**NORTH HOUSE SURGERY**

**New patient additional information. Keep this attached to the NHS Registration form.**

**Your details:**

Title: Mr / Mrs / Miss / Ms / Dr / Other …….………

Full Name: …………………………………………………………………………………

Home phone: ……………………………….

Mobile phone/s : ……………………………….

Email address: ……………………………….

Do you have a preferred number or method we should use to contact you? ………………………

**Details of Next of Kin : (if there are more than two please attach these to this form)**

Full Title, Name & Address: ………………………………………………………………………………………..………….

Contact Numbers: ……………………………… ………………….…….………...

Relationship to you: ……………………………………………………

Full Title, Name & Address: …………………………………………………………………………………………………….

Contact Numbers: :……………………………… :………………….…….………….

Relationship to you: ……………………………………………………

**We will use your mobile number and address to send appointment reminders and other general information. It is YOUR responsibility to ensure that the contact information we hold for you for is kept up to date. The practice cannot take responsibility for information sent to an incorrect address or number where you have not notified us of a change.**

It is helpful if you can tell us why have you chosen to register at our practice (you can select more than one)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Recently moved into the area | Not moved but changing GP | Practice was recommended by someone | Practice is the closest to where I live or work | Internet search |

Other reason ………………………………………………………………………………………….

**If English is not your main spoken language what is your main spoken language**?

(*for a child or a baby not yet talking the language is normally the same as the parent or guardian).*

……………………………………………

Do you wish to bring a language interpreter to your appointments? **YES / NO**

***PLEASE TURN OVER***

**Are you a carer for an elderly, infirm or disabled person? YES / NO**

(A carer is any person who provides unpaid support to a partner, child, relative or friend who couldn’t manage without this help. This could be due to frailty, disability or a health condition)

If YES, please give some details who you care for (you do not need to give the person’s name)

……………………………………………………………………………………………………….

**Do you have a carer yourself (formal or informal)**  **YES / NO**

If yes, please provide their name and contact details

………………………………………………………………………………………………………..

**Do you have any specific needs that affect your ability to communicate? YES / NO**

such as hearing or sight issues, difficulty understandingor concentrating with verbal or written information, or difficulty remembering information. If you have specific communication needs is there any way we can help you with them?

If Yes, please provide us with some details:

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

**We will carry out an identity check as part of the registration process. You will be asked to show photo ID such as a passport or photo driving licence, and documentation that provides your current address. For children, a birth certificate is appropriate.**

**If you do not have any of these items, you may be asked to confirm your identify by answering questions about information from your GP record.**

……………………………………………………………………………………………………………………..

*For office use only*

|  |  |  |
| --- | --- | --- |
| Identity verified by :(tick all that apply) |  |  |
| Photo ID 🞏  ID type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Proof of residence 🞏  Document type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Vouching (personally known to staff) 🞏  Vouching with information in record 🞏 | Name & signature of verifier: | Date Verified: |

**Health Survey.** It is helpful to us if you can answer these questions. This helps us keep your medical record up to date and can help us manage your health. If you need any extra space, please use the back of this form.

Please keep this attached to the registration form.

**Full Name:** ………………………………………………  **D.O.B:** ………………………

Height: ………………… Weight: ………………… Blood Pressure …………………..

Have you ever had or currently have any of the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| High blood pressure |  | Epilepsy |  | Depression |  |
| Diabetes |  | Asthma |  | Anxiety |  |
| Heart Attack |  | COPD |  | Hay fever |  |
| Angina or Heart Disease |  | Rheumatoid Arthritis |  | Eczema |  |
| Stroke or mini stroke |  | Cancer |  | Other (specify below) |  |

Other health issues:

………………………………………………………………………………………………………………

Are you aware that you have any allergies to medicines, and if so, which?

………………………………………………………………………………………………………………

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently smoke? If yes, what and how much did you smoke?

………………………………………………………………………………………………………………

If no, have you ever smoked? If so, when did you stop and what do you smoke?

………………………………………………………………………………………………………………

**If you would like support to give up smoking, please ask for an appointment with one of our smoking advisers, or visit northyorks.gov.uk/stopping-smoking**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Alcohol Survey** | | | | | |
| 1. 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 |
| **2**. How many units of alcohol do you usually drink? - a pint of regular beer, lager or cider is 2 units  - a 250ml glass of wine is 3 units  -a double measure of spirits is 2 units | 1 - 2 | 3 - 4 | 5 - 6 | 7 - 9 | 10 + |
| **3**. How often have you had 6 or more units on a single occasion in the last year? | Never | Less than monthly | Around Monthly | Around Weekly | Daily or almost daily |

**If you would like guidance or support regarding safe alcohol drinking, please speak with a practice nurse  
 or nurse practitioner*.***

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**Information about your Summary Care Record**

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It contains key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record, which can help them make better and safer decisions about how best to treat you. You choose who you permit to view the information. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options on how much information is included in your SCR are outlined below; please indicate your choice. Please tick **one** option only:

**Express consent for medication, allergies and adverse reactions only**.   
You wish to share information about medication, allergies for adverse reactions only.

**Express consent for medication, allergies, adverse reactions and additional information**. You wish to share information about medication, allergies for adverse reactions and further information that includes your illnesses and health problems, operations and vaccinations you have had, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.

**Express dissent for Summary Care Record (opt out)**.   
Select this option if you DO NOT want any information shared to the Summary Care Record

If you choose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

**Your Details:**

Name : ………………………………………………..…..................

Date of birth: ……………………………..… Postcode: ………….…………

NHS number (if known): …………………………..……………….................

Signature: …………………………..…………. Date: ……………..…………

If you are filling out this form on behalf of another person, please fill out **their** details above and then you sign the form above and provide your details below:

Name: ………….........................................................................................................

|  |  |  |  |
| --- | --- | --- | --- |
| Please circle one: | Parent or legal guardian of child under 16 | Legal Guardian of a person without capacity to decide this themself | Lasting power of attorney for health and welfare |

For more information, please visit <https://digital.nhs.uk/services/summary-care-records-scr> , or call NHS Digital on 0300 303 5678 or speak to your GP Practice.

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**Your GP online record**

**Please keep this page for your own information**

If you are 16 or over, you can book and cancel appointments, order repeat prescriptions online and view some information in your GP record.

You choose which online provider you wish to use for this service and sign up with them. A list of providers can be found at [www.nhs.uk/nhs-services/gps/online-health-and-prescription-services/](http://www.nhs.uk/nhs-services/gps/online-health-and-prescription-services/). Our clinical system is System One, so please choose a provider that works with this system.

Depending on your chosen portal, you may require specific log in details which we will provide on request. Please allow two weeks after you register as a patient before asking for these.

Access to more of the information held in your GP record may be requested by individuals. Your online provider may allow you to request this electronically, or you can download the GP Online Services Request form from our practice website or ask our reception team for one. Please allow up to three weeks for these requests.

**What’s in it for you?**

* You can book appointments when the surgery is closed.
* You do not need to come into the surgery to order your repeat prescriptions.
* You can look at your record whenever you choose - before your appointment to see if there is anything you need to discuss, and after, to make sure you understood what was said.
* Before you go on holiday, you can check if your vaccinations are up to date.

**Understanding your records**

Your records are written to help medical staff look after you and so in some cases, you may not understand everything you see. If you find anything difficult to understand, you can use the information services available from your chosen provider, or go to the NHS Choices website, as well as talking to your doctor or nurse.

**A few things to think about**

* You may see test results or hospital letters before your doctor has spoken to you about them.
* You may see information you did not know was there or that you had forgotten about. If you see anything that worries you, speak to your doctor, who will be able to answer your questions.
* If you see someone else’s information in your record, please log out immediately and let the surgery know as soon as possible.
* Your GP may not think it is in your best interests for you to see your GP records online. If this happens, your GP will discuss this with you. It is up to your GP to decide if you should be allowed access. Your GP can withdraw access for anyone that doesn’t use it responsibly.
* It is your responsibility to keep your login details and password safe and secure. If you know or suspect your record has been accessed by someone that you have not agreed should see it, you should change your password immediately. You can also contact the practice who can remove access until you ask us to enable it again.
* If you choose to download, print or share the information in your record, it is your responsibility to keep this secure.

**Making sure everybody is included**

We recognise not everyone has access to computers or online services or is confident using them. To help address this, NHS England is delivering a national programme of training in digital skills and access to technology, aimed at people who might otherwise not be able to use services online. Visit <https://onlinecentresnetwork.org/ournetwork> or phone **0114 349 1666** to find out more.