



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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

Would you like to become a member of our Patient Participation Group, who work with the Practice to represent patients' views? To find out more information please email patricia.farwell1@nhs.net or hiowicb-hsi.ringwoodmc-ppg@nhs.net

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

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

Carer Details	
Do you care for someone?	<input type="checkbox"/> Yes – Informal / Unpaid Carer <input type="checkbox"/> Yes – Occupational / Paid Carer <input type="checkbox"/> No
Does someone care for you?	<input type="checkbox"/> 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? <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Depression <input type="checkbox"/> COPD <input type="checkbox"/> Heart Failure <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Underactive Thyroid <input type="checkbox"/> Epilepsy <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Stroke <input type="checkbox"/> 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 <input type="checkbox"/> Asthma..... <input type="checkbox"/> Heart Disease..... <input type="checkbox"/> Diabetes..... <input type="checkbox"/> Depression..... <input type="checkbox"/> COPD..... <input type="checkbox"/> Stroke..... <input type="checkbox"/> Kidney Disease..... <input type="checkbox"/> Thyroid..... <input type="checkbox"/> Epilepsy..... <input type="checkbox"/> Blood Pressure..... <input type="checkbox"/> Liver Disease..... <input type="checkbox"/> 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

Please include as much information about your acute medications below. If possible, please attach a repeat medication list from your previous surgery as this is a requirement for you to receive your repeat medication:

3. Your Lifestyle**Alcohol**

Do you drink alcohol?

 No Yes

How many units 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?	<i>Never</i>	<i>Monthly or Less</i>	<i>2-4 times per month</i>	<i>2-3 times per week</i>	<i>4+ times per week</i>	
How many units of alcohol do you drink on a typical day when you are drinking?	<i>1-2</i>	<i>3-4</i>	<i>5-6</i>	<i>7-9</i>	<i>10+</i>	
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?	<i>Never</i>	<i>Less than monthly</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily or almost daily</i>	
TOTAL:						

A score of **less than 5** indicates *lower risk drinking, less than 3 if Over 65*

A Score of **5 or more or, if Over 65, 3 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?	<i>Never</i>	<i>Less than monthly</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily or almost daily</i>	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	<i>Never</i>	<i>Less than monthly</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily or almost daily</i>	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	<i>Never</i>	<i>Less than monthly</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily or almost daily</i>	
How often during the last year have you had a feeling of guilt or remorse after drinking?	<i>Never</i>	<i>Less than monthly</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily or almost daily</i>	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<i>Never</i>	<i>Less than monthly</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily or almost daily</i>	
Have you or somebody else been injured as a result of your drinking?	<i>No</i>		<i>Yes, but not in last year</i>		<i>Yes, during last year</i>	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	<i>No</i>		<i>Yes, but not in last year</i>		<i>Yes, during last year</i>	
TOTAL:						

Smoking			
Do you smoke?	<input type="checkbox"/> Never smoked	<input type="checkbox"/> Ex-smoker	<input type="checkbox"/> Yes
Do you use an e-Cigarette?	<input type="checkbox"/> No	<input type="checkbox"/> Ex-User	<input type="checkbox"/> Yes
How many cigarettes did/do you smoke a day?	<input type="checkbox"/> Less than one	<input type="checkbox"/> 1-9	<input type="checkbox"/> 10-19
			<input type="checkbox"/> 20-39
			<input type="checkbox"/> 40+
Would you like help to quit smoking?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like to speak to a Doctor about this?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Women Only		
Do you have a coil or implant insitu?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Date inserted: Type:
Are you currently pregnant, or think you may be?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Expected due date:

New Patient Health Check		
Would you like a New Patient Health Check? *	<input type="checkbox"/> No	<input type="checkbox"/> Yes

*A short questionnaire with additional 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	<input type="checkbox"/>	Lloyds, Poulner	<input type="checkbox"/>
	Boots, Ringwood	<input type="checkbox"/>	Ringwood Pharmacy	<input type="checkbox"/>
	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 Licence or Photo ID card*
- Proof of Address *e.g., Bank statement, Utility Bill or Council Tax from within the last 3 months*

Photo ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving licence	<input type="checkbox"/> Identity card	<input type="checkbox"/> Other
Proof of Address	<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Council Tax	<input type="checkbox"/> Bank Statement	<input type="checkbox"/> 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 your 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. <input type="checkbox"/> 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

There are several options available when it comes to accessing your health record. This can be done via your computer, or via the NHS App, or Airmid App.

- If you are accessing your records via your computer, please complete the form below and a member of our Administration team will email your login information.
- If you wish to access your records via the NHS or Airmid App, please follow the instructions on the reverse of this page.

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)	<input type="checkbox"/> Self-Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/> Professional Vouching		
Name of Verifier		Date	

How to Register for Online Services via the NHS App / Airmid App

Downloading the NHS & Airmid Apps

- Download two apps onto your phone: the **NHS App*** and the **Airmid***
- Use the **NHS App** first to create your **NHS Login**. You need a UK mobile phone number, email address and Photo ID (Passport, UK/European Driving License or European ID card). It can help to have your NHS number at hand.
- If you experience any difficulties creating your NHS Login, you may wish to visit the Support website: <https://www.nhs.uk/contact-us/nhs-app-contact-us>
- Use the same **NHS Login** to access the **Airmid** app, which is linked to our practice's clinical system (called **SystemOne**).

The **Airmid** app has some functionality not currently in the national **NHS App** and vice versa, which is why we recommend you download both Apps. For more guidance on using Airmid, visit <https://airmidcares.co.uk/>

You **will not** automatically be able to see your records (e.g. blood test results). For access to your records, please use the Airmid app and follow the additional steps explained in the next section.

How to Request Online Access to your Full Medical Records

- If you want **full online access to your records**, you can request this via the **Airmid** app. Please select "Organisations" and then click on "Ringwood Medical Practice. Next to "Full Clinical Record", you can click on "Request access".
- We will then receive your request and pass this to your GP for review. Please allow up to 30 days for us to review your records and process your request. For children, there are restrictions, and you need to discuss it further with your GP.

Both the NHS App and Airmid app will enhance your digital experience as a patient at this practice.

Already Registered for Online Access?

- If you are already registered to use the online services, please use the NHS App or Airmid app or visit [Airmid / System Online](#).
- If you are already registered to use the online services, please visit [System Online](#).

*Please be aware: The NHS App and Airmid App are maintained by NHS Digital and TPP, respectively. We cannot provide technical support for either of these platforms. If you encounter any issues, please refer to NHS App [HELP](#) or Airmid [HELP](#)