

Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

Mr Mrs Miss Ms Surname
 Date of birth: | | | | | | | | First names
 NHS No. | | | | | | | | Previous surname/s
 Male Female Town and country of birth
 Home address
 Postcode Telephone number

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

Your previous address in UK Name of previous GP practice while at that address
 Address of previous GP practice

If you are from abroad

Your first UK address where registered with a GP
 If previously resident in UK, date of leaving Date you first came to live in UK

Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: Regular Reservist Veteran Family Member (Spouse, Civil Partner, Service Child)
 Address before enlisting: Postcode
 Service or Personnel number: Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable)
Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

I live more than 1.6km in a straight line from the nearest chemist
 I would have serious difficulty in getting them from a chemist
 Signature of Patient Signature on behalf of patient
 Date: / /

**Not all doctors are authorised to dispense medicines*

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:
White: British Irish Irish Traveller Traveller Gypsy/Romany Polish
 Any other white background (please write in):
Mixed: White and Black Caribbean White and Black African White and Asian
 Any other Mixed background (please write in):
Asian or Asian British: Indian Pakistani Bangladeshi
 Any other Asian background (please write in):
Black or Black British: Caribbean African Somali Nigerian
 Any other Black background (please write in):
Other ethnic group: Chinese Filipino
 Any other ethnic group (please write in):
Not stated:
 Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

NHS England use only Patient registered for GMS Dispensing

To be completed by the GP Practice

Practice Name

Practice Code

 I have accepted this patient for general medical services on behalf of the practice

 I will dispense medicines/appliances to this patient subject to NHS England approval.

I declare to the best of my belief this information is correct

Authorised Signature

Name

Date

____/____/____

Practice Stamp

SUPPLEMENTARY QUESTIONS – These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

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 an EU 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: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p><i>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.</i></p>	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

Please tick if you have an S1 (e.g. 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 Business Service Authority for the purpose of recovering your NHS costs from your home country.

New Patient Registration

Title: _____ Preferred pronoun: _____

Forename: _____

Middle name(s): _____

Surname: _____

Date of Birth (dd/mm/yy): _____

Gender: _____ Gender at birth (if different): _____

Ethnicity: _____ Country of Birth: _____

First Language: _____ Translator needed: Yes / No

Mobile Phone: _____ Land line: _____

Email: _____

We may use text and / or email to communicate with you about various elements of your care...

Do you consent to receiving: **Text Messages?** - Yes / No **Emails?** - Yes / No

Next of Kin Name: _____ Phone: _____

Next of kin relationship to you: _____

Are you a student? _____ Yes / No Year # ____ out of ____

Religion: _____

Date entered the UK (if not from birth): _____

Biometric Resident Permit number (if relevant): _____

Are you an asylum seeker? _____ Yes / No

Are you a refugee? _____ Yes / No

Smoking - Do you currently Smoke? Yes / No

If **Yes**, how many per day? _____ If **No**, are you an ex-smoker Yes / No

Exercise - Which best describes your exercise habits? (Please circle one) ...

Exercise impossible	Avoid exercise	Light exercise	Moderate exercise	Heavy exercise	Competitive exercise
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Alcohol - Please answer each question with a score the right-hand column...

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
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 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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 or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Accessible Information Standards

As a practice we want to make sure that we give you information that is clear to you. For that reason, we would like to know if you have any communication needs.

Do you have any special communication needs? Yes / No

eg Braille, Easy Read Format, Large Print, Audio File

If yes, please state your needs below:

Electronic Prescribing Service (EPS)

The EPS allows to send your prescriptions electronically to a pharmacy of your choice. This makes the process more efficient and convenient for patients.

Do you give consent for my prescriptions to be sent electronically to the pharmacy? Yes / No

Nominated Pharmacy: _____

Address: _____

Postcode: _____

Summary Care Record

If you are registered with a GP practice in England you will already have a Summary Care Record (SCR), unless you have chosen not to have one. It will contain key information about your medical history.

This information is not automatically shared across all healthcare organisations in the UK, but it may be important for other healthcare professionals to have if they are caring for you. Being able to access your Summary Care Record helps healthcare staff to make better and safer decisions about how best to treat you.

You have a choice of what information you would like to share if any, and healthcare staff can only view this information with your permission. The information shared will solely be used for the benefit of your care.

- a) **Express consent for medication, allergies, & adverse reactions only.**
Only information about current medications, allergies, and adverse reactions will be shared.

- b) **Express consent for medication, allergies, adverse reactions, & additional information.**
Additional information includes health conditions, procedures/operations, and vaccinations you have had. Also, information about how and where you would like to be treated, what support you might need and who should be contacted for more information about you, if it is recorded

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

If no choice is made, then then option b) is assumed, as it is in your best interests. You are free to make a choice or change your choice at any time. If you wish to make a choice now, please indicate this below:

Yes - I would like my Summary Care Record to be shared

- Express consent for medication, allergies, & adverse reactions only.
- or**
- Express consent for medication, allergies, adverse reactions, & additional information.

No - I would not like my Summary Care Record to be shared

- Express dissent for Summary Care Record (opt out).

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:

Full Name: _____ **Phone Number:** _____

Your relationship to the patient: (circle one of the options below)

Parent	Legal Guardian	Lasting power of attorney for health & welfare
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If you require any more information, please visit www.digital.nhs.uk/scr/patients or phone NHS Digital on **0300 303 5678**.

Data Sharing

NHS England aims to link information from all the different places where you receive care, such as hospital, community service and us your GP Surgery. This will allow them to share the care you received in one area with other providers of your medical care.

Information is held in a secure environment by NHS Digital who use the data to improve patient care. NHS Digital has legal powers to collect and analyse data from all providers of NHS care and are committed, and legally bound, to the very highest standards of privacy and confidentiality to ensure that your confidential information is protected at all times. This data can also be used, with permission, for research purposes. If you do not wish to share data for research, you can opt out:

- a) You can object to information containing identifiable data you from leaving the Practice. This will also prevent identifiable information held in your record from being used in your Summary Care Record
- b) You can also object to any information identifiable data from leaving NHS Digital. This includes information from all places you receive NHS care. If you object, confidential information will not leave NHS Digital and will not be used, except in very rare circumstances for example in the event of a public health emergency, for future service planning or for research

The law requires that Doctors sometimes share information with organisations such as NHS England, or the police/courts, without patient consent

Outside of these legal requirements and the Summary Care Record system described previously in this form we will never share your record without your consent

For more information or to opt-out you can call: 0300 303 5678 or visit:
www.nhs.uk/your-nhs-data-matters

Online Access to Records

You can access your GP Health Record on a computer or smartphone giving you several options to help manage your own care. You can do this through the NHS website/App or with an alternative provider of which there are now many.

Accessing your record online gives you options

- Viewing your consultations, documents, conditions, medications, allergies, immunisations & test results
- Ordering repeat medications
- Viewing and making appointments
- Sending & receiving messages directly with the Practice
- Accessing your Covid Pass

For more information on how to get started visit you can visit the NHS website, www.nhs.uk/nhs-services/gps/using-online-services/ and also our own website www.seftonparkmedicalcentre.nhs.uk

Understanding your online records

- Your records are written by trained healthcare staff using language and terminology that you may not understand when reading. You can find help with this at www.nhs.uk
- If it is considered to be in your best interest, the Practice has the right to disable online access to some or all of your health record.
- You may see your test results before your doctor has spoken to you about them. This can in some circumstances cause distress, please bear this in mind. We will always get in touch if we need to speak to you about a test result.
- If you find something you think is not correct, you can contact the Practice. Depending on the specific details we will take the appropriate action.
- If you believe someone else has gained access to your records or login details, contact the Practice immediately to block access and reset the login details

If you have questions about any of the above points, please talk to the Practice and they will be able to advise you further.

If you would like to sign up for access to online records, please complete the following form. Please be advised each person applying requires a different email address.

If you would like online access someone else's health record, such as your child (known as Proxy Access) there is a separate form for this, please ask for one at reception.

Application for Online Access to My Medical Record

Please be advised each person needs a different email address

Name:		Date of Birth:	
Email:			

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

1. Booking Appointments	
2. Requesting repeat prescriptions	
3. Accessing coded medical records, including test results, immunisations, medications & consultations	

I wish to access my medical record online and understand and agree with each statement (all required to be ticked to enable online access)

1. I have read and understood the information above/overleaf.	
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
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FOR GP PRACTICE / OFFICE USE ONLY - ID checked

- Photo ID
- Proof of Address dated within last three months
- Vouched for with patient record details
- Vouched for by member of staff

Staff Name (PRINT): _____

Date: _____