_\_\_\_\_\_\_\_\_\_\_ | **No** □ Have you ever smoked? Yes □ No □ |
| Would you like help to stop smoking?  **Yes** □ No □ | If Yes, please give the **date you stopped**: |
| If **Yes**: Support will be provided by Kent Community Health NHS Trust Stop Smoking Services, who will be in contact with you shortly. We are required to send them some basic information from your record, e.g. name, address, DOB  I consent to the practice sharing my details as above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)\*  The Stop Smoking Service can leave a message for me \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)\*  **\* Please ensure you have included your mobile telephone number and/or email address on this form.** | |

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| **ALCOHOL CONSUMPTION** | |
| Alcohol can affect your health and certain medications.  Use the guide below to assess how many units you drink in a week. | |
| Do you drink alcohol? | Yes □ - Units per week: No □ |
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| **ALLERGIES to MEDICATION** | | |
| **Do you have an adverse reaction to any medication?** | Yes □ No □ | **If Yes, please list here:** |

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| **DIABETIC PATIENTS** | | |
| **Are you Diabetic?** | Yes □ No □ | This information will help us to direct you to one of our diabetic specialists for your New Patient Check. |

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| **COMMUNICATION PREFERENCE** (AIS)  If you require additional assistance when communicating with the practice, please indicate it below by ticking the relevant box. If not, please tick ‘No additional assistance required’ | | | | | | | | | | | | | | | | | | |
| □ No additional assistance required, thank you. | | | | | | | | | | | | | | | | | | |
| **SIGHT** | | | | | | | | | | **SOUND** | | | | | | | | |
| Large Print | | | | | | | □ | | | British Sign Language | | | | | | | | □ |
| Braille (state grade) | | | | | | | □ | | | Audio Cassette Tape | | | | | | | | □ |
| Other (please state) | | | | | | | □ | | | Other (please state) | | | | | | | | □ |
| **Office Use Only (RECEP) ADULT / CHILD Initial box when ALL RECEP tasks completed** | | | | | | | | | | | | | | | | | | |
| Named Accountable GP given to patient | | | Initials of GP: | | ***Residential Home Entered*** | | | |  | | Next of Kin signature checked | | |  | | Sections checked  (Y or N ticked) □ | | |
| **Office Use Only (ADMIN) Initial box when ALL ADMIN tasks completed** | | | | | | | | | | | | | | | | | | |
| ‘New Patient Form Codes’ Template completed in EMIS |  | AIS CODES in EMIS | |  | ALLERGY CODES in EMIS |  | | SMS/Email ALERTs in EMIS | | | |  | Organ/Blood Donor Record entered (Exeter) | |  | | **FEMALES: (24-65Y)** Cytology checked (Exeter) 🞎 | |

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| --- | --- | --- |
| **Weight/Height** | | |
| **Weight (approx.)**  **Height** |  |  |

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**Patient Access – Online Services**

We offer online access for you to book/cancel appointments, view some of your medical information and order repeat medication.

You need to be registered for this service in order to use it.

You can *only* apply for yourself and must be aged 16 or over.

Photo ID is required to register for this service.

Application form is attached.

**Data Sharing**

**We take the confidentiality of your personal and medical information very seriously.**

When appropriate, Sutton Valence Group Practice will share pertinent details of your clinical record between the various care professionals who are or will be involved in your clinical care (your GP, local hospitals, district nurses, out of hours services, health visitors, etc). This data is only used for your direct medical care.

There are other occasions when we have requests to share your data. You have the option to opt out of these.

On the next pages these options are explained and you must sign each section if you wish to OPT IN.

**If you do not sign a section you are automatically opted OUT for that service.**

**NHS Care & Health Data**

In May 2018, the strict rules about how patient information can and cannot be used were strengthened. We need to make sure that you know this is happening and the choices you have. You can *choose* whether your confidential patient information is used for research and planning. The NHS aims to use data that does not identify you, but sometimes it is necessary to use your confidential patient information like your name and/or address. Please see our Website for details about how we use your data, or pick up a leaflet in the waiting room.

**What you need to do:**

If you are happy for NHS England to direct NHS Digital to extract, store and manage/use your information then you need to do nothing.

If you choose not to allow your confidential patient information to be used for research and planning, this will be respected and applied by NHS Digital and Public Health England. These organisations collect, process and release health and adult social care data on a national basis.

**Make a choice**

By phone - Call: 0300 303 5678

Open: 9am to 5pm Monday to Friday (excluding bank holidays).

**Make a choice by print and post**

If you are unable to use the online or telephone service, you can use a paper print-and-post form to set a choice instead. Visit <https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/other-ways-to-manage-your-choice/>

**Make a choice online**

<https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/>

Please visit <https://www.nhs.uk/your-nhs-data-matters> for more information.

***Important: Data sharing is separate from the Summary Care Record consent form enclosed. The Summary Care Record (SCR) allows us to share your clinical information with NHS hospitals if you are referred into secondary care; please remember to complete and return the SCR form to the surgery.***

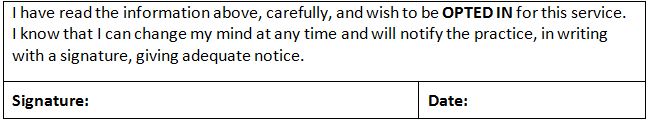
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**SUMMARY CARE RECORD (SCR)**

NHS England has introduced the Summary Care Record, which will be used in emergency care.

The record will only contain information about any medicines you are taking, allergies from which you suffer and any adverse reactions to medicines you have had, to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare professionals providing your care anywhere in England, but they will, where possible, ask your permission before they look at it. This means that if you have an accident or become ill, those treating you can have immediate access to important information about your health.



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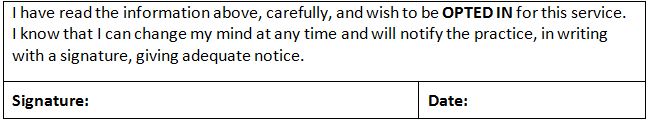
**SMS (Text) Messaging Service**

We may use SMS messaging to communicate with patients who have provided us with a mobile number, for the purposes of health education/promotion, data collection, test results and appointment reminders.

Information sent via an SMS message will be generic and no information which identifies an individual patient such as name, address, or other items of personal detail will be included. Information stating the reason for the message will be kept to a minimum.

Where an important matter is to be conveyed to the patient a letter or other reliable method will be used.

We **do not** currently offer a reply facility unless requested by us in the message.



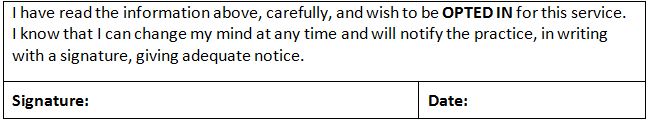
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**Email Services**

We may use email messaging to communicate with patients who have provided us with an email address, for the purposes of health education/promotion, data collection, test results, reminders and other medical information.

If you are expecting correspondence via this method, which you haven’t received, please check your spam folder.

**If you are OPTING OUT of this service, you should NOT include your email address on the front page.**



**Please use this space for any other comments:**

**GMS1 SUPPLEMENTARY QUESTIONS**

|  |  |
| --- | --- |
| **PERSONAL DETAILS** |  |
| **Title** | Mr/Mrs/Ms/Miss |
| **Forenames** |  |
| **Surname** |  |
| **Date of Birth** |  |

|  |  |  |  |
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| **PATIENT DECLARATION for all patients who are not ordinarily resident in the UK** | | | |
| Anybody in England can register with a GP practice and receive free medical care from that practice.  However, if you are not ‘ordinarily resident’ in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of ‘indefinite leave to remain’ in the UK.  Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.  More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.  **You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.**  **The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.**  **Please tick one of the following boxes:**  a) □ I understand that I may need to pay for NHS treatment outside of the GP practice  b) □ I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge (“the Surcharge”), when accompanied by a valid visa. I can provide documents to support this when requested  c) □ I do not know my chargeable status  I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.  **A parent/guardian should complete the form on behalf of a child under 16.** | | | |
| **Signed:** |  | **Date:** | **DD MM YY** |
| **Print name:** |  | **Relationship**  **to patient:** |  |
| **On behalf of:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.** | | | | |  |
| **NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS** | | | | |  |
| Do you have a non-UK EHIC or PRC? | | YES: □ NO: □ | If YES, please enter details from your EHIC or PRC below: | |  |
| *If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC)/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.* | Country Code : | |  | |  |
| 3: Name | |  | |
| 4: Given Names | |  | |
| 5: Date of Birth | | **DD MM YYYY** | |
| 6: Personal Identification  Number | |  | |
| 7: Identification number  of the institution | |  | |
| 8: Identification number  of the card | |  | |
| 9: Expiry date | | **DD MM YYYY** | |
| PRC validity period (a) From: | **DD MM YYYY** | | (b) To: | **DD MM YYYY** |  |
| Please tick □ if you have an S1 (eg. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff**. | | | | |  |
| **How will your EHIC/PRC/S1 data be used?** By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.  Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country. | | | | |  |

**Sutton Valence Group Practice**

**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.  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. 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.** | **Repeat prescriptions online**  **GP appointments** **online**  **View your GP records**  **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.**  **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 Patient Online and be especially careful if you use a public computer to shut down the browser and switch off the computer after you have finished.** |

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| **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. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them. If this happens please contact your surgery as soon as possible. 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**  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. |

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| **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> |

**Sutton Valence Group Practice**

**Application for online access to my medical record**

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address  Postcode | |
| Email address | |
| Telephone number | Mobile number |

I wish to have access to the following online services (please tick all that apply):

|  |  |
| --- | --- |
| 1. Booking appointments |  |
| 2. Requesting repeat prescriptions |  |
| 3. Accessing my medical record |  |

I wish to access my medical record online and understand and agree with each statement (tick)

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice |  |
| 2. I will be responsible for the security of the information that I see or download |  |
| 3. If I choose to share my information with anyone else, this is at my own risk |  |
| 4. If I suspect that my account has been accessed by someone without my  agreement, I will contact the practice as soon as possible |  |
| 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 |    |
| 6. 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 Date

**PLEASE PROVIDE PHOTO ID AND PROOF OF ADDRESS WHEN RETURNING THIS FORM**

**For organisation use only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient NHS number | | | Organisation computer ID number | |
| Identity verified by (initials) | Date | | Method  Vouching   Vouching with information in record   Photo ID and proof of residence  | |
| Authorised by | | | | Date |
| Date account created | | | | |
| Date passphrase sent | | | | |
| Level of record access enabled  All   Prospective  Retrospective   Detailed coded record   Limited parts  | | Notes / explanation | | |