



ADULT

PLEASE ONLY BRING THIS FORM BACK TO THE SURGERY BETWEEN 10AM-2PM. IF YOU BRING THE FORM BACK AT ANY OTHER TIME YOU MAY BE ASKED TO COME BACK IF RECEPTION IS BUSY.

Thank you for applying to join Oakmeadow Surgery. We would like to gather some information about you and ask that you fill in the following questionnaire. You don't have to supply answers to all of the questions but what you do fill in will help us give you the best possible care. **Please supply two forms of Identification with your completed form, a photographic form of ID (such as passport or driving license) if you do not have photographic ID then please bring your birth certificate and proof of your home address (such as a recent bank statement or document relating to your new home with your name on).**

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes. Fields marked with an asterisk (*) are mandatory.

*Title	*First names
*Surname	
* <input type="checkbox"/> Male	<input type="checkbox"/> Female
*Date of Birth	
Home telephone No.	
Work telephone No.	
*Mobile No. (if you have one)	

* Any previous surname(s)
*Town and country of birth
*NHS No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (if known)
*Home address
*Postcode

Previous address

*Previous address in the UK
Postcode

Previous Doctors details

*Name of previous doctor while at previous address
*Address of previous doctor

If you are from abroad

*Your first UK address where you registered with a GP
Postcode

*If previously a resident in the UK, date of leaving
*Date you first came to live in the UK if applicable

If you are returning from the Armed Forces

Address before enlisting
Postcode

Service or Personnel No.
Enlistment date

If you are applying on behalf of a child who is in foster care/residential care/Kinship care/ or who is not your child

Who has the legal responsibility for the child?
<input type="checkbox"/> You as the legal parent or guardian
<input type="checkbox"/> Other (please specify) _____

Who can consent for the medical treatment for the child?
<input type="checkbox"/> You as the legal parent or guardian
<input type="checkbox"/> Other (please specify) _____

Additional details about you

*What is your ethnic group? (Choose an option that best describe your ethnic group or background)

White	<input type="checkbox"/>	English/Welsh/Scottish	<input type="checkbox"/>	Northern Irish	<input type="checkbox"/>	Irish
Black	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>	Other
Asian	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Chinese
Mixed	<input type="checkbox"/>	White + Black Caribbean	<input type="checkbox"/>	White + African	<input type="checkbox"/>	White + Asian
Polish	<input type="checkbox"/>	Other: Please specify:				

*Main spoken languages

English

Other (please specify)

Interpreter required?

Yes No

* Which of the following best describes you?

Bisexual	<input type="checkbox"/>	Transgender gender reassignment patient	<input type="checkbox"/>
Male homosexual	<input type="checkbox"/>	Transgender gender identity disorder	<input type="checkbox"/>
Female homosexual	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Heterosexual	<input type="checkbox"/>		

*Do you have a Disability? Yes No

If yes, please tell us how we can support your need:

* Do you have a communication need that is related to your disability? Yes No

If you have answered yes, please tells us what communication need you have:

<input type="checkbox"/> Use hearing loop	<input type="checkbox"/> Use lip speaker	<input type="checkbox"/> Use hearing aid
<input type="checkbox"/> Use British Sign Language	<input type="checkbox"/> Use cued speech cued transliterator	<input type="checkbox"/> Use alternative communication skill
<input type="checkbox"/> Use Makaton Sign Language	<input type="checkbox"/> Use deaf-blind intervener	<input type="checkbox"/> Use Sign Language
<input type="checkbox"/> Use text phone	<input type="checkbox"/> Use communication device	<input type="checkbox"/> Use manual note taker
<input type="checkbox"/> Use speech to text reporter	<input type="checkbox"/> Personal Communication Passport	
<input type="checkbox"/> Other	If Other, please tell us how we can support your communication need:	

*Do you require information in a preferred format? Yes No (Choose below)

If you have another specific communication need please specify:

<input type="checkbox"/> Requires contact by telephone	<input type="checkbox"/> Requires contact by email	<input type="checkbox"/> Requires contact by text relay
<input type="checkbox"/> Requires contact by letter	<input type="checkbox"/> Requires information in Makaton	<input type="checkbox"/> Requires information in braille
<input type="checkbox"/> Requires information in large font	<input type="checkbox"/> Requires information in EasyRead	<input type="checkbox"/> Medicine labelling large print
<input type="checkbox"/> Requires audible alert	<input type="checkbox"/> Requires visual alert	<input type="checkbox"/> Requires tactile alert
<input type="checkbox"/> Requires communication partner	<input type="checkbox"/> Deafblind communicator guide	<input type="checkbox"/> Face the client communicating
<input type="checkbox"/> Interpreter needed -BSL	<input type="checkbox"/> Deafblind telephone user	<input type="checkbox"/> Other, please tell us:

Data Sharing

Summary Care Record (SCR) – see the information leaflet in this registration pack.

The SCR is a summary of your medical history that can be shared between healthcare staff treating patients in an emergency or out-of-hours with faster access to key clinical information. **More information can be found by visiting www.nhscarerecords.nhs.uk**

Tick this box if you consent to a ‘core’ Summary Care Record

Tick this box if you consent to an ‘enhanced’ Summary Care Record

Tick this box if wish to opt-out of the SCR **ONLY TICK RELEVANT BOXES**

IF NON OF THE ABOVE BOXES ARE TICKED YOU WILL AUTOMATICALLY BE OPTED IN FOR YOUR INFORMATION TO BE SHARED.

Risk Stratification Preferences

Risk Stratification patient data is shared between primary care and secondary care NHS providers and only when consent has been given at the point of care.

Tick this box if you wish to **opt-out** of the Risk Stratification patient data use

Electronic Data Sharing Module (EDSM)

Healthcare places can usually share information from your records by letter, email, fax or phone but this can slow down your treatment or mean information is hard to access. However you can choose to share your record electronically between care services.

Tick this box if you wish to **opt-out** of the EDSM

Do you have a Carer? Yes No

If yes, what is their name and contact number?

Do you consent for your carer to be informed about your medical care? Yes No

Are you a Carer? Yes No

If yes, do you look after someone who is a patient of Oakmeadow Surgery? Yes No Don't know

If yes, what is their name?

Are they a: Relative Friend Neighbour

Next of kin

Name of next of kin

DOB:

Relationship to you

Next of kin telephone number(s)

Next of kin address (if different to above)

Medical details

PLEASE PROVIDE A LIST OF YOUR REPEAT MEDICATIONS (Please note we may ask you to see a GP or a Nurse before we can issue your medications)

*Are you allergic to any medicines? Yes No (if yes please specify)

*List other allergies (pollen, animal hair or certain foods. Please mark "none" if you have no other allergies that you know of)

Looked after Children

Are you looking after someone else's child? Yes No

If Yes, under what arrangements:

- Section 20-Voluntary Care Interim Care Order Care Order
 Child arrangement order/Residence Order Special Guardianship order
 Placed for adoption
 Private arrangement/Private Fostering/informal arrangement
 (please note you have a duty to notify social care of this arrangement)

Please tell us about your smoking habits

Do you smoke? Yes No Ex-Smoker

If Yes, what do you primarily smoke:

- Pipe Cigarettes Cigar Other

How many do you smoke a day? _____

Would you like advice on quitting?

- Yes No

Please provide information below if known

Height _____ ft _____ in

(for women aged 25 to 64) Have you had a cervical smear test?












Weight	st	lb
Waist measurement	in	

Yes No

If Yes Please state where, when and the result(if known)

Please tell us about your alcohol consumption

Questions (please circle your answers)	Unit scoring system				
	0	1	2	3	4
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times Per month	2 - 4 times per	4+ times per week
How many units 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
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the last year 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 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 the last year		Yes, during the last year
Has a relative or friend, Doctor or other Health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

1 UNIT	1.5 UNITS	2 UNITS	3 UNITS	9 UNITS	30 UNITS	
 Normal beer half pint (284ml) 4%	 Small glass of wine (125ml) 12.5%	 Strong beer half pint (284ml) 6.5%	 Medium glass of wine (175ml) 12.5%	 Strong beer Large bottle/can (440ml) 6.5%	 Bottle of wine (750ml) 12.5%	 Bottle of spirits (750ml) 40%
 Single spirit shot (25ml) 40%	 Alcopops bottle (275ml) 5.5%	 Normal beer Large bottle/can (440ml) 4.5%	 Large glass of wine (250ml) 12.5%			

Please record any additional information about you that you think is important for us to know

(Additional information includes: Social worker involved with your family; legal parental responsibilities of minor under 16 years old; applicant is in foster care or is adopted; if you are from overseas and claiming asylum or are a refugee)

Zero Tolerance Policy

ALL MEMBERS FOR THE SURGERY PRIMARY CARE TEAM ARE DEDICATED TO A QUALITY POLCIY TO ACHIEVE HEALTH SERVICES WHICH MEET THE PATIENT'S REQUIREMENTS.

Patients' rights to General Medical Services:

Patients have rights to:

- Be registered with a General Practitioner
- Change doctor if desired
- Be offered a health check on joining the practice
- Received emergency care from the practice
- Received appropriate drugs and medicines
- Be referred for specialist or second opinion if they and GP agrees
- Have the right to view their medical records, subject to the Act and to know that those working for the NHS are under legal obligation to keep the contents confidential.

Privacy and Confidentiality:

We will respect our patients' privacy, dignity and confidentiality at all times.

With these rights come responsibilities and for the patients this means:

- Courtesy to the staff at all times – remember they are working under doctors' orders.
 - Violence and aggression are defines as:
 - Violence is the use of force against a person and has the same definition as “assault” in law (i.e. an attempt, offer or application of force against the person). This would cover any person unlawfully touching any other person forcefully, spitting at another person, raising fists or feet or verbally threatening to strike or otherwise apply force to any person.
 - Aggression is regarded as threatening or abusive language or gestures, sexual gestures, or behaviour, derogatory sexual or racial remarks, shouting at any person or applying force to any Practice property or the personal property of any person in the Practice. This would cover people banging on desks or counters or shouting loudly in an intimidating manner.
This policy applies throughout the premises, including any car park and grounds. It also applies to any employee or partner away from the Practice but only in so far as it relates to the business of the Practice.
- Responding in a positive way to questions asked by the reception staff.
- To attend appointments on time or give the practice adequate notice that they wish to cancel. Someone else could use your appointment.
- An appointment is for one person only – where another member of the family needs to be seen or discussed, another appointment should be made and the Medical Record be made available.
- Patients should make every effort when consulting the surgery to make best use of nursing and medical time – home visits should be medically justifiable and not requested for social convenience.
- When patients are asked to give 48 hours' notice for repeat prescriptions, please give us this time as it is to allow for accurate prescribing.
- Out-of-hours calls (e.g. evenings; nights & weekends) should only be requested if they are felt to be truly necessary.

BY APPLYING TO JOIN THIS PRACTICE YOU WILL BE AGREEING TO ABIDE BY THE ABOVE.

PLEASE SIGN AND DATE THE BELOW TO CONFIRM YOU HAVE READ, UNDERSTOOD AND WILL ABIDE BY THIS.

Print: _____

Sign: _____

Date: _____

*Do you consent to receive the following types of communication from Oakmeadow Surgery?

Mobile phone text messages Yes No

Answering machine messages Yes No

Do you consent to the following:

Consent given to speak to a named third party with any information relating to my health / medications etc

Yes No

PRINT Name of third party _____

PRINT Relationship _____

Telephone Number: _____

Consent given for a named third party to collect any letters, on my behalf

Yes No

PRINT Name of third party _____

PRINT Relationship _____

*Signed

*Date (dd/mm/yyyy)

/ /

On-line services

If there are any problems with your registration we will contact you to clarify any issues, but once your details have been entered into our computerised records you will be able to register with our **on-line service** provider (System One) and access appointments, prescriptions and some sections of your own medical record via the internet. All of the details that you need for this are available on our practice website at www.oakmeadowsurgery.org.uk on the 'appointments' and 'prescriptions' icons on the home page.

New Patient Health-check

You will be eligible for a new patient health-check with a Practice Nurse/Health Care Assistant. Contact reception if you would like to take this up (Recommended).

Thank you for providing this information. We look forward to providing you with high standard of care in a friendly and professional manner.

Please take a copy of our practice leaflet.

FOR OFFICE USE ONLY

PHOTO ID/Birth Certificate (Over 18 only) TYPE: _____

ADDRESS ID TYPE: _____

Other TYPE: _____

Registration form and ID checked by: NAME: _____

Application for online access to my medical record

Surname	Date of birth
First name	
Address	
Postcode	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Access to my Detailed Coded Medical Record	<input type="checkbox"/>

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

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

By completing this form I consent to my username and password to be posted out to me.

Signature	Date
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For practice use only

Patient NHS number		Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/> Type of ID seen _____ _____
Identity verified by (initials)	Date	

PATIENT NOTE

**PLEASE KEEP FOLLOWING
PAGES FOR INFORMATION**

Your Summary Care Record

What is a Summary Care Record (SCR)?

Your Summary Care Record is an electronic summary of key information from your GP medical record. If you need healthcare away from your usual doctor's surgery, your SCR will provide those looking after you with this information to help them give you better and quicker care.

This can be especially useful:

- in an emergency
- when you are on holiday
- when your surgery is closed
- at out-patient clinics
- when you visit a pharmacy

Summary Care Record – your 3 options:

You can choose how much information is shared through your Summary Care Record. You are much more likely to reap the benefits of SCR if you choose the enhanced version (option 2).

1. You can choose to have a 'core' Summary Care Record

All patients, unless they have opted out, have a 'core' Summary Care Record including basic information about their current medications, allergies, and bad reactions they have had to medicines.

2. You can choose to have an 'enhanced' Summary Care Record

This means your record will contain the 'core' information plus extra information that you think would be helpful for the healthcare staff who treat you. You must give your **explicit** consent for this.

That extra information could include:

- **Information about your long term health conditions** – such as asthma, diabetes, heart problems or rare medical conditions.
- **Your relevant medical history** – clinical procedures that you have had, why you need a particular medicine, the care you are currently receiving and clinical advice to support your future care.
- **Your healthcare needs and personal preferences** – you may have particular communication needs, a long term condition that needs to be managed in a particular way, or you may have made legal decisions or have preferences about your care that you would like to be known.
- **Immunisation information** – details of previous vaccinations, such as tetanus and routine childhood jabs.

3. You can choose not to have a Summary Care Record.

Information from your GP record concerning your current medications, allergies and bad reactions to medicines will not be readily available to other services treating you. Fewer than 5% of patients have chosen to opt out.

How will having a Summary Care Record help me?

Essential details about your healthcare can be very difficult to remember, particularly when you are unwell. Having an enhanced Summary Care Record means that healthcare professionals treating you will be better informed about you, which will increase the quality of your care.

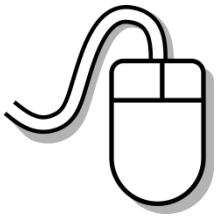
You may already have seen the benefits of having a core Summary Care Record. One common benefit is when a patient is admitted to hospital and the clinician treating them is able to see they are allergic to a particular medication and so prescribe an alternative.

How will my information be kept safe?

Your Summary Care Record can only be viewed by authorised staff who have an NHS smartcard with a chip and PIN. They must also ask for your consent to view your Summary Care Record, unless you are unconscious or otherwise unable to communicate and they believe that accessing your record is in your best interest. All access to your Summary Care record is documented and audited by the Privacy Officer of the organisation to ensure it is appropriate.

An enhanced Summary Care Record is not a copy of your whole record. **Sensitive information** such as fertility treatments, sexually transmitted infections, pregnancy terminations or gender reassignment **will not be included**, unless you specifically ask for it to be.

For more information talk to the staff at your GP practice or visit www.hscic.gov.uk/scr/patients You can also phone the Health and Social Care Information Centre (HSCIC) on 0300 303 5678



GP online Services

Quick, easy and secure

You can now book appointments, order repeat prescriptions and even access your GP records online. It's quick, easy and your information is secure.

What are GP online services?

GP online services will help you to take greater control of your health and wellbeing by increasing online access to services. You have been telling us that you want to be offered more convenience, choice and control in how you access GP services. Increasingly, you also want to be informed and involved in decisions about your own care and treatment. Evidence shows that patients who are informed and involved in their own care have better health outcomes and are less likely to be admitted to hospital.



Making sure everybody is included

We recognise that computers, tablets and smart phones are not a substitute for visiting or phoning your surgery and other health services, and that many people do not have access to computers or online services.

To help address this, NHS England is delivering a national programme of training in digital skills and access to technology, aimed at people who might otherwise not be able to use services online.

Visit www.ukonlinecentres.com or phone 0800 77 1234 to find out more.

Problems accessing your GP Surgery's online services?

Please contact your GP Surgery who will be able to assist you.

Register for GP online services at your surgery or to find out more visit nhs.uk/GPonlineservices

