Ramsey Health Centre

**New Patient Registration Form - Adult**

|  |  |
| --- | --- |
| **FOR STAFF USE ONLY (Patient Services - Please date and initial)** | |
| DATE RECEIVED: |  |
| RECEIVED BY: |  |
| NPC with nursing team offered? |  |
| NPC with GP offered (has regular medication)? |  |
| Confirmed sharing in & out preference? |  |
| Confirmed Summary Care Record preference? |  |
| Received ID if requesting Online Access? |  |
| All forms have been signed by patient? |  |

Please complete all pages in full using block capitals

|  |  |  |  |
| --- | --- | --- | --- |
| ***Name:*** |  | ***Date of Birth:*** |  |

Welcome to Ramsey Health Centre! Please provide us with the following information so that we have an accurate record of your choices regarding treatment and information sharing.

|  |  |
| --- | --- |
| **Practice Newsletter** | |
| Would you like to receive our email newsletter? | Yes  No (please provide email address on following form) |

|  |  |
| --- | --- |
| **Electronic Prescribing Service (EPS)** | |
| Ramsey Health Centre has a Dispensary for use by those patients who live ***more* than 1 mile from a pharmacy.**  If you collect repeat prescriptions from your GP and live **less than one mile from a pharmacy** then you can choose for us to electronically send your prescription to a pharmacy that is more convenient for you. | Please select your preferred pharmacy from the list. This can be changed at any time.  Ramsey Pharmacy, **Great Whyte**  Wards of Warboys, **Warboys**  J.W. Anderson, **Somersham**  Tesco In-store Pharmacy, **Huntingdon**  Other (please provide name & Address): |

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Participation and Patient Reference Groups** | | | |
| Ramsey Health Centre is committed to improving the services we provide. The Patient Participation and Patient Reference Groups are a mechanism for us to gain valuable feedback from our patients about their experiences, views and ideas for improving our services.  The Patient Participation Group (PPG) meets with the Practice team every 3 months to discuss such matters; however, we appreciate that many of our patients have busy working days, mobility issues, childcare responsibilities etc. and are unable to commit their time to regular meetings. To be truly representative of our entire population we have established a Patient Reference Group (PRG) whom we contact periodically by email so that we can also include your views, opinions and thoughts on our services and enable you to directly influence our delivery.  If you would like to have your say and be part of either our PPG or PRG, please indicate your preference below or contact the Practice Manager for more information. | | | |
| I would like to join the Patient Reference Group (PRG) | Yes  No | I would like to join the Patient Participation Group (PPG) | Yes  No |

|  |
| --- |
| **New Patient Health Check** |
| *A new patient health check appointment helps us to assess and review your health care needs and record clinical data such as height, weight and blood pressure.* |
| ***Would you like us to book you an appointment with one of our nursing team?***  Yes  No |

|  |
| --- |
| **Your Health Record** |
| EDSM (Enhanced Data Sharing Model) enables us, with your consent, to share your medical records with those Health Professionals in the NHS who are involved in your care (for example District Nurses, Community Services teams). Only NHS staff can access shared information and being an electronic service an audit log is maintained showing when and who has accessed medical records.  Do you consent to your GP Practice sharing your health record with other NHS organisations who care for you?  Yes *(recommended option)*  No  Do you consent to your GP Practice viewing your health record from other NHS organisations that care for you?  Yes *(recommended option)*  No |

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

|  |
| --- |
| **Text Message Service** |
| *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 or health campaigns* |
| ***If you do not consent to being contacted by SMS, please tick here****:  Dissent from SMS messages* |

|  |
| --- |
| **Full Prospective Online Medical Record Access** |
| *From November 1st 2023 Full Prospective Medical Record Access is available online for all patients aged 16 and over. Online Access allows you to order repeat medications, book appointments, view Summary records & view entries made on your GP record (including letters, results etc). At Ramsey Health Centre, we have decided to ask your permission before this is enabled, as this gives us a chance to check your understanding and be sure access to your data is safe for you. We are aware that not everyone will want access to their full record on the internet at this time, and some patients may have concerns about their personal medical records being made available on their smartphones or online, especially if other people have access to their devices.* |
| ***If you would like to opt-in to viewing your full prospective medical record, please complete and return the following form along with relevant ID documents.*** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Signature** | | | | | | |
| Signature | | I confirm that the information I have provided is true to the best of my knowledge.  ……………………………………………………………………………………  Signed on behalf of patient (Please provide relationship to patient) | | | | |
|  | |  | | | | |
| Name | |  | | | Date |  |
| **FOR RHC USE ONLY (PATIENT SERVICES)** | | Form given out by:  (Initials and date) | | | | |
| Form Received & identity verified by:  (initials and date) | | Method: | Vouching  Photo ID & proof of residence (2x Total) | | | |

# Ramsey Health Centre

# Application for online access to my medical record (Aged 16 and above)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname | | | | | | | | | | | | | | | | | | | | Date of Birth | | | | | | |  | | |  | | |  | |  | | | |  | | |  | |
| First name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address  Postcode | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email address |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  | |  |  | |  | |  |  | | |  |  | |  |
| Telephone number | | | | | | | | | | | | | Mobile number\*\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *\*\*Please tick here if you consent to receiving communications from us via text message* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |

**I wish to access my medical record online. I understand and agree with each statement (tick ALL):**

|  |  |
| --- | --- |
| 1. I will be responsible for the security of the information I see or download and I have read and understood the information on the next page. |  |
| 1. If I choose to share my information with anyone else, this is at my own risk |  |
| 1. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible |  |
| 1. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible |  |
| 1. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible |  |

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

**FOR RHC USE ONLY (ADMIN)**

|  |  |  |  |
| --- | --- | --- | --- |
| Email verified? Reminder/s sent: | | GP consent task sent to: on: | |
| Authorised by:  (GP initials) | Task date:  …../…../…….. | | Date account created & passphrase sent: …../…../…….. |
| Any other info: | | | |
| Reviewed: June 2025  Saved in: s:/dept-admin team/Emily McGregor/SystmOnlineonline/Access to own Records Requests  formregistration form new docx.docx | | | |

**Online Access to Medical Records – Important Notes (Please Read)**

**PLEASE NOTE:**

* 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. Access can also be gained on some phones using fingerprints or Face ID – please consider this.
* If you have concerns about this, 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.
* The practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone they feel it could harm or be put at risk.

***Key considerations*** page2image1425567360

|  |
| --- |
| ***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 or not 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. |