New Patient Registration Form – Fairfield Park Health Centre

Please complete all pages in full using block capitals

1. Background Details

Contact Details			
Name		Gender	
Previous Surname (if applicable)		NHS number	
Address		Date of Birth	
		Home Telephone	
		Work Telephone	
Mobile Telephone	I consent to be contacted* by SMS on this number:		
Email	I consent to be contacted* by email at this address:		
School attended *(for school age children only)*			
Next of Kin	Name: Tel: Relationship:		
Has the patient been registered in the NHS before? ☐ Yes ☐ No If no, please state entry date to UK:			

** It is your responsibility to keep us updated with any changes to your telephone number, email & postal address. We may contact you with appointment details, test results, health campaigns or Patient Participation Group details*
If you do not consent to being contacted by SMS or Email, please tick here: ☐ *SMS* ☐ *Email*

Other Details				
Previous GP	Name: Address:			
Ethnicity	☐ White (British) ☐ Asian ☐ White (Other)	☐ Black Caribbean ☐ Black African ☐ Black Other	☐ Bangladeshi ☐ Indian ☐ Pakistani	☐ Arabic ☐ Chinese ☐ Mixed race ☐ Other
Overseas Visitor	☐ European Health Insurance Card Held (please bring details with you)			
Armed Forces	☐ Military Veteran ☐ Family member			

Communication Needs	
Language	What is your main spoken language? Do you need an interpreter? ☐ Yes ☐ No
Communication	Do you feel you have any difficulty communicating? ☐ Yes ☐ No (If **Yes** please specify below how we might help e.g. large print documents, text/email instead of calls)

Carer Details		
Are you a carer? If you are a carer we will record this in your health record	☐ Yes – Informal / Unpaid Carer ☐ Yes – Occupational / Paid Carer ☐ No	
Do you **have** a carer?	☐ Yes *(please provide their details)*	Name*: Address: Telephone number:
If yes, would you like them to deal with your health affairs	☐ Yes *(please ask Reception for a consent form)* ☐ No	** Only add carer's details if they give their consent to have these details stored on your medical record*

2. Medical History

Medical History

Please indicate if you have, or have ever had any of the following conditions?

☐ Asthma ☐ Heart Disease ☐ Diabetes ☐ Mental Health Problems
☐ COPD ☐ Stroke ☐ Kidney Disease ☐ Underactive Thyroid
☐ Epilepsy ☐ High Blood Pressure ☐ Learning disability ☐ Obesity
☐ Cancer - type:

Any other conditions, operations or further relevant details:

Family History

Have any of your relatives suffered with any of the following medical conditions? If so, please confirm which relative (e.g. mother, father, brother, sister, grandparent) and the age at which they were diagnosed.

Condition	***Relationship***	***Age when diagnosed***	***Other comments***
Heart attack / angina			
Stroke			
High blood pressure			
Cancer (type)			
Other serious illness (specify)			

Current Medication

Please list any regular medication you are taking. (Please attach a repeat prescription slip if you have one)

Allergies

Please record any allergies or sensitivities below

3. Your Lifestyle

Height, Weight and Blood Pressure (you can use the machine in the self-care room adjacent to reception)

Height		Weight		Blood pressure	

Smoking

Do you smoke?	☐ Yes *	☐ Ex-smoker	☐ Never smoked		
If yes was it ..	☐ Cigarettes	☐ Pipe	☐ Cigar	☐ Tobacco (roll own)	
Do you use an e-Cigarette?	☐ No	☐ Ex-User	☐ Yes		
How many cigarettes did/do you smoke a day?	☐ Less than one	☐ 1-9	☐ 10-19	☐ 20-39	☐ 40+

* If you're trying to give up smoking, we can help. Studies show that your chances of success will be greatly improved if you get advice and support from health care professionals to help you stop smoking. Please contact the Practice to arrange an appointment with our smoking cessation advisers.
For further information, please see: www.nhs.uk/smokefree

3. Your Lifestyle - Continued

Alcohol

Please answer the following questions which are validated as screening tools for alcohol use:

AUDIT–C 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	
					TOTAL:	

A score of **less than 5** indicates *lower risk drinking*, **more than 5** we would suggest you reduce the amount in line with government guidelines

Scores of 5 or more requires the following 7 questions to be completed:

AUDIT QUESTIONS (after completing 3 AUDIT-C questions above)	Scoring System					Your Score
	0	1	2	3	4	
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 last year		Yes, during 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 last year		Yes, during last year	
					TOTAL:	

4. Further Details

Electronic Prescribing	
We use electronic prescribing please provide details of the pharmacy you would like to use:	Pharmacy:

Your Health Record *Please see separate fact sheet for more information*

Do you consent to your GP Practice sharing your health record with other organisations who care for you?

☐ Yes *(recommended option)*
☐ No

Your Summary Care Record (SCR) *Please see separate fact sheet for more information.*

Do you consent to having an Enhanced Summary Care Record with Additional Information? This would include any medication you take and allergies you have and your healthcare needs and personal preferences

☐ Yes *(recommended option)*
☐ No

I wish to have online access to: *Please tick all that apply*

☐ View & book appointments, request medication

☐ Access my coded medical record *(contains any medical codes that have been recorded)*

☐ Access my full medical record *(contains medical codes **and** any free text that has been recorded)*

☐ Access my Summary Care Record

In order to have access to your medical record, you must understand and agree with each of the following statements:

☐ I have read and understood the 'Important Information' section below

☐ I will be responsible for the security of the information that I see or download

☐ If I choose to share my information with anyone else, this is at my own risk

☐ I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement

☐ If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible

Patient Declaration

Please tick
☐ I confirm that the information I have provided is true to the best of my knowledge.
☐ I confirm that I have parental responsibility for this child (if signing for an under 16yr old)

Signature			
Full Name *(patient / parent or guardian if under 16yrs old)*		Date	

Checklist
Please ensure the following are done and provided so that your registration can be completed successfully

☐ Completed & Signed Above Form
☐ Completed & Signed GMS1 Form
☐ Photo Proof of ID *e.g. Passport, Photo Driving License or Photo ID card*
☐ Proof of Address *e.g. Bank statement, Utility Bill or Council Tax from within the last 3 months*

Practice Use Only

Appointment	☐ Required	☐ Not Required		
Passed to scanner ☐		Scanned onto record ☐		
Do not keep copies of these documents				
Photo ID	☐ Passport	☐ Driving licence	☐ Identity card	☐ Other
Proof of Address	☐ Utility Bill	☐ Council Tax	☐ Bank Statement	☐ Other
Name of Verifier			Date	
Name of person who authorised and added to SystmOne			Date	

Patient consent to receive text messages and emails

Please complete this form to consent to receive messages from Fairfield Park Health Centre via text (SMS) and email, and to let us know your preferred method of communication from us. Please note we cannot separate appointment confirmations/reminders from health promotion messages. Please read the following statements and complete the form below:

- We will only text or email information that is relevant to your ongoing health care e.g. appointment reminders, requests to book appointments, information following a consultation or test, prescription request/query follow-up

- Test results – please continue to phone the surgery for results as we do not text results under normal circumstances.

- We strongly recommend that, for the purposes of communication with the service, you only use a private email account / private mobile telephone (not a family or shared account or mobile phone). We also recommend that you password protect your phone, you do not display notifications on the lock screen and 'read then delete' clinical texts.

- You can opt out of receiving text messages or emails at any time by informing reception or emailing **bsccg.fairfieldpark@nhs.net**

Please consent – please complete all sections and tick boxes

Mobile number

I consent to receiving text messages from Fairfield Park Health Centre on this number

Yes ☐ No ☐

Email address (please use block capitals)

I consent to receiving emails from Fairfield Park Health Centre to this address
Yes ☐No ☐

I understand that it is my responsibility to inform Fairfield Park Health Centre if I change my mobile phone number or email address.

Name

Signed

Date

Sharing Your Health Record

What is your health record?

Your health record contains all the clinical information about the care you receive. When you need medical assistance it is essential that clinicians can securely access your health record. This allows them to have the necessary information about your medical background to help them identify the best way to help you. This information may include your medical history, medications and allergies.

Why is sharing important?

Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

- Sharing your contact details — This will ensure you receive any medical appointments without delay
- Sharing your medical history — This will ensure emergency services accurately assess you if needed
- Sharing your medication list — This will ensure that you receive the most appropriate medication
- Sharing your allergies — This will prevent you being given something to which you are allergic
- Sharing your test results — This will prevent further unnecessary tests being required

Is my health record secure?

Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

Can I decide who I share my health record with?

Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

Can I change my mind?

Yes. You can change your mind at any time about sharing your health record, please just let us know.

Can someone else consent on my behalf?

If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made by those caring for you.

What about parental responsibility?

If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

What is your Summary Care Record?

Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

How is my personal information protected

Fairfield Park Health Centre will always protect your personal information. For further information about this, please see our Privacy Notice on our website or please speak to a member of our team

For further information about your health records, please see: www.nhs.uk/NHSEngland/thenhs/records

For further information about how the NHS uses your data for research & planning and to opt-out, please see:

www.nhs.uk/your-nhs-data-matters

To see how we at Fairfield Park Health Centre look after your data see our Privacy Statement on our website https://www.fairfieldparkhc.co.uk/ or ask for a hard copy at reception.

Access to GP Online Services

Important Information – Please read before completing form below

If you wish to, you can now use the internet (via computer or mobile app) to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. 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 you are unable to do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

The definition of a full medical record is all the information that is held in a patient's record; this includes letters, documents, and any free text which has been added by practice staff, usually the GP. The coded record is all the information that is in the record in coded form, such as diagnoses, signs and symptoms (such as coughing, headache etc.) but excludes letters, documents and free text.

Before you apply for online access to your record, there are some other things to consider. Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

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.
Misunderstood 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.

For further information, please see:
www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx