The Partnership of:
Drs Deasy, Patel, Dowler, Archibong, Lotlikar,
Al-Juboori & Brazier

Type of ID seen	
Date	
Staff Initials	
New patient check date	

Longfield Medical Centre
Princes Road
Maldon
Essex
CM9 5DF

NEW PATIENT REGISTRATION FORM

Please be advised all information given will be held in the strictest of confidence as in line with our confidentiality policy.

PATIENT DETAILS Please complete in BLOCK CAPITALS and circle where appropriate

Mr Mrs Miss Ms Dr Prof Rev Other		Surname:	
Date of Birth	/ /	First names:	
NHS No:		Previous name/s:	
Male/Female/ Transgender		Town and Country of birth:	
Home Address:			
Postcode:		Home Telephone Number:	
Mobile Telephone Number:		Work Telephone Number:	
Marital status:		Occupation:	
Ethnicity:		Main Spoken Language:	
Email address:			

CONSENT TO SMS & Email (This allows us to send you appointment notifications and general practice information)	YES / NO

ALLOCATED GP: Please be aware that you will be allocated a named GP within the Practice who will be responsible for your overall care; however you can still choose to see any GP at the Practice.

NEXT OF KIN DETAILS

Name and address:	
Relationship:	
Contact number:	

CHILDREN UNDER 5: Parents registering Children under the age of 5 Where possible, please provide the surgery with a copy of your Child's immunisation record.

YOUR OWN HEALTH

Health Problems: Please tick if you have a history of any of the following 12 health problems……

Cancer		Coronary Heart Disease, Heart Failure, or Atrial Fibrillation (please state which)	
Dementia or Alzheimer's		Depression or Mental Health problems	
Hypertension (High Blood Pressure)		Kidney Disease	
Respiratory Difficulties (Asthma or COPD) Please state which		Stroke or Transient Ischemic Attacks	
Diabetes		Learning Difficulties	
Epilepsy		Thyroid Disease	
If you have any other history, important illnesses or disabilities not mentioned above please give details here (include special diet requirements):			

ALLERGIES: Please list any allergies you have:	

MEDICATION: If you are currently taking any repeat medication, please attach a copy of your repeat prescription to the form when you hand it in.
REPEAT PRESCRIPTIONS Please indicate below where you would like to collect your prescriptions from

FAMILY HISTORY Has anyone in your immediate family (aged under 65) suffered from any of the following conditions?
(Please circle any that apply and note the relationship)

Asthma	Yes / No	Relationship:	
Cancer(please specify)	Yes / No	Relationship:	
Diabetes	Yes / No	Relationship:	
Heart Disease	Yes / No	Relationship:	
High Blood Pressure	Yes / No	Relationship:	
Stroke	Yes / No	Relationship:	

FOR FEMALES AGED 15 TO 65 – If you use any form of contraception please circle which one.					
Coil	Depot injection	Implant	Oral Pill	Patches	Other……
If you have a Coil or Implant approximately what date was it fitted?					Date ……
Have you had recent smear?					Date …… Normal / Abnormal

PATIENTS AGES 65 AND OVER		
Have you had a flu vaccination this year?	Yes	No
If No, would you like one this year? (Vaccines are in stock September – January each year)	Yes	No
Have you had a Pneumonia/Pneumococcal vaccination?	Yes	No
In No, would you like one?	Yes	No

YOUR LIFESTYLE

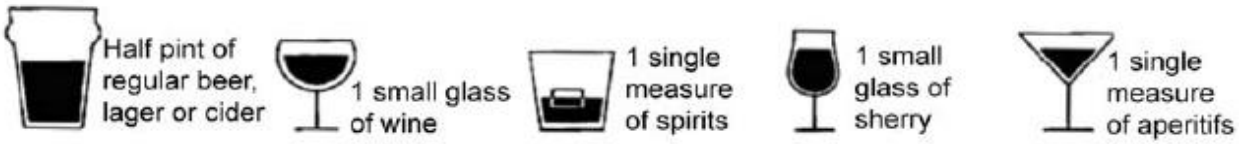
EXERCISE: Please circle which of these terms best describes how much exercise you take on a regular basis.			
None	Light	Moderate	Heavy
Body Measurements	Height	Weight	Waist Circumference
	cm	kg	cm

YOUR SMOKING STATUS (Please tick boxes and complete with information as appropriate)

Never Smoked		N/A	
Ex-Smoker		Date Stopped?	
Smoker		How many per day?	
		Would you like advice on quitting we have a smoking cessation nurse available	Yes / No

YOUR ALCOHOL CONSUMPTION

Alcohol
Each one of the below = 1 unit



Scoring System (Circle your answers)

Questions	**0**	**1**	**2**	**3**	**4**	**Your Score**
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	

ADDITIONAL COMMUNICATION REQUIREMENTS (Tick all that apply)

Do you have any specific communication needs? By leaving this section blank we <u>will not</u> record the need for alternative communication methods in your record		
Braille Grade 1	☐	
Braille Grade 2	☐	
British Sign Language	☐	
Contact via Carer/Third party	☐	
Easy read	☐	
Electronic - Email	☐	
Electronic – Test message	☐	
Large print font	☐	

Interpreter (please state Language) …….	☐
Verbally over the telephone (no written communication)	☐
Other ……	☐

APPOINTMENTS: We ask that you read our appointment schedule and our procedure for appointments – see practice leaflet

PATIENT PARTICIPATION GROUP: Would you like to help shape the way the practice develops, share your views on how services are run and/or give constructive feedback? Why not join our Patient Participation Group? Further information can found on our website (www.longfieldmedicalcentre.nhs.uk) or ask at reception for a form

SIGNATURE OF PATIENT:	
OR SIGNATURE on behalf of a patient:	
DATE:	

CARERS QUESTIONNAIRE

Who is a Carer? A Carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to being elderly, physical or mental illness, addiction or disability.

We would be grateful if you could complete the following questions for the practices Carer's Register. The register enables the practice to proactively manage carer's needs with the practice and to consider the provision of services to carers.

IF <u>YOU ARE A CARER</u> please complete this section

What is your relationship with the person you care for?	
Details of the person(s) you are caring for	
Title	
Surname	
Forename	
DOB	
House name/flat	
No. and street	
Village	
Town	
Postcode	
Telephone	
NHS number	

IF YOU ARE BEING <u>CARED FOR</u> Please complete this section

What is your relationship with your Carer?	
Details of your carer	
Title	
Surname	
Forename	
DOB	
House name/flat	
No. and street	
Village	
Town	
Postcode	
Telephone	
NHS number	

If you consent to your Carer being informed of any medical information about you which is held at the practice, please sign and date below; if NOT the leave blank

Signed: …… Date: ……

REQUEST TO ACCESS SYSTMONLINE

Date of Birth:	
Name:	
Address:	
Email:	
Mobile Phone Number:	

I confirm I am the patient named above/OR I have parental responsibility for patient named above *(please delete where appropriate*). I would like to request a password and login to enable me to access SystmOnline to book appointments, request repeat prescriptions, view my medical record and my summary care record. I understand the importance of keeping my log in and password details safe for security purposes.

Please note that if you are requesting a password and login for a young person under the age of 11 years (this will make you a "Proxy" user). Once this young person reaches 11 years of age, for the purpose of patient confidentiality your access to their SystmOnline account will automatically be disabled.

If you are registering for your own online services you will need to complete this form and return it with photographic ID. If you are registering for a "proxy" user you will need to supply photographic ID and proof that you have parental responsibility for the young person (i.e. their birth certificate)

You will be given access to the following online services
Booking appointments
Requesting repeat medications
Accessing my Summary Care Record
Full medical record from date of registration

I consent to my username and password for accessing my online services be sent to me by text/email both requires verification which will be sent to you once the registration process is complete (please tick this box to show your consent)	

Signature	
Patient Signature/Signature on behalf of patient	
If you are not the patient please state your relationship to the patient	
Date	

SHARING YOUR NHS PATIENT DATA

Information sharing in the NHS is subject to rigorous regulation and governance to ensure your full identifiable and personal medical data is kept confidential and only ever seen by carefully vetted doctors, nurses and administrative staff responsible for overseeing your care.
With the development of information technology the NHS will increasingly be sharing key information from your GP medical notes with Out of Hours GP Services, Hospital A&E Units, Community Hospitals, and Community Nurses all of whom may at various times in your life be looking after you. Sharing information can improve both the quality and safety of care you receive and in some cases can be vital in making life-saving decisions about your treatment.

There are currently three different elements of “sharing NHS patient information”

- SCR = The NHS Summary Care Record
- EDSM = The Enhanced Data Sharing Model “SystmOne”
- CARE.DATA = The Extraction of Data for Research

The first two elements are about ensuring continuity and safety in your personal care and the third is about extracting anonymous data for research to improve the future commissioning of health and social care services and the health of the nation.

We ask you please to read the information on this document carefully and complete the relevant fields on the attached form and return it to your GP surgery.

SCR = NHS SUMMARY CARE RECORD

The NHS Summary Care Record was introduced many years ago to help deliver better and safer care; it contains basic information about:

- Any allergies you may have,
- Unexpected reactions to medications, and
- Any prescriptions you have recently received.

The intention of the SCR is to help clinicians in Hospital A&E Departments and GP ‘Out of Hours’ health services to give you safe, timely and effective treatment. Clinicians are only allowed to access your SCR record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.
Over time, health professionals treating you may add details about any health problems and summaries of your care. Every time further information is added to your record, you will be asked if you agree (explicit consent).
Patients under 16 years have an NHS Summary Care Record created for them so if you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf.

EDSM = ENHANCED DATA SHARING MODEL "SYSTMONE"

SystmOne is a clinical computer system produced by a company called TPP. It lets NHS staff record patient information securely onto a computer. This information can then be shared with other clinicians so that everyone caring for you is fully informed about your medical history, including medication and allergies.
SystmOne is currently used in GP practices, Child Health Services, Community Services, Prisons, Hospitals, Urgent Care and Out of Hours services, Palliative care services and many more.

Allowing your GP to share your record in the "SystmOne" database helps to deliver better and safer care for you.

It is the policy of this GP practice to automatically opt registered patients into "SystmOne" sharing unless they expressly decline. Those patients who choose to decline are able to determine if their data is "shared out" and/or "shared in"

Sharing OUT controls whether information recorded at our GP practice can be shared with other NHS health care providers.

Sharing IN determines whether or not our GP practice can view information in your record that has been entered by other NHS services who are providing care for you or who may provide care for you in the future (*that you have consented to share out*).

To The GP Admin Support Team

NHS PATIENT INFORMATION SHARING – MY CHOICES

Please complete and/or tick the grey boxes below to detail your personal decisions regarding the 3 aspects of NHS patient data sharing:

It is very important you sign this form to say that you understand and accept the risks to your personal health care if you do decide to opt out of SCR or EDSM. Hand the completed form in to your GP Surgery; they will scan this form into your NHS GP Medical Records and enter the appropriate computer codes.

Patients full NAME	
Patients DATE OF BIRTH	

SCR Details

1. SCR - NHS SUMMARY CARE RECORD
Please tick only one box.

	Express consent for medication, allergies and adverse reactions only ***(XaXbY)***
	Express dissent – Patient does not want a summary care record and fully understands the risks involved with this decision ***(XaXj6)***

Record Sharing

2. EDSM – ENHANCED DATA SHARING MODEL "SystmOne"
Sharing Out – Do you consent to the sharing of data recorded by your GP practice with other NHS organisations that may care for you?

	YES share data with other NHS organisations
	NO do NOT share any data recorded by my GP Practice; I fully accept the risks associated with this decision

Sharing In – Do you consent to your GP Practice viewing data that is recorded at other NHS organisations and care services that may care for you?

	Consent Given
	Consent Refused; I fully accept the risks associated with this decision.

Patient's Signature	
Date	
Signature on behalf of patient	
Relationship to Patient	

THANK YOU FOR FILLING IN THIS NHS GP REGISTRATION FORM!
IT HELPS US TO HELP YOU!

Information for Patients who Do Not Attend their Appointments

Introduction
Due to the increasing number of appointments wasted through non-attendance the Practice have, introduced the following policy.

STAGE ONE.
Patient has failed to attend a pre-booked appointment (1st in a twelve month period).
Patient will receive DNA1 letter and a copy of this leaflet.

STAGE TWO
Patient has failed to attend a pre-booked appointment (2nd in a twelve month period) **OR** patient has failed to attend a "same day" appointment i.e. an appointment booked for attendance the day it's booked.
Patient will receive DNA2 letter and a copy of this leaflet.

STAGE THREE
Patient has failed to attend a pre-booked appointment (3rd in a twelve month period) **OR** patient has failed to attend a "same day" appointment i.e. an appointment booked for attendance the day it's booked for the second time.

What will happen if a patient reaches Stage 3?
At this stage, one of two things will happen:

The Partners will request the removal of the patient from their Practice List and will write to the patient advising that this is the course of action they have taken.
OR
The Partners will write to the Patient advising that they may remain registered at the Practice on the condition that all appointments are attended **thirty minutes** before their allocated appointment time. This allows us the opportunity to offer the appointment to another patient should this not be adhered to.

Should the patient opt to remain registered at the Practice they will be requested to sign an agreement stating that they understand and will comply with the conditions applied to their continued registration at the Surgery.

What will happen if a patient does not arrive THIRTY MINUTES before their appointment time?
Patients not arriving thirty minutes before their allocated appointment time will have their appointment cancelled.

Patients subsequently attending the Surgery once their appointment has been cancelled will not be offered another appointment for that same day.

Patients not arriving thirty minutes before their allocated appointment time and not offering any explanation for this will be written to and removed from the Practice List.

How long will these conditions remain valid for?
Stage Three will remain in place for a minimum of three appointments and a maximum period of one year.

CANCELLING YOUR APPOINTMENT:
Should you wish to cancel your appointment please give us as much notice as possible but certainly no less than thirty minutes allowing us adequate time to offer the appointment to another.

TEXT MESSAGES:
Effective November 2014, we started sending text confirmation of your appointment to your mobile number (if you have consented). Please ensure that the reception team have your current mobile phone number for this purpose.
For children under 16 we will be texting the parent whose number is on that child's record.
Please note that it is your responsibility to remember your appointment and to ensure you let us know in good time if you cannot attend.
Should you have any queries regarding this policy, please address them to the Head of Operations, Samantha Young.