**IDENTIFICATIO**

**REQUEST TO REGISTER AS A PERMANENT PATIENT**

**Registration forms for children under 16**

**Your NHS number must be on your completed forms – this is a ten digit number**

**Example: 999 999 9999**

**If you do not know it, your previous practice will provide it. We cannot register you without this number**

**Identification**

Please tick evidence provided:

* Birth certificate
* Passport - current and in date

**Thank you and welcome to Willington Surgery**

 **Office Use Only:**

Accepted by: …………………………………………… Signed: ……………………………………………

Date:……………………………………………

**Informing patient of Accountable GP: Xab9D Allocated GP: XacWQ**

Identity Verification

Passport Birth Certificate Other

Welcome to Willington Surgery

The Willington Surgery Partnership requires this questionnaire to be completed in full, to give us some information about your medical history.This questionnaire has been designed to help your doctor provide you with good medical care.

Practices are required to provide all their patients with a named accountable General Practitioner who will have overall responsibility for the care and support provided to them by the surgery. **Your named accountable GP is Dr C Cowley.** This does not prevent you from seeing any other GP in the practice.

All information given will be transferred to your medical record and kept strictly confidential.

|  |  |
| --- | --- |
| **Personal Details** | *Please circle the answers that apply* |
| Surname -------------------------------------------------------- | Forenames ---------------------------------------------------- |
| Previous Names ----------------------------------------------- | Date of Birth ---------------------------------------------------- |
| Address -------------------------------------------------------------------------------------------------------------------------------------Postcode ---------------------------------------------------------Home Telephone Number ----------------------------------[ \* ] Mobile Telephone number ---------------------------------[ \* ] Mum’s no [ \* ] Dad’s no [ \* ] Own no [ \* ]**\***Please tick preferred contact number Please tick if you consent to receiving text reminders |
| Email Address -------------------------------------------------Name of the school you attend ------------------------------------------------- |
| Next of Kin -------------------------------------------------------- Relationship --------------------------------------------------------Address ----------------------------------------------------------------------------------------------------------------------------------------Postcode --------------------------------------------------------- Telephone Number --------------------------------------------------Date of completion of this questionnaire ----------------- |

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| ETHNIC ORIGIN QUESTIONNAIRE*Please indicate your ethnic origin. This is not compulsory but may help with your healthcare as some health problems are more common in specific communities. Knowing your origins may help with the early identification of some of these conditions.*Please choose ONE section from A to E, and then tick ONE box to indicate your background |
| A White

|  |  |
| --- | --- |
|  | British |
|  | Irish |
|  | Any other white background : |

 |
| B Mixed

|  |  |
| --- | --- |
|  | White & Black Caribbean |
|  | White & Black African |
|  | White & Asian |
|  | Any other mixed background : |

 |
| C Asian or Asian British

|  |  |
| --- | --- |
|  | Indian |
|  | Pakistani |
|  | Bangladesh |
|  | Any other Asian background : |

 |
| D Black or Black British

|  |  |
| --- | --- |
|  | Caribbean |
|  | African |
|  | White & Asian |
|  | Any other Black background : |

 |
| E Chinese or other Ethnic Group

|  |  |
| --- | --- |
|  | Chinese |
|  | Any other : |

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**Please Note:**

If you require this information in an accessible format, such as as large print, Easy Read or Braille, please contact the practice by telephone on 01283 703318, by email at willington.sms@nhs.net or speak to a receptionist.

**Telephone calls**

If speaking to any clinician or member of staff at the surgery please be aware all incoming and outgoing calls are recorded for training and monitoring purposes.

Please sign below to confirm acknowledgement of this process.

Signed …………………………………………………… Parent/Guardian

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| --- | --- | --- | --- |
| **Your Household** |  |  |  |
| Please list the people who are in your household. |
| **Name** | **Age** | **Relationship to you** |
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| Relations |
| Does the child have a parent not living at your current address? YESNOIf Yes please give details Name: ---------------------------------------------------------------------Address : -----------------------------------------------------------------Contact Details: ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------Do they have parental responsibility? YES NO |

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| Medical History |
| ***Past Medical Problems -*** Please list any illnesses, medical problems, accidents, operations, pregnancies and disabilities that you currently have or have had in the past. ***If you have an existing medical condition such as diabetes, high blood pressure, heart disease, asthma, COPD or epilepsy, please make an appointment to see a clinician.*** |
| Year (if known) | Problem |
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| ***Allergies*** |  |
| Do you have any allergies to medication or anything else? NO YES (Please list below)--------------------------------------------------------------------------------------------------------------------------------------------------- |
| ***Regular Medication -*** Please list any regular medication you are currently taking (prescribed or not) |
| Name of Drug | Strength | Instructions (how many and how often) |
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| ***Family History*** |  |
| Have any of your immediate family members (father, mother, brother or sister) suffered from the following? |
|  | Which relation | Age of onset of the illness if known |
| Heart disease before the age of 60? |  |  |
| Stroke before the age of 60? |  |  |
| Diabetes? |  |  |
| High blood pressure? |  |  |
| Asthma? |  |  |
| High cholesterol? |  |  |
| Are there any other illnesses known to run in your family? |
| What illness? | Who has it? |
|  |  |
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**A new way to get yourmedicines and appliances**

**The Electronic Prescription Service (EPS) is an NHS service. It gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from.**

**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 place 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 you:

* Don’t want to go to your GP practice every time to collect your repeat prescription.
* Collect your medicines from the same place most of the time or use a prescription collection service now.

It may not be if you:

* Don’t get prescriptions very often.
* 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.
* A dispensing appliance contractor (if you use one).
* Your dispensing GP practice (if you are eligible).

Ask any pharmacy or dispensing appliance contractor that offers EPS or your GP practice to add your nomination for you. You don’t need a computer to do this.

**Can I change my nomination or cancel it and get a paper prescription?**

Yes you can. If you don’t 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. Dispensers will also see all the items on your reorder slip if you are on repeat prescriptions.

**For more information visit www.hscic.gov.uk/epspatients, your pharmacy or GP practice.**

April 2013 ref: 474



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| **Electronic Prescription Service****Patient Nomination Request** |
| Patient name ………………………………………………………………………………………………Address ……………………………………………………………………………………………………………………………………………………………………………………………………………………………Telephone Number.....…………………………………………………………………………………DOB ………………….………………………………………………………………………………………..NHS Number ……………………………………………………………………………………………… |
| I am the patient named above/carer of the patient named above. Nomination has been explained to me and I have also been offered a leaflet that explains nomination. |
| Name and address of nominated dispenser\* (**please tell us to which pharmacy you would like your prescriptions to be sent)**: |
| Patient Signature……………………………………………………………………………………………………Date………………………………………………………………….…………………………….\*You are welcome to change your nominated pharmacy at any time. Please let us know and we can update your record. |

**IMPORTANT - PLEASE READ**

**Sharing your GP records with others**

**What is the National Data Opt-out?**

The national data opt-out allows patients to choose to stop their confidential patient information from being used for purposes beyond their individual care. The opt-out has been applied by NHS Digital since 25 May 2018 and by 2020 all health and care organisations must apply national data opt-outs in line with the policy. For more information about the national data opt-out see: [https://digital.nhs.uk/national-data-opt-out](http://Link.ict.hscic.gov.uk/l/d1b3c0ec9e214a79a86ae1a493283c09/8FBEB12B/7114EE36/082018n)

**How do GPs record a national data opt-out?**

The national data opt-out cannot be set through GP systems. Anyone registered with the NHS who has an NHS number can register an opt-out online or by calling 0300 303 5678.

When you turn sixteen you can make an informed choice on whether you would like to opt-out by registering online or calling the telephone number above.

**Summary Care Records (SCR)**

The SCRs purpose is to ensure that anyone treating you has basic but important information about you, especially when care is unplanned, urgent or during evenings and weekends. SCRs contain key information such as details of allergies, current prescriptions and bad reactions to medicines.

If you require further information about your choices or have concerns please telephone the NHS Care Records Service Information Line on 0845 603 8510.

When you turn sixteen you can make an informed choice on whether you would like to allow your information to be shared in this way. We will write to you detailing your options on or around your sixteenth birthday.