BIRCHWOOD SURGERY

Additional Medical & Personal Information Pack

(This is not your Registration Form. Please see inside for further details)

ADULT

Welcome to Birchwood Surgery
Thank you for choosing us to be your family Doctor

What you need to do next :

1. Be aware that **ALL** patients must also fill out the GMS-1 form which can also be found on our website
2. Please obtain your NHS number from your previous GP practice if this is applicable before attending your registration appointment.
3. Contact the surgery to book in a registration appointment.(this is not currently required due to the Covid-19 Pandemic)
4. Complete all forms as thoroughly as possible and if possible attach a copy of your repeat prescription side slip if this is applicable.
5. Bring the completed forms and the required two (2) pieces of evidence (see list below) back to the surgery reception team.

Check List for proof of ID

Photo ID X 1	**Proof of Address X 1**
Passport ☐	Tenancy/Mortgage Agreement ☐
Driving Licence ☐	Bank Statement ☐
College/University Student Card ☐	Utility Bill under 3 months old ***Not Mobile phone bill*** ☐

BIRCHWOOD SURGERY

Privacy Notice

We understand how important it is to keep your personal information safe and secure. We have taken steps to make sure your personal information is looked after in the best possible way, and regularly reviewed.
If you would like to know how we use the personal and healthcare information we collect on your behalf, our Privacy Notice can be found on our website or alternatively you can request a copy from main reception.

New Patient Registration Form (Adult: 16 and over)

Instructions for completing this form

Date: ....

1. Complete a separate form for each family member to be registered
2. Complete in **BLOCK CAPITALS** and tick the boxes as appropriate

1

Full Name:

Date of Birth:

Title : ☐ Mr ☐ Master ☐ Mrs ☐ Miss ☐ Ms

Gender: ☐ Male ☐ Female ☐ Other. *Please state* :

Other. *Please state* :

Marital Status:

Home telephone number:

Maiden name / Mothers name if different:

Current Address:

Mobile telephone number:

We will automatically use this number to send appointment reminders and health promotion details. If you **do not** wish to receive reminders and health promotion details Please tick here to **opt out of this service :** ☐

Work telephone number:

Alternative telephone number:

Next of Kin:

Relationship to Patient:

Next of Kin contact tel. number:

How would you prefer us to contact you: (can select more than one)

☐ Letter ☐ Email ☐ SMS (text) ☐ Phone

Town* and Country of birth
(*If town is London please state which Borough)

Country:

Town:

Borough (*If born in London):

Please list other residents of your home who are registered with us:	Name:	Date of Birth:

2

Looking After A Family Member

Are you looking after someone?
Let us know if you are looking after someone who is ill, frail, disabled or has mental health and/or emotional support needs, or substance misuse problems.

☐ Yes ☐ No

Is someone looking after you?
Let us know if a family member, friend or neighbour looks after you. If yes, they are your carer. You are welcome to invite your carer to accompany you to visits at the practice.

☐ Yes ☐ No

Carer's name :

Relationship to you:

Address of carer :

Telephone number of carer :

3	**Are You Currently Employed?**			
	If so please specify whether :	☐ **Full-time**	☐ **Part-time**	☐ **Self-employed**
	Please specify your occupation:			
	Are you employed as a paid carer or social/health care worker:		☐ Yes	☐ No
	If you are not employed, please indicate which best describes you:			
	☐ **Retired** ☐ **Student**	☐ **Housewife/ Homemaker/House husband**		☐ **Unemployed**
	☐ **Other *Please state*:**			
	If returning from the Armed Forces please state which below:		**Comments:**	
	☐ **Army**	☐ **Royal Navy**	☐ **Royal Air force**	

4						
Your Religion (Please tick)	Church Of England ☐	Catholic ☐	Other Christian (state): ☐	Buddhist ☐	Hindu ☐	Muslim ☐
	Sikh ☐	Jewish ☐	Jehovah's Witness ☐	No religion ☐	Other religion (state) ☐	
Your Ethnic Origin (Please tick one)	White (UK) ☐		White (Irish) ☐	White (Other) ☐		
Black Caribbean / British ☐	Indian / British Indian ☐		Arabic ☐	Other Mixed Background ☐		
Black African / British ☐	Pakistani / British Pakistani ☐ ☐		Chinese ☐	Other Asian Background ☐		
Other Black Background ☐	Bangladeshi / British Bangladeshi ☐		Other ☐	Ethnic Category Refused ☐		
What is your main spoken language? Please Specify: **Do you speak English?** Yes ☐ No ☐			**Do you need an Interpreter?** Yes ☐ No ☐			
Do you need help with mobility/hearing/speaking? (tick all that apply)						
Wheelchair ☐	Walking aid ☐		Hearing aid ☐	British sign language (BSL) ☐	Makaton sign language ☐	
Lip reading: ☐	Large print: ☐		Braille ☐	Other. ***Please state***: ☐		
Are you currently?	Homeless ☐		A Refugee ☐	An Asylum Seeker ☐		
Are you housebound?	Yes ☐ No ☐		Comments:			

Please state all countries you have lived in or visited for periods of greater than 6 months:	
Country:	**Dates/Year (If known):**

5 Lifestyle

Are you currently a smoker?	☐ Yes	☐ No	If you smoke, how many Cigarettes / Cigars / Tobacco do you smoke in a day?
Have you ever been a smoker?	☐ Yes	☐ No	

If you are a smoker and want to STOP please tick here: ☐

Alcohol:	**Scoring System**					**Your Score**
	0	**1**	**2**	**3**	**4**	
How often do you have a drink containing alcohol?	Never	Weekly	2-4 Times Per week	Once a Day	4+ Times Per Day	
How many units* of alcohol do you drink on a typical day when you are drinking?	**1-2**	**3-4**	**5-6**	**7-9**	**10+**	
How often have you had 6 or more units if female, or 8+ if male, on a single occasion in the last year?	Never	Less Than Monthly	Monthly	Weekly	Daily Or Almost Daily	
***Alcohol Units: 1 Pint Of Premium Beer = 2.5 Units. 1 Pint Beer/Cider = 2 Units. Single Measure Of Spirit = 1 Unit. Small (125ml) Glass Of Wine = 1 Unit**					**Total Score**	

6 Diet and Exercise

How much exercise do you do?	**What type of diet do you have?**
	☐ Healthy
☐ Sedentary (No exercise)	☐ Unhealthy
☐ Gentle (climbs stairs, walking , gardening)	☐ Vegan
☐ Moderate (Cycling, swimming regularly)	☐ Vegetarian
☐ Vigorous (Attends gym regularly)	☐ Moderate

Please enter your height in	**Please enter your weight in**
Metres/Centimetres:	**Kilos/grams:**

7 Females Only

What is the date of your last ***Smear test***?		Date:	Result: ***if known***
Was this at your GP Surgery?	☐ Yes ☐ No	Date of last ***Mammogram*** (if applicable):	

8 Your Medical Background

Are there any serious diseases that affect your parents, brothers or sisters?
Tick all that apply *and* state family member:

☐ **Diabetes** Who:	☐ **Asthma** Who:	☐ **Thyroid disorder** Who:	☐ **Stroke** Who:	☐ **COPD** Who:
☐ **Heart Attack under age of 60** Who:	☐ **Cancer (Specify type)** Who:	☐ **High Blood pressure** Who:	**Any other important family illness. *Please state*:**	Who:

Please state any allergies and sensitivities you have to medicines, food & dressings:	
Please state any mental disabilities you have:	

Are you able to administer your own medicines?	☐ Yes ☐ No	***If no*** please give details, e.g. swallowing or opening containers:

What long term medical conditions have you / do you have?	Date of Diagnosis:
1.	
2.	
3.	
4.	
What operations or serious injuries have you had?	Date of operations or injuries:

Please list any tablets, medicines or other treatments you are currently taking / undertaking:

Name	Dose	Quantity/ How often	GP Prescribed?
1.			Yes/No
2.			Yes/No
3.			Yes/No
4.			Yes/No
5.			Yes/No
6.			Yes/No
7.			Yes/No
8.			Yes/No
9.			Yes/No
10.			Yes/No

9 Patient Participation Group (PPG)

The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better. By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.
If you are interested in getting involved in the PPG, please visit the link on our website for further information and submit your interest.
Alternatively if you do not have access to the internet and would like us to send the literature and application form out to you please tick the box below

Yes I am interested in becoming involved in the PPG, please send out the relevant literature and application form. ☐	***No*** I am not interested in becoming involved in the PPG ☐

10 Online Services & access to your medical records

You can now do the following online or via the SystmOnline app:

- *Book and cancel appointments,*
- *order repeat prescriptions,*
- *View a summary of your medical record.*
- *Medical coded record*

- **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.**

Please Provide your Email Address:

You will automatically be **Opted in** for online services, if you do not wish to be opted in for these services please tick the box to opt out.

I wish to **Opt out** of online services ☐

11 Electronic Prescription Service

The Electronic Prescription Service (**EPS**) sends electronic prescriptions from GP surgeries to pharmacies. Eventually EPS will remove the need for most paper prescriptions. Please add your nominated pharmacy below. We will automatically send your prescriptions to your nominated pharmacy where possible.

Nominated Pharmacy…………………………………………….

Once you have selected a pharmacy, please ensure you advise the pharmacy that you have selected them to receive and request your repeat medications.

12 Other Information

Do you have a "***Living Will***"? (A statement explaining what medical treatment you would not want in the future)?	☐Yes ☐No	***If "Yes",*** can you please bring a written copy of it to your first appointment?
Have you nominated someone to speak on your behalf (***e.g. a person who has Power of Attorney***)? ☐ Yes ☐ No	***If "Yes", please state*** their Name: Address: Phone number:	
Do you wish to be or are you a NHS Registered Blood Donor? ☐ Yes ☐ No	Do you wish to be or are you an NHS Registered Organ Donor? ☐ Yes ☐ No	

If you wish to be on the NHS Organ Donor Register please specify below which organs/tissue you would like to donate.

Please tick the boxes that apply:

☐ Any of my organs and tissue or

☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas ☐ Any part of my body

NHS Digital

Dear patient,

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.

- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.

- E**xpress dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) will be created for you, which **will** contain only medications, allergies and adverse reactions

You are free to change your decision at any time by informing your GP practice.

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13	**Summary Care Record Consent**			
	Having read the above information regarding your choices, please choose one of the options below **Yes – I would like a Summary Care Record** ☐ Express consent for medication, allergies and adverse reactions only. **Or** ☐ Express consent for medication, allergies, adverse reactions and additional information. **No – I would NOT like a Summary Care Record** ☐ Express dissent for Summary Care Record (opt out).			
	Patients name:	Date of birth:	Patient postcode:	
	Surgery name:	Surgery location (town):		
	NHS number (if known):	Date:		
	Signature:			
	If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below.			
	Name:			
	Please circle one:	Parent	Legal Guardian	Lasting power of attorney for health and welfare

For more information, please visit https://www.digital.nhs.uk/summary-care-records/patients, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

14	**Signature**	
	Patient signature:	Signature on behalf of patient:

Thank you for completing this form. ***For more information about the services we offer, please refer to our practice leaflet or see our website***

Office use only

For GP practice use only

To update the patient's consent status, use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below.

Summary Care Record consent preference	Read 2	CTV3
The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reaction only)	9Ndm.	XaXbY
The patient wants a Summary Care Record with core and additional information (express consent for medication, allergies, adverse reactions and additional information)	9Ndn.	XAXbZ
The patient does not want to have a Summary Care Record (express dissent for Summary Care Record – opt out	9Ndo.	XaXj6

Registration Checklist

NOTE: Please ensure all relevant sections below have been completed by the registration clerk at the time of registration

Section:	Notes	Read Code	Staff member that completed section
Section 1	Ensure Name and Date of Birth of patient has been completed		Completed by:
	Task to Debbie to activate SMS consent via MJOG		Completed by:
Section 2	Task to Debbie to add notes if patient is a carer or cared for		Completed by:
Section 3	Employment		Completed by:
Section 4	Ethnicity, Religion and Circumstances		Completed by:
Section 5	Lifestyle		Completed by:
Section 6	Diet and Exercise		Completed by:
Section 7	(Cervical screening) Task to Kerry M - only for women aged between 25yrs to 64yrs		Completed by:
Section 8	Medical Background		Completed by:
Section 9	PPG		Completed by:
Section 10	Has patient been setup for online services and provided with log in details		Completed by:
Section 11	Electronic Prescription Service		Completed by:
Section 12	Other information such as blood donor and will		Completed by:
Section 13	If patient has consented for Summary Care record to be shared - action this.		Completed by:
Section 14	Signature	N/A	N/A
Read Code	Ensure read code for - Informing patient of named accountable general practitioner has been added.	Xab9D	Completed by:
Read Code	Ensure read code for - Patient allocated named accountable general practitioner has been added.	XacWQ	Completed by: