

FOR RHC ADMIN USE ONLY (PLEASE DATE AND INITIAL)			PROCESSED BY:	
GIVEN BY:	RECEIVED BY:	<input type="checkbox"/> New Patient Check offered	<input type="checkbox"/> Online Access Requested?	
		<input type="checkbox"/> Booked.....	<input type="checkbox"/> Declined	<input type="checkbox"/> 2 x I.D. included or patient reminded



# New Patient Registration form (Adult)

Welcome to Ramsey Health Centre






As it takes time to transfer your medical records to the Practice please complete this registration form as fully as possible. The questions have been designed to help your new GP get to know you and your medical history and to note your preferences. You can amend your preferences at any time by contacting our Practice team.

PERSONAL DETAILS			
Title		Date of Birth	
Surname		Home Tel. No	
Forename(s)		Mobile Tel. No	
Preferred Name		Work/Alternative Tel. No	
Occupation		Religion	
Email address			
Would you like to receive our <u>email</u> newsletter?		Yes	No

ETHNICITY AND LANGUAGE					
<b>White</b>	British	Irish	Other white (please state)		
<b>Asian</b>	Asian British	Bangladeshi	Indian	Pakistani	Other Asian (Please state)
<b>Black</b>	Black British	African	Caribbean		Other Black (Please state)
<b>Mixed</b>	Asian & White	Asian & Black	White African	White Caribbean	Other Mixed (Please state)
<b>Other</b>	Chinese	Japanese	Middle Eastern	Turkish	Other (Please state)
Do you speak English?	Yes / No		What is your first language?		

CARER DETAILS			
Do you have a carer?	Yes / No		Carer's name
Are you are carer?	Yes / No		Relationship to you
Carer's Contact number/s			Carer's Address

SMOKING			
Are you a smoker?	Yes / No / Ex-Smoker		If yes, how many do you smoke a day?
Would you like an appointment to discuss stopping smoking with the Nurse?			Yes / No
Do you have a drug addiction?			Yes / No

ALCOHOL	 2.2	 1.5	 3	 1	 9
	Pint of regular beer/lager/cider	Alcopop or can of lager	Glass of wine (250ml)	Single measure of spirits (25ml)	Bottle of wine
How often do you have a drink containing alcohol?	<b>Never</b>	<b>Monthly or less</b>	<b>2 - 4 times a month</b>	<b>2-3 times a week</b>	<b>4+ times a week</b>
How many units of alcohol do you drink on a typical day when drinking?	<b>1 - 2</b>	<b>3 - 4</b>	<b>5 - 6</b>	<b>7 - 9</b>	<b>10+</b>
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?	<b>Never</b>	<b>Less than monthly</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily or mostly daily</b>

MEDICAL HISTORY	
Do you have any long term health conditions? (If yes, please write details below)	
Do you have any particular communication preferences? For example, do you have impaired sight and therefore need us to write to you in large print?	
Do you consider yourself to have a disability?	No / Yes (please detail below)
Details of impairment	Physical impairment
	Sensory impairment
	Other ( <i>please state</i> )

ALLERGIES
Do you have any allergies? (If yes, please write details below)

PATIENT PARTICIPATION AND PATIENT REFERENCE GROUPS			
<p>Ramsey Health Centre is committed to achieving the highest standards of patient care and in doing so we aim to involve you in decisions about the range and quality of services provided and, over time commissioned by the practice.</p> <p>The <u>Patient Participation Group (PPG)</u> 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, child care responsibilities etc. and are unable to commit their time to regular meetings. To be truly representative of our entire population we have established a <u>Patient Reference Group (PRG)</u> 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.</p> <p>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.</p>			
I would like to join the Patient Reference Group (PRG)	Yes / No	I would like to join the Patient Participation Group (PPG)	Yes / No
Signature		Date	

## DATA SHARING

Communication within the NHS is important to ensure that those who are caring for you have enough information to treat you safely. Traditionally health professionals exchanged medical information through letters but in the modern age of computers electronic exchange of information has become increasingly commonplace.

Ramsey Health Centre takes the responsibility for your confidential medical information very seriously. This form offers you the opportunity to express your wishes on the following:

- **Text messaging service registration**
- **Online services registration**
- **Summary Care Record (SCR)**
- **Enhanced Data Sharing Model (EDSM)**

### TEXT MESSAGING SERVICE REGISTRATION

If you provide us with a mobile telephone number we will assume you give consent for us to send appointment reminders and other health specific notices. If this is **not** the case then please sign below.

You must update the Surgery of any changes to your mobile number

**Declaration:** I **do not** want to receive appointment confirmations, reminders and other health specific notices via text message:

Signature		Date	
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### ONLINE SERVICES REGISTRATION

Ramsey Health Centre offers Internet facilities for booking appointments and ordering medication online.

**You need to be 16 or over** and registered at Ramsey Health Centre in order to access this service. If you would like to apply for access please complete and sign the declaration below.

Registering for online services will require the Receptionist to see **two forms of identification** (both must be originals) one with your address on (i.e. utility bill) and one with a photograph (i.e. passport, driving licence)

**Declaration:**

- I have provided my personal email address on the first page of this form
- I have provided two forms of identification as detailed above, or I will bring them as soon as possible
- Please supply me with a username and password to allow me to access to: *(please tick as appropriate)*
  - Booking appointments
  - Requesting repeat medications
  - Accessing my medical record
- I understand that I am responsible for securing these details to prevent unauthorized persons from accessing my record online. In the event that my security details have been compromised I will inform the Practice immediately so that access can be blocked and a new password issued. If at any time I wish to permanently cease the Internet access I will inform the practice in writing

Signature		Date	
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### ELECTRONIC PRESCRIPTION SERVICE (EPS)

Ramsey Health Centre has a Dispensary for use by those patients who live **more than 1 mile from the practice**

If you collect repeat prescriptions from your GP and live **less than one mile from the practice** then you can choose for us to electronically send your prescription to a pharmacy which is more convenient for you.

Please select your preferred pharmacy from the list. This can be changed at any time.

- Lloyds Pharmacy, Great Whyte, **Ramsey**
- Lloyds Pharmacy, Stocking Fen Road, **Ramsey**
- Wards of Warboys, **Warboys**
- J.W. Anderson, **Somersham**
- Tesco Instore Pharmacy, **Huntingdon**
- Other (please provide name & Address):

## SUMMARY CARE RECORD (SCR)

The NHS in England has introduced the Summary Care Record, which will be used in emergency care. The core SCR record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care any- where in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health

If you wish to **opt out** of the Summary Care record please complete the box below:

<b>SUMMARY CARE RECORD OPT-OUT    *** <u>Only sign if you want to opt out</u> ***</b>			
I <b><u>DO NOT</u></b> want a Summary Care Record			
Signature		Date	

From July 2017, you can choose to have additional information added to your Summary Care Record, which will include: your illnesses and health problems, any previous vaccinations, how and where you would prefer to be treated and who should be contacted for more information about you. This is called an **Enriched** Summary Care Record.

If you would like to have an **Enriched** Summary Record (containing the additional information as above), please sign below:

<b>ENRICHED SUMMARY CARE RECORD</b>			
I would like to have an <b><i>enriched</i></b> Summary Care Record.			
Signature		Date	

## ENHANCED DATA SHARING MODEL (EDSM)

### Sharing Of Your Medical Records between Health Professionals

EDSM enables us, with your consent, to share your medical records with those 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.

<b>ENHANCED DATA SHARING CONSENT:</b>			
1. Would you like to share your record held here with other services that are/will be providing you care in the future? <i>(Please circle)</i>		Yes / No	
2. Would you like to share your data recorded at other services with this GP surgery? <i>(Please circle)</i>		Yes / No	
Signature		Date	