



Princes Road, Maldon,
Essex, CM9 5DF.

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

Our catchment areas are: Broad Street Green, Cock Clarks, Cold Norton, Goldhanger, Great Totham, Heybridge, Langford, Latchingdon, Little Totham, Maldon, Mundon, North Fambridge, Northey Island, Osea Island, Purleigh, Stow Maries, Tolleshunt Major, Ulting, Wickham Bishops, Woodham Mortimer and Woodham Walter.

| | |
|-------------------------|--|
| Type of Photo ID seen: | |
| Staff Name or Initials: | |
| Date: | |

NEW PATIENT REGISTRATION FORM (ADULT)

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



There are Number Plate Recognition cameras in operation at LMC, to avoid a fine being issued from the Parking Company, you will need to put the vehicle number plate into the system every time you visit. It is your responsibility to input your vehicle number plate to the system (or the vehicle you have travelled in). You will find the Parking Station within the reception area.

PATIENT DETAILS Please complete in BLOCK CAPITALS and circle where appropriate

| | | | | | | | |
|-----------------------------|------------|----------------|----|----|----------------------------|--|--|
| Mr Prof | Mrs Rev | Miss Other: | Ms | Dr | 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: | | | | | | | |
| Are you a Foster Parent? | | | | | | Are you registered with the local authority? | |
| | | | | | | | |



| | |
|---|----------|
| 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: | |

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 (also include special diet requirements):



| | |
|--|--|
| <p>ALLERGIES: Please list any allergies you have:</p> | |
|--|--|

| |
|---|
| <p>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.</p> |
| <p>REPEAT PRESCRIPTIONS: <i>If you live 3 or more miles from the surgery, you will be able to collect your prescription from the surgery Dispensary.</i></p> |
| <p>Please indicate below where you would like to collect your prescriptions from:</p> |
| |

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: | |

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



| 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

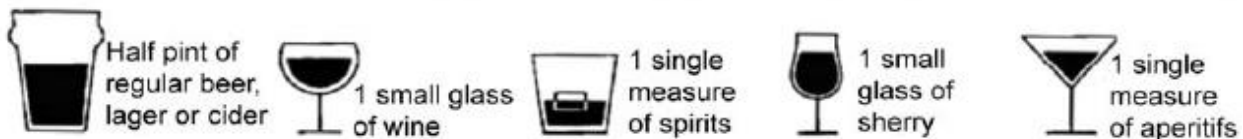
| EXERCISE: Please circle which of these terms best describes how much exercise you take on a regular basis. | | | |
|---|--------|----------|---------------------|
| None | Light | Moderate | Heavy |
| Body Measurements | Height | Weight | Waist Circumference |
| | cm | kg | cm |

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



| Questions | Please Circle Your Answers | | | | |
|--|----------------------------|-------------------|-----------------------|----------------------|-----------------------|
| 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:

There are many appointments that are pre-bookable with Practice Nurses, HCA's and Pharmacists who complete our medication reviews. You can book these appointments by calling Reception between 8am and 6.30pm Monday to Friday on 01621 876433, via the Systmonline Services (once you are registered) or by using Patches (once you are registered). Clinical appointments with a GP, Advanced Nurse Practitioner, Physician Associate or Prescribing Pharmacists are bookable using the PATCHS system, please see page 8. Alternatively, there are Enhanced Access Clinics on evenings and weekends that are pre-bookable up to two weeks in advance by phoning reception. More information can be found on our practice website.

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 be found on our practice website (www.longfieldmedicalcentre.nhs.uk) or email longfieldmc@nhs.net

| | |
|--------------------------------------|--|
| SIGNATURE OF PATIENT: | |
| OR SIGNATURE on behalf of a patient: | |
| RELATIONSHIP TO 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 YOU ARE A CARER - 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: | |
| Forenames | | | |
| Date of Birth | | NHS No (if known) | |
| Address (inc. Postcode) | | | |
| Telephone | | Mobile No. | |

IF YOU ARE BEING CARED FOR – Please complete this section

| | | | |
|--|--|-------------------|--|
| What is your relationship with your Carer? | | | |
| Details of the person(s) you are caring for | | | |
| Title | | Surname: | |
| Forenames | | | |
| Date of Birth | | NHS No (if known) | |
| Address (inc. Postcode) | | | |
| Telephone | | Mobile No. | |

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

(Access can only be processed when Photo ID has been verified)

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

You will be given access to the following online services:

- Booking appointments
- Requesting repeat medications
- Accessing Summary Care Record
- Full medical record from date of registration

Signature

By signing this form, 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.

| | |
|-------------------|--|
| Patient Signature | |
| Date | |

If you require someone to have online access on your behalf, please ask reception for an 'Online Proxy Access Form'. You, as the patient, must complete the form and both you and your 'Proxy' will need to bring Photo ID to reception for verification.



Longfield Medical Centre
01621 876433 longfieldmedicalcentre.nhs.uk

patches

Contact us online

We use an online consultation service called PATCHS. You can access PATCHS by visiting our practice website: <https://www.longfieldmedicalcentre.nhs.uk/>

Patients are expected to contact us via PATCHS, if they have the means to do so, this reduces the telephone queue for people that cannot use PATCHS. Other benefits include:

- ✚ A more efficient way of requesting an appointment with a clinician (telephone or F2F). You will be able to submit requests from 8am to 6.30pm Monday to Friday using the 'New or Ongoing Health Problem' tab until all available requests for that day have been allocated. The tabs will be blue when clinical requests are available and shadowed out when they have all been allocated. Patches will advise when next open for clinical requests. Once you have completed a request through these tabs – your request will be triaged by a Senior Clinician – please do not call Reception to see if your request has come through – they do not have the capacity to check.
- ✚ No queuing on the telephone.
- ✚ Ability to submit requests throughout the day or night. (please note, we can only respond during our opening hours).
- ✚ Submit requests for prescriptions, consultations, Med3 certificates, checking results etc.
- ✚ Submitting requests on behalf of someone you care for (consent from the patient you care for will be required if the patient is over the age of 13 years old. You will find a consent form on our website or ask at reception).
- ✚ If the clinician telephones you and decides you need to be seen, they will see you ASAP (usually on the same day, however appointments can be pre-booked for another day if the clinician deems this appropriate). Face-to-face appointments are arranged at the discretion of the clinician.

Using PATCHS also has advantages for us, this includes:

- ✚ Seeing your request details in writing helps us signpost you to the most appropriate staff member.
- ✚ Reducing the telephone queue for people that cannot use PATCHS.
- ✚ Allows us to increase our direct communication with patients.

PLEASE NOTE: Patchs requests should not be used for emergencies



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 “SystemOne”
- 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 “SYSTEMONE”

SystemOne 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.

SystemOne 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 “SystemOne” database helps to deliver better and safer care for you.

It is the policy of this GP practice to automatically opt registered patients into “SystemOne” 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.

| | |
|--------------------------|--|
| <input type="checkbox"/> | Express consent for medication, allergies and adverse reactions only (XaXbY) |
| <input type="checkbox"/> | Express dissent – Patient does not want a summary care record and fully understands the risks involved with this decision (XaXj6) |

2. EDSM – ENHANCED DATA SHARING MODEL “SystemOne”  [Record Sharing](#)

Sharing Out – Do you consent to the sharing of data recorded by your GP practice with other NHS organisations that may care for you?

| | |
|--------------------------|---|
| <input type="checkbox"/> | YES share data with other NHS organisations |
| <input type="checkbox"/> | 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?

| | |
|--------------------------|--|
| <input type="checkbox"/> | Consent Given |
| <input type="checkbox"/> | Consent Refused; I fully accept the risks associated with this decision. |

| | |
|---------------------------------------|--|
| Patient’s Signature | |
| Date | |
| Signature on behalf of patient | |
| Relationship to Patient | |



Information for Patients who Do Not Attend (DNA) their Appointments

A significant amount of time is invested at Longfield Medical Centre to create a rota in order to maximise access and appointments for our patients. Factors such as staff training, annual leave and known peak times e.g. winter and after bank holidays are taken into account.

Any patient who fails to attend for their own or their registered representative's (i.e. child) appointment without informing the practice causes wasted clinical time and resources. This also has an impact on other unwell and vulnerable patients who could have benefited from these missed appointments.

Please help us to help you by always cancelling an appointment that you are unable to attend or no longer need, with as much notice as possible, so that it may be offered to someone else.

There are 5 ways you can cancel your appointment:

- Call the dedicated 'Cancellation Line' on 01621 876433 option 1.
- Email Reception at reception.lmc@nhs.net
- Reply CANCEL to your text message reminder.
- Cancel your appointment via your online access if you have registered for this service.
- Cancel your appointment via your Patches account and use the 'admin' tab.

Please help us to maximise appointment availability in the future by remembering that your missed appointment is another patients denied appointment.

What happens when you Did Not Attend (DNA):

A Did Not Attend (DNA) message will always be sent automatically to the mobile number on record, this will then be followed by:

First DNA: you will receive a message via Patches, text message, email or letter to state that you have missed an appointment and the practice will be monitoring further DNAs. You will also be asked to inform the practice why you did not attend the appointment, so these circumstances can be taken into account and documented within your medical records.

A Second DNA within a 12 month period will activate another message on Patches, text message, email or a letter. You will be reminded of this policy and that if you DNA a 3rd appointment, you may be removed from the surgery list.

A 3rd DNA within a 12 month period and the matter will be brought to the attention of the Practice Manager and GP Partners to review and possible removal from the practice list will be considered.

If you are a parent, legal guardian or registered representative please note that the policy above will also apply to patients who are not brought to their appointments. Missed appointments will trigger a discussion in a practice meeting and review with our safeguarding lead. Failure to bring children to their appointments can be a sign of other problems that would need further action.