

Bovey Tracey & Chudleigh Practice

Riverside Surgery, Le Molay-Littry Way, Bovey Tracey, Devon TQ13 9QP - 01626 832666

Tower House Surgery, Market Way, Chudleigh Devon TQ13 0HL – 01626 852379

Website: <http://www.towerhousesurgery.co.uk>**APPLICATION TO REGISTER AN NHS PATIENT****PATIENT DETAILS** Please complete in BLOCK CAPITALS and circle where appropriate. **Please bring along two forms of identification.**

| | | | |
|------------------------------|----------|--|--|
| Mr Mrs Miss Ms other | Surname: | | |
| Date of Birth: | | First names: | |
| NHS No: | | Previous name/s: | |
| Male / Female | | Town and country of birth: | |
| Home Address: | | | |
| Postcode: | | | |
| Mobile Telephone number: | | Work Telephone number: | |
| Home Telephone No: | | | |
| Email Address | | Preferred Method of contact (<i>please circle</i>) Mobile Home number Email | |
| Occupation: | | | |

Please help us trace your previous medical records by providing the following information:

| | |
|--|--|
| Your previous address in the UK | |
| Name of previous doctor while at this address: | |
| Address of previous doctor | |

If you are from abroad:

| | |
|---|--|
| Your first UK address where registered with a doctor: | |
| If previous resident in the UK, date of leaving: | |
| Date you first came to live in UK: | |

Armed forces:

| | | | |
|---|--|---------------|--|
| Have you ever served in the armed forces? | | YES / NO | |
| If YES are you still a reservist? | | YES / NO | |
| Address before enlisting: | | | |
| Service or Personnel Number: | | | |
| Enlistment date: | | Leaving Date: | |

| | |
|---|----------|
| If you are registering a child under 5, do you wish the above child to be registered with the doctor for Child Health Monitoring? | YES / NO |
|---|----------|

NHS ORGAN DONOR REGISTRATION

All adults in England will now be considered to have agreed to be an organ donor when they die unless they have recorded a decision not to donate or are in one of the excluded groups:

- Under the age of 18
- Lack mental capacity to understand the arrangements and take the necessary action
- Visitors to England and those not living here voluntarily
- People who have lived in England for less than 12 months before their death

What do you have to do?

- Record your organ donation decision on the NHS Organ Donor Register which can be done online at www.organdonation.nhs.uk or by telephoning 0300 303 2094
- Tell your family and friends what you have decided

NHS BLOOD DONOR REGISTRATION

To register as a blood donor please visit www.blood.co.uk and click register now or call 0300 123 23 23

YOUR ETHNICITY AND LANGUAGE

The NHS requires all medical records to show patients ethnic origin together with native or first language.

| | | | |
|-------------------------------------|----------------------------------|---|--|
| WHITE: British or Mixed British | | ASIAN: Pakistani or British Pakistani | |
| WHITE: Irish | | ASIAN: Bangladeshi or British Bangladeshi | |
| WHITE: Any other background | | ASIAN: Any other background | |
| MIXED: White and Black Caribbean | | BLACK: Caribbean | |
| MIXED: White and Black African | | BLACK: African | |
| MIXED: White and Asian | | BLACK: Any other background | |
| MIXED: Any other background | | CHINESE: | |
| ASIAN: Indian or British Indian | | ANY OTHER ethnic group | |
| What is your first spoken language? | | I prefer not to specify my ethnic group. | |
| Do you require a translator? | YES NO (please circle) | | |

We will record your first spoken language as ENGLISH unless you specify otherwise.

Would you like your prescriptions to be sent to a local pharmacy electronically? If so, please tick the pharmacy you would like to nominate.

| | |
|--|--|
| Lloyds Pharmacy, Next to Riverside Surgery, Le Molay Littry Way, Bovey Tracey (01626 835695) | |
| Lloyds Pharmacy, Fore Street, Bovey Tracey (01626 832275) | |
| Lloyds Pharmacy, Chudleigh (01626 854977) | |
| Boots, Courtney Street, Newton Abbot (01626 362124) | |
| Boots, Queen Street, Newton Abbot (01626 354783) | |
| Boots, Gladstone Place, Newton Abbot (01626 363195) | |
| Asda, Newton Abbot (01626 882710) | |
| Day Lewis, Devon Square, Newton Abbot (01626 365893) | |
| Superdrug, Courtney Street, Newton Abbot (01626 353307) | |
| Sainsbury's, Penn Inn, Newton Abbot (01626 333639) | |
| Boots, Greenhill Retail Park, Kingsteignton (01626 369025) | |
| Boots, Gestridge Road, Kingsteignton (01626 363883) | |
| Moreton Pharmacy, New St, Moretonhampstead (01647 440234) | |
| Other (please state): | |

HEALTH PROBLEMS: Please tick if you have a history of any of the following health problems.

| | | | |
|--|--|---|--|
| Cancer | | Coronary Heart Disease, Heart Failure, or Atrial Fibrillation | |
| Dementia or Alzheimers | | Depression or Mental Health problems | |
| Hypertension (High Blood Pressure) | | Kidney Disease | |
| Respiratory Difficulties (Asthma or COPD) | | Stroke or Transient Ischemic Attacks | |
| Diabetes | | Learning Difficulties | |
| Epilepsy | | Thyroid Disease | |
| If you have any other history or important illnesses or disabilities not mentioned above please give details here: | | | |

| | |
|--|--|
| <u>ALLERGIES:</u> Please list any allergies you have: | |
|--|--|

MEDICATION: are you taking any regular / repeat medication? If so please make a list below OR attach the most recent repeat prescription list / form from your previous GP surgery, this information is essential to enable your new GP to authorise future repeat medication.

ADDITIONAL COMMUNICATION NEEDS: Do you have any additional needs that you would like to make us aware of? E.g. hearing aid worn, sight problems, interpreter required.

YOUR SMOKING STATUS: Please tick appropriate box.

| | | | |
|---------------------|--|---------------------------|--|
| Never Smoked | | N/A | |
| Ex- Smoker | | Date Stopped? | |
| Cigarette Smoker | | How many per day? | |
| Roll Own Cigarettes | | How many per day? | |
| Cigar Smoker | | How many per day? | |
| Pipe Smoker | | How many ounces per week? | |

If you wish to stop smoking our Health Care Assistants are trained advisors & can help you – just book an appointment at the surgery

YOUR ALCOHOL CONSUMPTION: Please complete chart(s) below.

| | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 | SCORE 4 | YOUR SCORE |
|--|---------|-------------------|---------------------|--------------------|-----------------------|------------|
| 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 unit 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 SCORE | |

IF YOUR SCORE IS 5 (Five) or above please complete the additional questions on the next page.

| | SCORE 0 | SCORE 1 | SCORE 2 | SCORE 3 | SCORE 4 | YOUR SCORE |
|---|---------|-------------------|--------------------------|---------|--------------------------|------------|
| How often during the last year have you found that you are not able to stop drinking once you have 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 in 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 the 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 the last year | |

NEXT OF KIN

In order that your GP can do all they can to help, it is important that they are aware of your next of kin. It would be helpful, therefore if you could provide the information requested below. A Next of Kin is usually is a close family relative or relatives. Patients are often asked to nominate a next of kin when registering with their GP or if you are admitted to hospital. The practice will not be able to share any clinical information with the next of kin without written consent of the patient concerned.

| | | | |
|-------------------|--|---|----------|
| Name: | | Relationship to you: | |
| Address: | | | |
| Mobile Telephone: | | Home Telephone: | |
| E-mail: | | Permission to contact next of kin in an emergency | YES / NO |

CARER INFORMATION - Who is a Carer? A Carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to being elderly, physical or mental illness, addiction or disability.

If you are a Carer please complete the section below:-

| | | | |
|--|--|------------------|--|
| Relationship with the person you care for? | | | |
| Details of the person(s) you are caring for | | | |
| Surname | | Forename | |
| Date of Birth | | Telephone Number | |
| Address | | | |

If you are being Cared For please complete the section below:-

| | | | |
|--|--|------------------|--|
| What is your relationship with your Carer? | | | |
| Details of your Carer(s) | | | |
| Surname | | Forename | |
| Date of Birth | | Telephone Number | |
| Address | | | |

ONLINE ACCESS (SystmOnline)

By signing up to SystmOnline you can book appointments with a doctor, request repeat prescriptions for any medications you take regularly and look at your medical record online. Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer. **The practice has the right to remove online access to services for anyone that doesn't use them responsibly.**

If you would like to sign up for these services please complete the following the section below or if registering a child under the age of 13y please complete one of our 'proxy' forms available from Reception.

| | |
|---|----------|
| I would like to request a password and login to enable me to access SystmOnline to book appointments, request repeat prescriptions and view the summary care record. I understand the importance of keeping my login and password details safe for security purposes. | YES / NO |
|---|----------|

More details on Online Access including 'proxy' user access for children and carers can be obtained via Reception.

| | |
|--|--|
| SIGNATURE OF PATIENT : | |
| OR SIGNATURE on behalf of a patient: | |
| DATE: | |
| Please note by signing this form you are consenting to receiving texts and emails from the practice | |

SUPPLEMENTARY QUESTIONS

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK.

Anybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purpose of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:



- a) ☐ I understand that I may need to pay for NHS treatment outside of the GP practice
- b) ☐ I understand I have a valid exemption for paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested.
- c) ☐ I do not know my chargeable status.

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

| | | | |
|----------------------|--|---------------------------------|----------|
| Signed: | | Date: | DD MM YY |
| Print Name: | | Relationship to patient: | |
| On behalf of: | | | |

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK

| NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS | | | | |
|--|--|---|----------|----------|
| Do you have a <u>non-UK EHIC or PRC</u> ? | | YES: <input type="checkbox"/> NO: <input type="checkbox"/> | | |
|  <p><i>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at hospital.</i></p> | | Country  Code: | | |
| | | 3: Name | | |
| | | 4: Given Names | | |
| | | 5: Date of Birth | | |
| | | 6: Personal Identification Number | | |
| | | 7: Identification number of the institution | | |
| | | 8: Identification number of the card | | |
| | | 9: Expiry Date | | DD MM YY |
| | | PRC validity period (a) From: | DD MM YY | (b) To: |
| Please tick <input type="checkbox"/> if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff. | | | | |
| How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purpose of cost recovery. Your clinical data will not be shared in the cost recovery process. | | | | |
| Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country. | | | | |



IMPORTANT: SHARING YOUR NHS PATIENT DATA: help us to offer you co-ordinated and efficient treatment

Please read the information on this document carefully, complete the relevant sections on the attached form, sign it, and return it to your GP surgery.

Information sharing in the NHS is subject to rigorous regulation and governance to ensure your full, identifiable and personal medical data is kept confidential, and only ever seen by carefully vetted doctors, nurses and administrative staff responsible for overseeing your care.

With the development of information technology the NHS will increasingly be sharing key information from your GP medical notes with Out of Hours GP Services, Hospital A&E Units, Community Hospitals, Community Nurses, all of whom may, at various times in your life, be looking after you. Sharing information can improve both the quality and the safety of care you receive, and in some cases can be vital in making life-saving decisions about your treatment.

There are currently two different elements of “sharing NHS patient information”

- **SCR = The NHS Summary Care Record**
- **eDSM = The Enhanced Data Sharing Model “SystmOne”**

SCR = NHS SUMMARY CARE RECORD

The NHS Summary Care Record was introduced many years ago to help deliver better and safer care; it contains basic information about:

- Any allergies you may have,
- Unexpected reactions to medications,
- Any prescriptions you have recently received.

The intention of the SCR is to help clinicians in Hospital A&E Departments and GP ‘Out of Hours’ health services to give you safe, timely and effective treatment. Clinicians are only allowed to access your SCR record if they are authorised to do so, and even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Over time, health professionals treating you may add details about any health problems and summaries of your care. Every time further information is added to your record, you will be asked if you agree (explicit consent).

Patients under 16 years have an NHS Summary Care Record created for them so if you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf.

eDSM = ENHANCED DATA SHARING MODEL “SYSTMONE”

The database and software used to store your GP health record is called “SystmOne”. It is a very secure national system used by over 4800 NHS organisations including GP out of hour’s services, children’s services, community services and some hospitals. All the GP Practices in the Newton Abbot Locality use this system. The system allows your GP to share your record with the other NHS health providers that are involved in your care, for example the local Community Nurses who may look after you when you leave hospital. Allowing your GP to share your record in the “SystmOne” database helps to deliver better and safer care for you. Patients are able to decide if they would like their data “shared out” and/or “shared in”

Sharing OUT controls whether information recorded at our GP practice can be shared with other NHS health care providers.

Sharing IN determines whether or not our GP practice can view information in your record that has been entered by other NHS services who are providing care for you or who may provide care for you in the future (*that you have consented to share out*).

To The GP Medical Practice Admin Support Team

NHS PATIENT INFORMATION SHARING – MY CHOICES

Please complete the boxes below to detail your personal decisions regarding the aspects of NHS patient data sharing:

It is very important you sign this form to say that you understand and accept the risks to your personal health care if you do decide to opt out of SCR or eDSM. Hand the completed form in to your GP Surgery; they will scan this form into your NHS GP Medical Records and enter the appropriate computer codes.

| | |
|------------------------|--|
| GP Practice | |
| Patients Name | |
| Patients Date of Birth | |

1. SCR - NHS SUMMARY CARE RECORD

Please tick only one box.

- ☐ Express consent for medication, allergies and adverse reactions only
- ☐ Express consent for medication, allergies, adverse reactions and additional information
- ☐ Express dissent – Patient does not want a summary care record and fully understands the risks involved with this decision

2. eDSM – ENHANCED DATA SHARING MODEL “SystemOne”

Sharing Out – Do you consent to the sharing of data recorded by your GP practice with other NHS organisations that may care for you?

- ☐ YES share data with other NHS organisations
- ☐ NO do NOT share any data recorded by my GP Practice; I fully accept the risks associated with this decision

Sharing In – Do you consent to your GP Practice viewing data that is recorded at other NHS organisations and care services that may care for you?

- ☐ Consent Given
- ☐ Consent Refused; I fully accept the risks associated with this decision.

In certain circumstances, such as if you are unconscious or there is a court order, healthcare staff may look at your record without asking you. If they have to do this, a note will be made on your record. If we share information without your permission, we will make sure that we keep to the Data Protection Act 1998, the NHS confidentiality code of practice and other national guidelines on best practice.

| | | | |
|---------------------|--|------|--|
| Patient's Signature | | Date | |
|---------------------|--|------|--|