New Patient Registration Form for Persons Under the Age of 18

Please complete all pages in full using block capitals

1. Background Details

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	
☐ Mr ☐ Mrs ☐ Miss ☐ Ms			
Surname		Gender	
Previous Surname (if applicable)			
First Name			
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:		
Next of Kin	Full Name:	Tel:	Relationship:
Next of Kin Address			
Family Registered with Us (Name and Date of Birth)			
Has the patient been registered in the NHS before?	☐ Yes ☒ No	If no, please state date entered UK:	
Are you an Armed Forces Veteran?	☐ Yes ☐ No Enlistment Date:	Discharge Date:	

** 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*

Other Details				
Place of Birth				
Ethnicity	☐ White British ☐ Other White Background ☐ White and Black Caribbean ☐ African	☐ White and Black African ☐ White and Asian ☐ Other Mixed	☐ Chinese ☐ Indian ☐ Pakistani ☐ Other Black Background	☐ Bangladeshi ☐ Other Asian Background ☐ Information Refused
Religion	☐ C of E ☐ Catholic ☐ Other Christian	☐ Buddhist ☐ Hindu ☐ Muslim	☐ Sikh ☐ Jewish ☐ Jehovah's Witness	☐ No religion ☐ Other:
Housing	☐ Own House ☐ Rented House ☐ Shared House	☐ Nursing Home ☐ Residential Home ☐ Sheltered Home	☐ Homeless ☐ Housebound	☐ Asylum Seeker ☐ Refugee
Employment	☐ Employed ☐ Self-employed	☐ Student ☐ Unemployed	☐ House husband ☐ House wife	☐ Carer ☐ Retired

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

Carer/Social Worker Details				
Are you a carer?	☐ Yes – Informal / Unpaid Carer	☐ Yes – Occupational / Paid Carer	☐ No	
Do you **have** a carer?	☐ Yes	Name*:	Tel:	Relationship:
Do you **have** a social worker?	☐ Yes	Name*:	Tel:	

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

2. Medical History

Medical History

Have you suffered from any of the following conditions?

☐ Asthma	☐ Heart Disease	☐ Diabetes	☐ Mental health problems
☐ COPD	☐ Heart Failure	☐ Kidney Disease	☐ Underactive Thyroid
☐ Epilepsy	☐ High Blood Pressure	☐ Stroke	☐ Cancer -Type:

Any other conditions, operations or hospital admission details:

If you are currently under the care of a Hospital or Consultant outside our area, please tell us here:

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……	☐ Heart Disease……..…	☐ Diabetes……..……	☐ Mental health……..…
☐ COPD……..	☐ Stroke……..……..	☐ Kidney Disease..……	☐ Thyroid……..……..
☐ Epilepsy……..	☐ Blood Pressure……	☐ Liver Disease..……...	☐ Cancer……..

Other:

Allergies

Do you have any drug allergies? Please include known reactions…

Please have any other allergies? Please give as much detail as possible...

Current Medication			
Please attach a copy of your repeat prescription to this new patient questionnaire. Otherwise, please include as much information about your current medication below. A medication review appointment may be needed.			
Medication	**Dosage**	**Repeat**	**Quantity Remaining**

Pharmacy
Would you like to nominate a pharmacy? ☐ Yes ☐ No Name and Address of Pharmacy:

3. Your Lifestyle

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				

Height & Weight (If not known, please ask a member of staff)	
Height	
Weight	

Females Only	
Do you use any contraception?	☐ Yes ☐ No If needed, please book appointment.
Do you have a coil or implant in situ?	☐ Yes Date inserted: _____ ☐ No
Are you currently pregnant or think you may be?	☐ Yes Expected due date: _____ ☐ No
Last smear test date/result:	_____

4. Further Details

Named Accountable GP
All patients will be allocated a named GP who is responsible for their care. Patients will be informed of their named GP by the Practice. We encourage you to make appointments with your named GP, although you are entitled to make an appointment to see any GP of your choice, subject to availability.

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

5. Sharing Your Health Record

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

Your Summary Care Record (SCR)

Do you consent to having an Enhanced Summary Care Record with Additional Information?

☐ Yes *(recommended option)*
☐ No

Signature			
Signature	☐ Signed by patient ☐ 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?

Wellington Road Surgery 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: www.nhs.uk/NHSEngland/thenhs/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