Ringwood Medical Practice
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New Patient Registration Form

Please complete all pages in full using block capitals

1. Background Details

Contact Details			
Name			
NHS Number		Date of Birth	
Previous Surname (if applicable)		Gender	
Address*			
Home Telephone		Mobile Telephone*	
Email*			
Previous Address			
Next of Kin	Name/s: Tel: Relationship:		
Family Registered with Us:			
Have you been registered in the NHS before? ☐ Yes ☐ No If no, please state date entered UK:			

**** It is your responsibility to keep us updated with any changes to your telephone number, email & postal address.***
We may contact you with appointment details, test results, health campaigns or Patient Participation Group details
If you do not consent to being contacted by SMS or Email, please tick here: ☐ ***SMS*** ☐ ***Email***

Other Details				
Previous GP	Name:		Address:	
Country of Birth				
Ethnicity	☐ White (UK) ☐ White (Irish) ☐ White (Other)	☐ Black Caribbean ☐ Black African ☐ Black Other	☐ Bangladeshi ☐ Indian ☐ Pakistani	☐ Chinese ☐ Other
Religion	☐ C of E ☐ Catholic ☐ Other Christian	☐ Buddhist ☐ Hindu ☐ Muslim	☐ Sikh ☐ Jewish ☐ Jehovah's Witness	☐ No religion ☐ Other:
Employment	☐ Employed ☐ Self-employed	☐ Student ☐ Unemployed	☐ Carer ☐ Retired	
Overseas Visitor	☐ Yes	☐ European Health Insurance Card Held (please bring details with you)		
Armed Forces	☐ Military Veteran	☐ Family member		

Communication Needs	
Language	What is your main spoken language? Do you need an interpreter? ☐ Yes ☐ No
Communication	Do you have any communication needs? ☐ Yes ☐ No (If **Yes** please specify below) ☐ Hearing aid ☐ Large print ☐ British Sign Language ☐ Lip reading ☐ Braille ☐ Makaton Sign Language ☐ Guide dog
Learning Disability	Do you have a Learning Disability? ☐ Yes ☐ No Details:

Carer Details		
Do you care for someone?	☐ Yes – Informal / Unpaid Carer ☐ Yes – Occupational / Paid Carer ☐ No	
Does someone care for you?	☐ Yes	Name*: Tel: Relationship:

** Only add carer's details if they give their consent to have these details stored on your medical record*

2. Medical History

Medical History

Have you suffered from any of the following conditions?

☐ Asthma ☐ Heart Disease ☐ Diabetes ☐ Depression
☐ COPD ☐ Heart Failure ☐ Kidney Disease ☐ Underactive Thyroid
☐ Epilepsy ☐ High Blood Pressure ☐ Stroke ☐ Cancer- Type:

Other:

Family History

Please record any significant family history of close relatives with medical problems and confirm which relative eg; mother, father, brother, sister, grandparent

☐ Asthma……. ☐ Heart Disease…… ☐ Diabetes……..…… ☐ Depression……..……
☐ COPD……..… ☐ Stroke…….. ☐ Kidney Disease..…… ☐ Thyroid……..……..
☐ Epilepsy…… ☐ Blood Pressure…… ☐ Liver Disease..…..…….. ☐ Cancer……..

Other:

Allergies

Please record all known allergies or sensitivities below:

Vaccinations:

Please record or attach a copy of all known vaccinations below, including dates and batch numbers if possible:

Current Medication
If possible, please attach a repeat medication list from your previous surgery. Please check and include as much information about your current medication below:

3. Your Lifestyle

Alcohol			
Do you drink alcohol?	☐ Never	☐ Ex-drinker	☐ Yes
How many units did/do you drink a day?			

Please answer the following questions which are validated as screening tools for alcohol use:

AUDIT–C QUESTIONS	Scoring System					Your Score
	0	1	2	3	4	
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*	
					TOTAL:	

A score of **less than 5** indicates *lower risk drinking*

A Score of 5 or more requires the following 7 questions to be completed:

AUDIT QUESTIONS (after completing 3 AUDIT-C questions above)	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 last year*		*Yes, during 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 last year*		*Yes, during last year*	
					TOTAL:	

Smoking					
Do you smoke?	☐ Never smoked	☐ Ex-smoker	☐ Yes		
Do you use an e-Cigarette?	☐ No	☐ Ex-User	☐ Yes		
How many cigarettes did/do you smoke a day?	☐ Less than one	☐ 1-9	☐ 10-19	☐ 20-39	☐ 40+
Would you like help to quit smoking?	☐ Yes	☐ No			
	For further information, please see: www.nhs.uk/smokefree				

Measurements
Height: …… Weight: …… Waist Circumference: ……
Blood Pressure: ……

Exercise	
How often do you exercise?	

Memory		
Do you have concerns with your memory?	☐ Yes	☐ No
Would you like to speak to a Doctor about this?	☐ Yes	☐ No

Women Only				
Do you use any contraception?	☐ Yes	☐ No	If needed, please book appointment.	
Do you have a coil or implant insitu?	☐ Yes	☐ No	Date inserted:	Type:
Are you currently pregnant, or think you may be?	☐ Yes	☐ No	Expected due date:	

New Patient Health Check		
Would you like a New Patient Health Check?*	☐ No	☐ Yes

*A short questionnaire with addition questions about your health will be sent to you via SMS.

4. Further Details

Electronic Prescribing		
All our prescriptions are sent electronically, please provide details of the pharmacy you would like to use:	Lloyds, Ringwood ☐	Lloyds, Poulner ☐
	Boots, Ringwood ☐	Ringwood Pharmacy ☐
	Other:_____	

Practice Use Only

Please ensure the following are done and provided so that your registration can be completed successfully

- ☐ Completed & Signed GMS1 Form
- ☐ Patient informed of Named GP: ……..
- ☐ Photo Proof of ID *e.g., Passport, Photo Driving License or Photo ID card*
- ☐ Proof of Address *e.g., Bank statement, Utility Bill or Council Tax from within the last 3 months*

Photo ID	☐ Passport	☐ Driving licence	☐ Identity card	☐ Other
Proof of Address	☐ Utility Bill	☐ Council Tax	☐ Bank Statement	☐ Other

Sharing Your Health Record

This Surgery keeps all consultations and your medical records confidential, but this information explains the circumstances where your information is shared, with whom it is shared with and why. Some of which are obvious, others are less obvious. It also outlines where you can exercise your right to object to sharing of your information.

There are certain circumstances where we either have your consent already to share information or there is a legal requirement that **CANNOT** be objected to. There are also circumstances where your personal identifiable information is shared, and **CAN** be objected to:

TPP SystmOne

This Practice uses a clinical computer system called SystmOne to store your medical information, this system is also used by numerous other medical service providers and be shared seamlessly so everyone caring for you is fully informed about your medical history. You control how your medical information is shared with other organisations that use this system:

1. Sharing Out – This controls whether your information that is stored with us, the GP Practice, can be shared with other NHS Services.
2. Sharing In – This controls whether information made shareable by other NHS care services can be viewed by us, your GP Practice.

Summary Care Record (SCR)

Your Summary Care Record contains basic information including your contact details, NHS number, medications, and allergies. This can be viewed by GP Practices, Hospitals, and the Emergency Services. With you consent in place NHS professionals can view this information if they feel it would help them care for you.
If you do not want a Summary Care Record, please visit https://digital.nhs.uk/services/summary-care-records-scr/scr-patient-consent-preference-form and return the form to us.

Care and Health Information Exchange

The Care and Health Information Exchange (CHIE) is a secure system which shares health and social care information from GP surgeries, hospitals, community and mental health, social services, and others. CHIE helps professionals across Hampshire, the Isle of Wight and surrounding areas provide safer and faster treatment for you and your family. You can find out more at www.chie.org.uk, contact info.chie@nhs.net or call 0300 123 1519.

National Data Sharing

The NHS wants to make sure you and your family have the best care now and in the future. Your health and adult social care information supports your individual care. It also helps us to research, plan and improve health and care services in England. Unless you have chosen to opt out, your confidential patient information can be used for research and planning. This online service allows you to make or change your decision at any time. You can also download a form to manage a choice on behalf of another individual by proxy.

If you wish to do not wish to share this information you will need to record a national opt-out. You can find out more about the national data opt-out online at: www.nhs.uk/your-nhs-data-matters or by contacting 0300 303 5678.

Please You can change your mind at any time by speaking to Reception or your GP who will arrange for you to be contacted by the Surgery to check your decision.

4. Sharing Your Health Record

Your Health Record

Do you consent to your GP Practice sharing your health record with other organisations who care for you?

☐ Yes ☐ No

Do you consent to your GP Practice viewing your health record from other organisations that care for you?

☐ Yes ☐ No

Your Summary Care Record (SCR)

Do you consent to having an Enhanced Summary Care Record with Additional Information?

☐ Yes ☐ No

Your Local Shared Electronic Record (CHIE)

Do you consent to having an Enhanced Summary Care Record with Additional Information?

☐ Yes ☐ No

Research

Do you consent to having your information used for research projects?

☐ Yes ☐ No

Signatures	
Signature	I confirm that the information I have provided is true to the best of my knowledge. ☐ Signed on behalf of patient
Name	
Date	

Access to GP Online Services

Important Information – Please read before completing the form overleaf:

If you wish to, you can now use the internet (via computer or mobile app) to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately. If you are unable to do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

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.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore, you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

The definition of a full medical record is all the information that is held in a patient's record; this includes letters, documents, and any free text which has been added by practice staff, usually the GP. The coded record is all the information that is in the record in coded form, such as diagnoses, signs, and symptoms (such as coughing, headache etc.) but excludes letters, documents, and free text.

Before you apply for online access to your record, there are some other things to consider. Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Forgotten history There may be something you have forgotten about in your record that you might find upsetting.
Abnormal results or bad news If your GP has given you 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 them.
Choosing to share your information with someone It's up to you whether you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.
Coercion If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.
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 by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.
Information about someone else If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

For further information, please see:
www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx

6. Online Access to Your Health Record

I wish to have online access to: *Please tick all that apply*
☐ Book appointments
☐ Request medication
☐ View my medical record (subject to policy)
☐ View my Summary Care Record
☐ Complete online questionnaires

I wish to access my medical record & understand & agree with each statement: *Please tick all that apply*
☐ I have read and understood the 'Important Information' section below
☐ I will be responsible for the security of the information that I see or download
☐ If I choose to share my information with anyone else, this is at my own risk
☐ I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
☐ If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible

Please bring photographic proof of your identification for the sign-up process to be completed

Signature	
Signature	
Name	
Date	

For Practice Use Only:

Identity verified through (tick all that apply)	☐ Self-Vouching ☐ Vouching with information in record ☐ Photo ID ☐ Proof of residence ☐ Professional Vouching		
Name of Verifier		Date	