**IDENTIFICATIO**

**REQUEST TO REGISTER AS A PERMANENT PATIENT**

**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**

The practice **must** obtain 2 forms of identification from all new patients whether registering permanently or temporarily. Please note we **willnot** accept any registration forms without this information and **we need to seeyou personally**.

**The first must be photographic**

**The second can be one from the list below**

**Either of the above must include confirmation of the address under which you are registering**

Please tick evidence provided:

* Birth certificate
* Marriage certificate
* Driving licence
* Passport - current and in date
* Local authority rent card
* Paid utility bills
* Bank statements
* Payslip (if current address is included)
* Letters from benefits agency / benefit book /signing on card
* Papers from the Home Office
* P45.

The following documents are easily obtained and **will not** be accepted as proof of identity if presented:

* Library card
* Health club card
* Private rent book
* Debit/credit cards

**Thank you and welcome to Willington Surgery**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Office Use Only:  Identity Verification | | | | | | |
| Passport | Driving Licence | Birth Certificate | Bank Statement | Utility Bill | Marriage 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 --------------------------------[ \* ]  **\***Please tick preferred contact number Please tick if you consent to receiving text reminders | |
| Email Address -------------------------------------------------  Marital Status Single Married Divorced Widowed Separated Co-habiting  Occupation ------------------------------------------------------ Retired YES NO | |
| Next of Kin -------------------------------------------------------- Relationship --------------------------------------------------------  Address ----------------------------------------------------------------------------------------------------------------------------------------  Postcode --------------------------------------------------------- Telephone Number --------------------------------------------------  Date of completion of this questionnaire ----------------- | |

Office Use Only:

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

Date: ……………………………………………

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

|  |
| --- |
| 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 : | |

**Only applicable to 65 years or over**

The following questions help us to assess whether you are frail. If you tick YES to 3 or more questions the surgery may contact you for a further assessment.

YES NO

1) Are you more than 85 years?

2) Male?

3) In general do you have any health problems that require you to limit your activities?

4) Do you need someone to help you on a regular basis?

5) In general do you have any health problems that require you to stay at home?

6) In case of need are you able to count on someone close to you?

7) Do you regularly use a stick, walker or wheelchair to get about?

**New Patient Registration Health Check**

Patients registering at the surgery are invited to book an appointment for a routine health check.

If you would like further details or wish to book an appointment please ask a member of the reception team.

|  |  |  |
| --- | --- | --- |
| Lifestyle Information | *Please circle the answers that apply* | |
| ***Smoking Status*** |  | |
| Do you smoke? NO YES | |  |  | | --- | --- | | What do you smoke? | How many/how much tobacco per day? | | Cigarettes |  | | Roll-ups |  | | Small cigars |  | | Large Cigars |  | | Pipe |  | | |
| Would you like help to stop smoking? | NO YES WOULD LIKE TO DISCUSS FURTHER | |
| **Ex-smokers** | How many did you smoke? ----------------------------------  When did you stop smoking? -------------------------------- | |
| ***Alcohol*** | |  |
| How often do you have a drink that contains alcohol? Never Monthly or less 2-4 times per month 2-3 time per week 4+ times per week | | |
| How many standard units (see below) do you have on a typical day when you are drinking?  1-2 3-4 5-6 7-8 9+ | | |
| How often do you have 6 or more standard units on one occasions? Never Less than monthly Monthly Weekly Daily or almost daily | | |
| *Pint of regular beer/lager/cider = 2 units One bottle of alcopop or beer = 1.5 units* | | *One (175ml) glass of wine = 2 units One single measure of spirits = 1 unit One bottle of wine = 9 units* |
| ***Diet and Exercise*** | |  |
| Describe your weekly exercise ---------------------------------------------------------------------------------------------------------- | | |
| Do you follow a special diet? Please describe ------------------------------------------------------------------------------------- | | |
| Height ----------------------------- | | Weight ---------------------------- |
| ***Carers***  Do you have anyone who looks after you or your daily needs as a carer? NO YES  (please give details) --------------------------------------------------------------------------------------------------------------------  Do you care for anyone else? (this means you care for someone, who could not manage alone) NO YES  (please give details) ----------------------------------------------------------------------------------------------------------------------  The practice has a register of carers to whom we can offer support. Please ask at reception for a leaflet or see the section on our website www.willingtonsurgery.co.uk | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Your Household** |  | | |  |  |
| Please list the people who are in your household or people for whom you are responsible. | | | | | |
| **Name** | | **Age** | **Relationship to you** | | |
|  | |  |  | | |
|  | |  |  | | |
|  | |  |  | | |
|  | |  |  | | |
|  | |  |  | | |
|  | |  |  | | |
|  | |  |  | | |
|  | |  |  | | |

|  |
| --- |
| Work Hazards |
| Are you currently or have been exposed, in the past, to any hazardous substances or environments at work (e.g., high levels of noise, hand/arm vibration, chemicals, dust, fumes etc)?  NO YES (please give details) --------------------------------------------------------------------------------------------------------  ----------------------------------------------------------------------------------------------------------------------------------------------------  ---------------------------------------------------------------------------------------------------------------------------------------------------- |

|  |  |
| --- | --- |
| 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 |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| ***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) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***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? | |
|  | | |  | |
|  | | |  | |
| Have you ever served in the military? Yes/No | | | Office use only – XaX3N | |
|  | | |  | |
|  | | |  | |
|  | | |  | |

Dear Newly Registered Patient Name ………………………………….

The team at Willington surgery are supporting the government priority to address the issue of illness associated with increasing alcohol consumption.

If you are aged 16 or over, we would like to offer you the opportunity to assess whether your alcohol consumption may be putting your health at risk. Please take the time to complete the simple questionnaire below, using the printed guide to the number of alcohol units in each alcoholic drink.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Questions** | **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 the last year |  | Yes, during the 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 the last year |  | Yes, during the last year |  |
|  |  |  |  | Total | |  |

Please turn over

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Units** | 1 |  | 2 | 2 |  |
| Single measure of spirits | Bottle of wine | Glass of wine (175ml) | Pint of regular beer/lager/cider | Alcopop or can of lager |

1.5.5

9

**Interpreting your score**

|  |  |  |
| --- | --- | --- |
| Score |  |  |
| 0 – 7 | Sensible Drinking | Great – a small amount of alcohol is probably beneficial to your health |
| 8-15 | Hazardous Drinking | The amount of alcohol you are consuming could be damaging to your health. We recommend you make an appointment with one of our doctors or practice nurses to discuss this further. There is help available if you wish to cut down. |
| 16-19 | Harmful Drinking |
| 20 and over | Possible Dependence |

Please come and see one of us if you are in any doubt whether cutting down your alcohol intake would be recommended or if you have any other general concerns about your health and lifestyle. You may be entitled to an NHS health check, please ask for details.

.

**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 …………………………………………………………………………….

**A new way to get your**

**medicines 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, please complete and sign the request form overleaf.

**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: 4742



|  |
| --- |
| **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. |



**ACCESSING YOUR MEDICAL RECORDS ONLINE**

Under the new GP contractual requirements you are now able to access your medical records online. An application form is enclosed. Your medical records need to be reviewed by a GP before access can be considered. The clinicians will be reviewing two patients per week so it may be some time before your request is granted. If you are not allowed access you will be contacted to discuss the reason for the decision.

**Keeping your username and password safe**

When you register to use GP online services we will give you a username and password which you will use to log in. You should not share your login details with others.

To protect your information from other people:

* You should keep your password secret and it is best not to write it down. If you must write it down, keep a reminder of the password, not the password itself. This should be kept in a secure place.
* If you think someone has seen your password you should change it as soon as possible. You may want to call your surgery if you are not able to change it right away, for example, when you do not have access to the internet.
* You should not share your user name or password. No one should force you to show them your login details - you have the right to say no. If someone forces you, tell your surgery as soon as possible.

**Using a shared computer**

You need to take extra care when using a shared computer to look at your GP records online. This could be at the library, at work, at university or at home. To protect your personal information from others when using a shared computer you should:

* Look around to see if other people can see what is on the computer screen. Remember, your GP records contain your personal information.
* Keep your username and password secret. Just like your bank account PIN, you would not want others to know how to get into your GP records.
* Make sure you log out when you finish looking at your records so that no one else can see your personal information or change your password without your knowledge.

**Protecting your records**

We have a responsibility to look after your GP records. You must also take care online and make sure that your personal information is not seen by anyone who should not see it.

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.

**IMPORTANT - PLEASE READ - Sharing your GP records with others**

You are also able to choose to allow others, like your family or carers, to look at your GP online records. This may be because you would like them to help you look after your health. You will need to complete a consent form to allow them access to your medical records. The person you choose to share your records with will then need to contact the practice so they can be supplied with their own username and password. They will then use this to look at your GP records. You should not share your own login details with anyone. You do not need to give full access to all services. You may prefer to allow others to just order prescriptions and book appointments on your behalf. Please be aware, your prescription list can reveal information about your diagnosis and reasons for attending the surgery.

**Incorrect information in your records**

On rare occasions information in your GP records might be incorrect.

If you find any incorrect information you should let your surgery know as soon as possible.

If you see information about anyone else in your records, log out immediately and let your surgery know as soon as possible.

Before you apply for online access to your record, there are some other things to consider

* **Forgotten history** – there may be something you have forgotten about in your record that you might find upsetting.
* **Abnormal results or bad news** – If you have been given 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 us.
* **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 for specialists and not easy to understand. Please contact the surgery for a clearer explanation.

**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.

**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. If you wish for information to be withheld fromthe summary care record please ask for a form at reception.





**Patient Online: Registration form**

**Access to GP online services**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| First name |  | | |
| Date of birth |  | | |
| Address |  | | |
| Postcode |  | | |
| Email address |  | | |
| Telephone number |  | Mobile number |  |

I wish to have access to the following online services (tick all that apply):

|  |  |
| --- | --- |
| 1. Booking appointments | 🞏 |
| 1. Requesting repeat prescriptions | 🞏 |
| 1. Accessing my medical record | 🞏 |

**Application for online access to my medical record**

I wish to access my medical record online and understand and agree with each statement

|  |  |
| --- | --- |
| 1. I have understood the information provided by the practice |  |
| 1. I will be responsible for the security of the information that I see or download |  |
| 1. If I choose to share my information with anyone else, this is at my own risk |  |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement |  |
| 1. If I see information in my record that is not about me or is inaccurate I will log out immediately and contact the practice as soon as possible |  |

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

\*\*Please note this service is currently only offered to patients over the age of 16.

**Please note:**

If you require any information in an accessible format, such as large print, easy read or braille, please contact the practice by telephone on 01283 703318, by email at [willington.sms@nhs.net](mailto:willington.sms@nhs.net) or speak to a receptionist.

If you need support from a communication professional to communicate with us in a different or particular way (for example the need for a deafblind manual interpreter or British Sign Language interpreter) please let us know.

**New Patient Registration Health Check**

Patients registering at the surgery are invited to book an appointment for a routine health check.

If you would like further details or wish to book an appointment please ask a member of the reception team.