

Grafton Road Surgery

New Patient Registration

Your Details

Please complete and return this questionnaire together with **2** forms of identification.

- Passport or photo driving licence or National Identity Card.
- Bank/Building Society statement or utility bill (less than 3 months old) showing home address.

Have you been registered with this surgery in the past? Yes No

If yes, when?

Your Nominated/Allocated GP is your Registered GP

NHS Number (Available from Previous Surgery)	
Title (Mr, Mrs, Mis, Miss etc)	
Surname	
First Name	
Date of Birth	
Address Line 1	
Address Line 2	
Address Line 3	
Post Code	
Email Address	

Home Telephone No.	
Mobile Telephone No.	

Previous Details

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

Previous Doctor	
Previous Surgery Name	
Address	

Your Previous Address

Address Line 1	
Address Line 2	
Address Line 3	
Post Code	

If you are from Abroad

Place of Birth	
Date you arrived in UK	

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Ethnicity

(Please circle as appropriate)

<u>White</u>	<u>Mixed</u>	<u>Black</u>	<u>Asian</u>	<u>Chinese</u>
White British White Irish White European	White / Black Caribbean White / Black African White / Asian	Black British Black Caribbean Black African Other Black background	Indian Pakistani Bangladeshi Other Asian Background	
<u>Any other ethnic category</u> ; please state				

Main Language Spoken	
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Next of Kin

Name	
Relationship	
Contact Details	

Smoking Habits

Please tick the appropriate box

Smoker	Never smoked	Ex-smoker
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If you are a Smoker please answer the following :

What do you smoke?
(Please circle)

Cigarettes	Cigars	Pipe	Electronic Cigarettes
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How many Cigarettes to you Smoke :

1 – 10 per day	10 – 20 per day	20 + per day
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If you would like Help to Quit Smoking, please ask for details at Reception

Healthcheck

We offer a New Patient Health Check to newly registered patients, if you would like to have one, please speak with a Receptionist.

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Family History

Has any close family member (grandparent, parent, brother, sister, aunt or uncle) had any of, or suffer from, any of the following?

Problem	Their Relationship To You	Their Age when Diagnosed
Heart Attack		
Angina		
Stroke		
Asthma		
Diabetes		
Cancer (State type, eg. bowel, breast)		

Alcohol Habits

One alcohol unit equals one 25ml single measure of whisky (ABV 40%), or a third of a pint of beer (ABV 5-6%) or half a standard (175ml) glass of red wine (ABV 12%).

Please complete the following by circling the appropriate answer:

Do you drink alcohol?	Yes / No
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Estimated Units Per Week	
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How often do you have 8 (Men) 6 (Women) or more drinks on one occasion?

Never	Less than Monthly	Monthly	Weekly	Daily	Almost Daily
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How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never	Less than Monthly	Monthly	Weekly	Daily	Almost Daily
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How often during the last year have you failed to do what was normally expected of you because of drinking?

Never	Less than Monthly	Monthly	Weekly	Daily	Almost Daily
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In the last year has a relative or friend, or doctor or other health worker been concerned about your drinking or suggested that you cut down?

No	Yes	At least one occasion
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Current Medication

Please give details of any medication which you take (prescribed or otherwise):

Name of Drug	Dosage

Would you like to nominate a Pharmacy for prescriptions? If Yes all future prescriptions will be sent electronically to your nominated pharmacy	Yes / No
Pharmacy Name and address:	

Past Medical History

Please give details of any previous significant past medical history :

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Carers

Do you have a Carer? Yes / No

If YES please provide their details :

Name	
Address	
Telephone No	

Are you a Carer ?

Do you look after someone who is ill, frail, disabled or mentally ill?

Name	
Address	
Telephone No	

Armed Forces

Are you an Armed Forces Veteran ?	YES / NO
If YES, which Service?	

Are you currently employed by the Armed Forces?	YES / NO
If YES, which Service?	

Consent for Communications

I consent to receiving Text messages for appointments, reminders etc	Yes / No	Date	
I consent to receiving Email Messages for appointments, reminders etc			

Accessibility

We aim to ensure that all patients have access to services at the Practice. If you require accessibility support please detail below;

British Sign Language Interpreter	<input type="checkbox"/>
Audible Alerts	<input type="checkbox"/>
Large Print	<input type="checkbox"/>
Accessing Test Results, Immunisations and Problems	<input type="checkbox"/>

What is your preferred method of communication?	
How would you like us to communicate with you?	
What support would be helpful?	
What is the best way to send you information?	

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DATA SHARING

You need to let us know if you wish to opt out of any of the services below :

Summary Care Record

A Summary Care Record is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had.

Having this information stored in one place makes it easier for other healthcare staff to treat you in an emergency, or when your GP Practice is closed.

YES - I DO wish to have my Summary Care shared with other Healthcare Professionals	
NO - I DO NOT want my Summary Care Record shared with other Healthcare Professionals	

Signature of Patient	
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Name and Signature on Behalf of Patient	

Your Care Connected

This is a more detailed record that can be shared with local hospitals and community services throughout Solihull, Birmingham and Sandwell. This enables all organisations to share important details of your medical history along with investigations, test results, medication etc.

The aim is to improve communication across local GP's, hospitals and community services and helps avoid duplicating investigations such as blood tests.

I wish to OPT OUT of Your Care Connected	
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Signature of Patient	
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Name and Signature of Behalf of Patient	
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National Opt-Out Facility

You can choose whether your confidential patient information is used for research and planning.

Who can use your confidential patient information for research and planning?

It is used by the NHS, local authorities, university and hospital researchers, medical colleges and pharmaceutical companies researching new treatments.

Making your data opt-out choice

You can choose to opt out of sharing your confidential patient information for research and planning. There may still be times when your confidential patient information is used: for example, during an epidemic where there might be a risk to you or to other people's health. You can also still consent to take part in a specific research project.

Will choosing this opt-out affect your care and treatment?

No, your confidential patient information will still be used for your individual care. Choosing to opt out will not affect your care and treatment. You will still be invited for screening services, such as screenings for bowel cancer.

What should you do next?

You do not need to do anything if you are happy about how your confidential patient information is used.

If you do not want your confidential patient information to be used for research and planning, you can choose to opt out securely online or through a telephone service.

You can change your choice at any time. To find out more or to make your choice visit nhs.uk/your-nhs-data-matters or call 0300 303 5678

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Access to GP ONLINE SERVICES

In order for Access to be given Identity **must** be verified, please provide one of the following for verification:

- Passport P
- Photo Driving Licence
- National Identity Card.

Surname	
First name	
Date of birth	
Address	
Postcode	
Email address	

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

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Accessing Test Results, Immunisations and Problems	<input type="checkbox"/>

For practice use only

Identity Verified By: (Please Tick)	Vouching		Photo ID	
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Verified By	Name:	Signature:	Date
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Scanned to Record By:	
Date scanned:	
Use Read Code	Xabui

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Application for Online Access to My Medical Record

Important Information – Please read before returning this form

If you wish, you can now use the internet/mobile phone to book appointments with a GP, request repeat prescriptions for any medications you take regularly, look at your test results, Immunisations and medical records all online. Also, you can still call the surgery for any queries regarding the above services. It's your choice.

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 for any reason you cannot do this, we recommend that you contact the practice so that they can remove your online access until you are able to reset your password.

If you print out any information from your records, it will be your responsibility to keep this safe and secure. If you are at all worried about keeping printed copies safe and secure, 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 the following happening are very small, you will be asked if you have read and understood the following before you are given login details from our Staff Member.

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.

Misunderstanding Medical 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>

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Online access to my Medical Record Form

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

I have read and understood the information on the sheet in this pack	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

Name (PRINT)	
Signature	
Date	

For practice use only – **MUST BE AUTHORISED BY PARTNER OR PRACTICE MANAGER**

VERIFICATION

Identity Verified By: (Please Tick)	Vouching		Photo ID	
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Verified By:	Name:	Signature:	Date
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AUTHORISATION

Authorised By:	Name:	Signature:	Date:
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Scanned to Record By:	
Date scanned:	
Use Read Code	Xabui