

Ringwood Medical Centre

The Close, Ringwood, Hampshire, BH24 1JY

Tel: 01425 478901

Email: whccg.ringwoodmc@nhs.net

NEW PATIENT QUESTIONNAIRE (Under 16)

Welcome to Ringwood Medical Centre.

These questions have been designed to help your new GP and the Practice Team get to know you and your medical background. After completion of this form we will invite you to attend a New Patient Health Check with one of our Health Care Assistants. We require all New Patients to provide two forms of identification at the time of Registration.

ALL INFORMATION WILL BE TREATED IN THE STRICTEST CONFIDENCE

Please complete all pages in FULL using BLOCK capitals.

Title	<input type="text"/>	Date of Birth	<input type="text"/>
First Names	<input type="text"/>		
Surname	<input type="text"/>		
Address	<input type="text"/>		
	Postcode		
Home Number	<input type="text"/>	Mobile Number	<input type="text"/>
Email	<input type="text"/>		

Consent for the Practice to communicate via (please tick) Email SMS

Does your child have any special communication Needs? Yes
No

If yes; Sign Language Large Print Other

STAFF USE ONLY			
Photographic Identification	Please Tick	Confirmation of Address	Please Tick
Passport		Utility Bill	
Driving License		Banking/Credit Card Statement	
Buss Pass		Birth Certificate	
Student Card		EU Card	
I.D. Card		Marriage Certificate	
Other		Other	
Staff – Inform Patient of Registered GP			
		GP:	
		Staff Initial:	

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● **Electronic Prescriptions**

Please nominate a Pharmacy you would like your GP to send your prescription electronically. You will not have to visit your GP Practice to pick up your paper prescription. Instead, your prescription will be sent electronically to the Pharmacy of your choosing. You can nominate, change or cancel this at any time.

Please tick your preference:

Lloyds, Ringwood <input type="checkbox"/>	Boots, Ringwood <input type="checkbox"/>
Lloyds, Poulner <input type="checkbox"/>	Bretts, St Ives <input type="checkbox"/>

Other Pharmacy _____ I DO NOT wish to Nominate

More information about Electronic Prescription Service can be found at www.systems.hscic.gov.uk/eps

Please list all CURRENT medication

Please list ANY allergies

Please Tell Us About Yourself

Ethnicity & Language

What is your child's Ethnic Origin?	
What is your child's Main Spoken Language?	
Does your child require an interpreter?	

Personal Medical History

Does your child suffer from ANY of the below? Please provide details if possible.

Diabetes		Visual Impairment	
Asthma		Hearing Impairment	
Epilepsy		Other	

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Family Medical History

Do any of your child's close relatives suffer from ANY of the below? Please provide details if possible.

Diabetes		Chronic Lung Disease	
Asthma		Cancer	
High Blood Pressure		Mental Health Problems	
Epilepsy		Liver/Kidney Disease	
Heart Disease		Visual Impairment	
Stroke		Hearing Impairment	

If you are registering as part of a family, please fill in the section below, indicating anyone living at the same address as yourself. This can help us ensure that you and your family are all registered with the same GP.

Next of Kin

Name	Contact Details	Relationship

Signature

I confirm that the information have provided is true to the best of my knowledge.

Signed on behalf of child

Date

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Sharing Your Personal Medical Data

Please complete the information below with your choices on sharing your data. For more information on this please see the following page.

*(*Delete as appropriate)*

Summary Care Record

- * I DO / DO NOT wish to have a Summary Care Record.

(This will mean NHS Healthcare staff caring for you may not be aware of your current medication, any allergies or reactions to previous medication.)

TPP SystemOne

- * I AGREE / DO NOT AGREE to information about me being shared with other services using TPP Medical Systems
- * I AGREE / DO NOT AGREE to this Practice seeing information recorded at other services using TPP Medical systems.

Data for Research

- * I DO / DO NOT consent for my information to be used for research purposes.

Care & Health Information Exchange

- * I DO / DO NOT wish to have a Care and Health Information Exchange record.

Signed

Date

Objecting on behalf of others who cannot do so themselves

Children – If you are a parent or have parental responsibility for a child who is not able to make an informed decision (generally under 14 years old), then you can make a decision about information sharing on their behalf. However, a separate form is required for each individual in the family.

If a child is old enough to make an informed decision then this will be respected above that of any parental objection.

If you do not hold a Lasting Power of Attorney* for an individual who cannot decide for themselves then you can raise your concerns to the patients GP.

Name of other with Parental Responsibility/LPOA*:

Signed on behalf of the child

Date

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Data Sharing Information

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 circumstances where we either have your consent already to share information or there is a legal requirement that **cannot** be objected to:

1. Personal information about illness and health with other healthcare professionals for patient care. For example; referrals to a Hospital, District Nurses, Midwives etc.
2. Anonymised information is shared with the Department of Health so that we are paid accurately for looking after you, and so that research can be conducted that is felt to be in the public interest and plan the health service.
3. Personal information (where you are identified in person) with public health in order to arrange programmes for childhood vaccination, cancer screening (e.g. breast and bowel cancer) and to prevent infectious disease outbreaks.
4. Personal information (where you are identified in person) to detect or prevent a serious crime for example when there is danger to a particular vulnerable person like a child or threat to the wider public from disease or emergency.

There are also circumstances where your personal identifiable information is shared and **CAN** be objected to:

Summary Care Record (SCR)

This contains only information on any medications you are taking and allergies you have so that NHS professionals can avoid any medication mistakes when looking after you when the surgery is closed. The record contains your name, address, date of birth and NHS number to identify you correctly but can include more information with your expressed permission. NHS professionals anywhere in England can view your SCR with your permission if they feel it would help them look after you. If you opt out of having an SCR then they will not have this useful information and we would recommend that you allow this record to be kept if at all possible.

For more information phone 0300 123 3020 or visit www.nhscarerecords.nhs.uk.

TPP SystemOne

This Practice uses a clinical computer system called SystmOne to store your medical information. This system is also used by numerous other GP Practices, Child health Services, Community Services, Hospitals, Out of Hours and many more. This means that your information can be shared with other clinicians so that everyone caring for you is fully informed about your medical history, including medication and allergies. You can 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 in the Practice can be shared with other NHS Services.
2. Sharing In – This controls whether information made shareable at other NHS care services can be viewed by us, your GP Practice.

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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 by:

- Ensuring you only have to tell your story once.
- Reducing delays to your treatment. For example, by reducing the need to repeat blood tests.
- Making sure doctors, nurses and other involved in your care know about your medical history.
- Identifying diseases that you might be at risk of developing in the future. This can help you take action early to protect your health

You can find out more at www.chie.org.uk, contact info.chie@nhs.net or call 0300 123 1519.

If you do not object to above then you don't need to take further action. 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.

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 opt-out, you will need to record a national opt-out that offers you a new way to prevent your confidential patient information from being used for research and planning. 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.