Rainworth Surgery

New Patient Information Form

Please take time to read through and complete all the relevant sections of this registration form. We are sorry it is so long. There are a lot of things we are required to ask you, particularly about how your information is used. If you are not sure about anything in this form, please ask someone to help you. When returning your completed Registration Form, please bring with you proof of your current address i.e. utility bill, bank statement, photographic ID if available, etc.

ABOUT YOU

Full Name _____ Date of Birth ____ / _____ / _____

Mobile phone no. _____ Email address _____

We offer a text messaging service. You will be sent reminders before your appointment and we may text you about other health matters. Please tick here if you would **NOT** like to receive text messages □

If you like us to have someone we can contact on your behalf in the case of an emergency, (eg hospital admission, home visit and doctor unable to gain entry) please provide us with details of an emergency contact:

Emergency Contact_____ Date of Birth_____/_____/_____

Relationship _____ Contact number_____

Have you ever served in the Armed Forces? Yes / No

Ethnicity

□White - British
□White - Irish
□Any other White background
□Mixed - White & Black Caribbean
□Mixed - White and Black African
□Mixed - White and Asian
□Any other mixed background
□Asian or Asian British - Indian
□Asian or Asian British - Pakistani
□Asian or Asian British - Bangladeshi
□Any other Asian background
□Black or Black British - Caribbean
□Black or Black British - African
□Any other Black background
□Chinese
□Any other ethnic group
□Prefer not to say

Carers

Do you look after someone who is ill, frail, disabled or mentally ill? Yes / No

If Yes, details of the person you look after:

Name_____ Date of Birth____ / _____ / _____

Address_____

Telephone Number_____ GP Details _____

MEDICAL INFORMATION

Family Medical History
Please state whether father, mother, brother or sister and their age at diagnosis

1. Coronary Heart Disease_____

2. Stroke_____

3. High Blood Cholesterol_____

4. Diabetes (Insulin/Non-Insulin) _____

5. Hypertension_____

6. Asthma_____

7. Other_____

General Information
Do you have any allergies? Yes / No
Do you have any problems with hearing? Yes / No
Do you have any visual problems? Yes / No
If yes to any of these questions, please provide details:_____

_____

Fast Alcohol Screening Test (FAST)
For the following questions please circle the answer which best applies.

1 MEN: How often do you have EIGHT or more drinks on one occasion?

WOMEN: How often do you have SIX or more drinks on one occasion?

(1 drink = 1/2 pint of beer or 1 glass of wine or 1 single spirits)

Never, Less than monthly, Monthly, Weekly, Daily or almost daily

2 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

3 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 or almost daily

4 In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No Yes, on one occasion Yes, on more than one occasion

Smoking
Are you a smoker? Yes / No

If Yes, how many a day? _____ and for how long (years)? _____
If No, have you ever smoked? Yes / No
If Yes, how long ago did you stop (years)? _____
and how many a day did you smoke? _____
If you still smoke, would you like us to help you stop smoking?
Yes – we will contact you to offer you support
No

ELECTRONIC PRESCRIBING SERVICE

You can have your prescriptions sent to a pharmacy electronically.

What does this mean for you?

- If you collect your repeat prescriptions from your GP, you will not have to visit your GP practice to pick up your paper prescription. Instead, your GP will send it electronically to the pharmacy you choose, saving you time.
- You will have more choice about where to get your medicines from because; they can be collected from a pharmacy near to where you live, work or shop.
- You may not have to wait as long at the pharmacy, as there will be time for your repeat prescriptions to be ready before you arrive.

Is this service right for you?
Yes, if you have a stable condition and do not want to go to your GP practice every time to collect your repeat prescription and, you collect your medicines from the same place most of the time or use a prescription collection service now.
It may not be if you do not get prescriptions very often or pick up your medicines from different places.

How can you use EPS?
You need to choose a place for your GP practice to electronically send your prescription to. This is called *nomination.* You can choose a pharmacy and a dispensing appliance contractor (if you use one).

Can I change my nomination or cancel it and get a paper prescription?
Yes you can. If you do not want your prescription to be sent electronically tell your GP. If you want to change or cancel your nomination speak to any pharmacist or dispensing appliance contractor that offers EPS, or your GP practice. Tell them before your next prescription is due or your prescription may be sent to the wrong place.

Is EPS reliable, secure and confidential?
Yes. Your electronic prescription will be seen by the, same people in GP practices, pharmacies and NHS prescription payment and fraud agencies that see your paper prescription now. Sometimes dispensers may see that you have nominated another dispenser. For example, if you forget who you have nominated and ask them to check or, if you have nominated more than one dispenser.

If you would like to sign up, which pharmacy would you like to nominate?
Pharmacy (name and location) _____

Dispensing Appliance Contractor (if applicable)_____

CHOICES ABOUT HOW WE SHARE YOUR INFORMATION
There are a lot of decisions to make about how we share your information. More information on all these decisions is available on request and staff will be happy to help you understand your choices.

SHARING INFORMATION WITH FAMILY / FRIENDS / CARERS
Many patients want to give consent for certain family members, friends or carers to be given information about their healthcare. The NHS must keep all patient information confidential unless consent is given. If you complete this consent section it will be attached to your electronic medical record and, an alert will be added to your record to inform staff of your decision. The Practice will assume this consent remains in place unless you contact us to inform us otherwise.

I give consent for:

Name_____ Date of Birth___/___/_____

Relationship_____ Contact number_____

Name_____ Date of Birth___/___/_____

Relationship_____ Contact number_____

Name_____ Date of Birth___/___/_____

Relationship_____ Contact number_____

To obtain or receive from the practice

- □ **ONLY** information regarding appointments, results, prescriptions/medication or sick notes **OR**
- □ **ANY** personal/medical information requested (this might include hospital letters, details of diagnoses or anything on your medical record)

SHARING INFORMATION WITH EMERGENCY CARE SERVICES ACROSS THE COUNTRY
The Summary Care Record consists of the following core information about you: Name, Date of birth, Address, Registered GP, Medication, Allergies and Adverse Reactions. Your SCR will be used by hospital emergency services and other GP practices with your consent.

Please tick here if you DO NOT want a Summary Care Record □
(If you are filling out this form on behalf of another person or a child, we will consider this request.)

SHARING INFORMATION WITH OTHER CARE SERVICES WHO LOOK AFTER YOU
You might think that your GP's information system automatically "talks" to other services who might be involved in your care, like the hospital, outpatient clinic or community nurse, but this is currently not the case. In order to improve your care, we are trying to join up communication between different parts of the health and social care service but need your permission to do so.

How it benefits you
We would like any other service that "talks" to your GP's system (SystmOne) to have access to your GP record. This helps it to make better informed decisions about your health care, whilst also saving time, reducing duplication and the likelihood of mistakes. These services include:

- □ Hospital and Outpatient Clinics, including those in the community.
- □ Emergency and urgent care services, eg Emergency Department and Out-of-Hours GP services
- □ The ambulance service, East Midlands Ambulance Service.
- □ The community care teams, including community nurses and matrons, physiotherapists, occupational therapists, podiatrists and specialist nurses.
- □ Child health services, such as health visitors, school nurses.

- Social care services.
- Mental health services, such as counsellors, psychiatrists and community psychiatric nurses.
- Other GP surgeries, who you may choose to see outside working hours, eg in the evening or at weekends.

So which records do you want to share?
We want to share your **ENTIRE** GP record which includes all your past medical history, medications, allergies, vaccinations and so forth. If there is anything on your record or are unsure about anything you would not want to share, bring this form to discuss with your GP. Any item you do not wish to share can be marked as "private" and will not be shared.

Who can see my shared record?
Only those people involved in caring for you and only those you have granted permission have access to your record. Your record will not be shared to any other party without your permission. They all have a duty to keep your record confidential, unless there is a lawful reason to break it.

Can I change my mind?
Yes you can, although bear in mind that another service will no longer be able to rely on using your shared record to look after you. It is also not always possible to separate out a shared record at a later date if you change your mind.

I would* / would not* like the information recorded at Rainworth Surgery to be available to be seen by other care teams who are involved in my care where I have granted those care teams access to see it.

Your choice:

I would* / would not* like the information recorded by other care teams involved in my care to be seen by team at Rainworth Surgery where I have granted those care teams the right to add it.
Delete as appropriate

Signature (of patient / on behalf of patient) _____ **Date** ____/_____/____

If you are signing on behalf of patient, relationship to patient_____

Thank you for completing this form. Please make sure you have a copy of our practice booklet for information about the services we provide and you can also find out more on our practice website www.rainworthsurgery.co.uk

We also recommend you sign up for our online service so that you can book appointments and order prescriptions online. If you would like to sign up you need to register at reception with photo ID.

NEW REGISTRATIONS CHECK LIST

PART ONE

Does the patient live inside the practice boundary – **Rainworth or Blidworth**?

YES – go to part two ☐

PART TWO

Is the GMS1 form signed? ☐

Are all fields on GMS1 completed? ☐

Are the other forms fully completed? ☐

Is eDSM completed, Share Out and Share in? ☐

Is the SCR form completed? ☐

If the eDSM and SCR do not match, please ensure the patient understands what they are signing for!

Have you checked ID? Yes ☐ No ☐

Proof of address seen ie Utility / Telephone Bill, Bank Statement etc: ……

Proof dated: …….. Photographic ID: ……..

If not – why not?.....

PART THREE – CARE HOME PATIENTS ONLY

Does the patient live in a Residential Care Home? ☐

Does the patient live in a Nursing Care Home? ☐

Receptionist Name.....

Signed.....

Date .....

Please attach this form to the registration documents before bringing to Reception.

Staff Use Only – When Registering Patient:

Record Patient allocated named accountable GP (Xab9D) ☐ Yes

Informing Patient of named accountable GP if SMS sent (XacWQ) ☐ Yes

Signed: …… Date: ……..