



# BROOK SQUARE SURGERY

New Patient Registration Form – please complete in full.

Your Contact Details							OFFICE USE
Title:	Mr	Mrs	Miss	Ms	Dr	Other (Specify):	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Name(s):							
Surname:							
Address: Town Postcode							
Telephone numbers:	Home: Mobile:						
I GIVE PERMISSION for the surgery to leave me an answer phone message					YES	NO	
					<input type="checkbox"/>	<input type="checkbox"/>	
I GIVE PERMISSION for the surgery to leave message with a 3 <sup>rd</sup> party i.e. next of kin					YES	NO	
					<input type="checkbox"/>	<input type="checkbox"/>	

Family History / Allergies	
Please state any <b>serious family illness</b> , in particular heart disease, strokes, high blood pressure, diabetes or any inherited disease:	
Please advise if you have any allergies:	

Next of Kin		
Please provide name, relationship, address and a telephone number for next of kin:		
Name		
Address:		
Telephone number:		
Relationship:		

Additional Family Members within the household		
Name	Date of Birth	

<b>Please help us trace your previous medical records by providing the following information</b>		
Your most recent previous address in the UK (within last 15 years)		
Previous GP Surgery		
<b>Ethnic Group/ Language</b>		
<p>This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act. Please indicate your ethnic origin. <b>This is not compulsory</b>, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.</p> <p>Please state your Ethnic Group and/or Religious Preferences:</p> <p>Please confirm if you are an English Speaker      YES / NO</p>		
<b>Alcohol</b>		
<b>How often do you have a drink containing alcohol?</b>		
N/A	Never	Monthly or less
2-3 times a week	4+ times a week	2-4 times a month
<b>How many units of alcohol do you drink on a typical day?</b>		
1 or 2	3 or 4	5 or 6
7 or 8	10 or more	
<b>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?</b>		
Never	Less than monthly	
Monthly	Weekly	Almost daily
<b>Smoking / Height / Weight</b>		
Do you smoke?	Yes	No
If you currently smoke do you use an E-CIG or tabacco? Please tick which one.	E-CIG	Tabacco
If no, have you ever smoked?	Yes	No
Did you know that you can get help to stop smoking at <a href="http://www.nhs.uk/smokefree">www.nhs.uk/smokefree</a> ?		
Please advise your: Height	<input type="text"/>	Weight <input type="text"/>
<b>Carer Information</b>		
<b>Do you have a Carer? (If YES please give details)</b>		
Name:		
Date of Birth:		
Relationship.		

<b>Are you a Carer? (if YES please give details)</b>		
Name of person you care for:		
Date of birth of person you care for:		

**Summary Care Record - Please see attached leaflet**

Additional information can be added to your SCR by your GP practice and is a summary of information about your medical history. It can include the following: your long term health conditions such as asthma, diabetes, heart problems or rare medical conditions, immunisations and vaccinations and any medication you make be taking.  
**WOULD YOU LIKE YOUR SUMMARY CARE RECORD TO CONTAIN ADDITIONAL INFORMATION?**  
**YES**  **NO**

**Prescriptions**

Brook Square Surgery offers a free Electronic Prescription Service.  
 Would you like your prescription to be sent to a Chemist of your choice?

<input type="checkbox"/>	Yes, please send my prescription to my preferred chemist. <b>Please give Chemist Name &amp; Location:</b>	<input type="checkbox"/>	No, I would like to collect my prescriptions from the surgery
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**Proof of Identity and Address Provided (If photo ID is not provided, 2 forms of ID are required, please tick below)**

Birth Certificate	Utility Bill	Passport	Driving License
Allowance Book	Tenancy/Agreement	Other	

**Have you served for at least one day in the HM Armed Forces (Regular or Reserve)?**

If you have served in the HM Armed Forces (Regular or Reserve) then you may be entitled to priority treatment if your GP is of the opinion that your condition is as a results of your time in the forces.  
*Please state your DISCHARGE DATE:*

**Do you hold a Fire Arm Certificate?**

**YES**  **NO**

**Please sign (if registering a child under 16, please sign on their behalf)**

Signature: ..... Date: \_\_\_/\_\_\_/\_\_\_

Please note: allow up to 10 DAYS for a new registration to go live on our system – this does not prevent you making an appointment.

**Where possible, please obtain a full set of repeat prescriptions BEFORE leaving your existing doctor.**



## Your Electronic Patient Record & the Sharing of

There is a new system for sharing your medical record. In order that other health care organisations could access this information if you wish, we need you to decide whether you agree to this or not:

### How does this work?

You can choose whether your GP practice can see your medical record from other healthcare professionals who are treating you.

Imagine you are receiving care from 3 different NHS services: your GP, a District Nurse and a podiatry service. You want your GP and nurse to share information with each other and you want both of them to know your progress at the podiatry. However you don't want podiatry to see any of your other medical information.

Your sharing setting would be:

The **GP** can share information **IN** and **OUT**

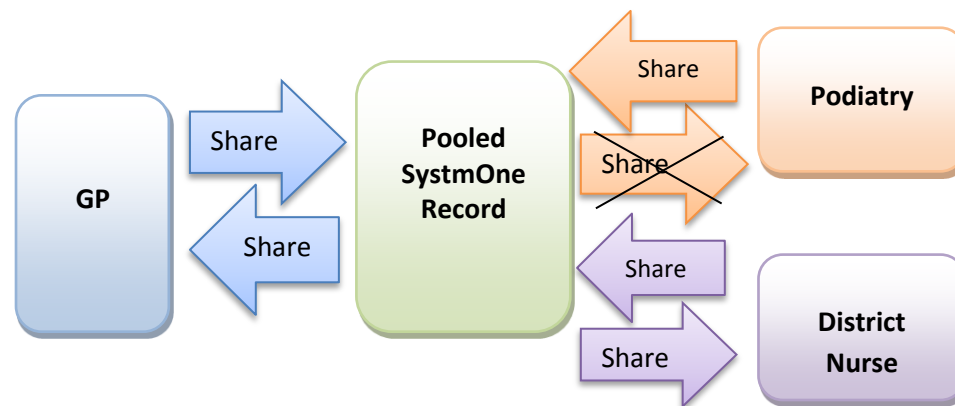
The **District Nurse** can share **IN** and **OUT**

The **Podiatry** can only share information **OUT** but not **IN**

- One consent, controls whether the information recorded at a GP practice can be shared out (known as **Sharing Out**).
- The other consent allows a GP practice to **view** information which has already been made shareable by other NHS Care Services using SystemOne (known as **Sharing In**).

### Why has this change been made?

- The enhanced Data Sharing Model gives more control to the patient for record sharing in line with the NHS Care Record Guarantee. For more information see: <http://www.nigb.nhs.uk/pubs/nhscrg.pdf>



### Sharing Out.

This controls whether your full GP electronic patient record can be shared with other NHS Care Services where you are treated.

Please record your preference

Sharing out **YES**  (Shared) OR **NO**  (Not Shared)

Signed on or on behalf of patient

.....

Patient Name:.....

Date:.....

## Adding important information to your NHS Summary Care Record



You already have a Summary Care Record (SCR)

Your SCR has important information about your health in it:

- **Medicines** you take
- **Allergies** you have
- Any medicines that make you ill



You might need to see a doctor or nurse who does not know you



If they do not know about your care, your SCR could:

- Stop them making a mistake, because they can see your medicines, allergies or what medicines make you ill
- Help them see your information straight away on a computer



Doctors and nurses treating you will ask if they can look at your SCR to help them treat you quickly and safely



### You can choose

You can choose to have other useful information added to your SCR, including:

- Your **illnesses** and any **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**
- **Who should be contacted** for more information about you



### What to do next

If you think you want to add other useful information to your SCR, talk to your GP practice. They will add it to your SCR and keep it up to date for you

If there is information you don't want adding, let your GP practice know



### For more information

- **Talk** to staff at your GP practice
- **Call 0300 303 5678**
- **Visit** <http://systems.digital.nhs.uk/scr/patients>