

# Sandown Health Centre

## NEW PATIENT REGISTRATION FORM - GMS1

We will require two forms of proof of identification to complete your registration form. The proof needs to show your name and address. The address can be your new address or your previous address that you have provided on this registration form.

Forms of Identification- Driving Licence, Passport, Utility Bill, Tenancy Agreement, Benefits Paperwork, Birth Certificate.

Please complete in **BLOCK CAPITALS**

Mr Mrs Miss Ms Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ First names: \_\_\_\_\_

NHS No \_\_\_\_/\_\_\_\_/\_\_\_\_ Previous Surname/s \_\_\_\_\_

Male OR Female Town and Country of birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Mobile phone number: \_\_\_\_\_

We will send reminders and invitations by text to your mobile number. If you would rather we did not contact you in this way please put an X at the end of your number. Please note that appointments/reminders may not be sent on all occasions but that the responsibility for attending appointments or cancelling them still rests with the patient. You can cancel the text message facility at any time. Text messages are generated using a secure facility but I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure; however the practice will not transmit any information which would enable an individual patient to be identified

Please help us trace your previous Medical Records by providing the following information

Your previous address in UK Name of previous doctor while at that address

\_\_\_\_\_

Address of previous doctor: \_\_\_\_\_

### **If you are from abroad**

Your first UK address where registered with a GP: \_\_\_\_\_

If previously resident in UK, date of leaving: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date you first came to live in UK: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **If you are returning from the Armed Forces**

Address before enlisting: \_\_\_\_\_

Service or Personnel No: \_\_\_\_\_ Enlistment Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_ OR Signature on Behalf of patient: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## NHS Organ Donor Registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please circle those that apply:

All of my organs and tissue      OR      Kidneys      Heart      Liver      Corneas      Lungs      Pancreas

*Signature confirming my agreement to organ/tissue donation*

Signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## NHS Blood Donor Registration

I would like to join the NHS Blood Donor Registration as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years \_\_\_\_

*Signature confirming consent to inclusion on the NHS Blood Donor Register*

Signature: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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E-mail address: \_\_\_\_\_

We will automatically Opt you in to receiving emails from the Surgery. If you do not want to be contacted by email please tick box to dissent

### Online Services – An Email address must be supplied above, along with Photographic Identification

Would you like to register for Online Services. This means you can book, cancel and view appointments or order prescriptions all online. This facility is available 24 hours a day, seven days a week.      YES /NO

**Please note Children of 16 years and over must supply their own Email address**

**(PLEASE BE AWARE IF YOU SHARE AN EMAIL ADDRESS YOU MAY NOT BE THE ONLY PERSON THAT HAS ACCESS TO YOUR PASSWORD AND ONLINE SERVICES ACCOUNT)**

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### Summary Care Records

Patients need to dissent if they do not wish their Summary Care Record to be accessed.

Summary Care Records – Allows clinicians only, who are directly and legitimately involved in your care, to view what current medications you are on, and medications that you are allergic or sensitive to.

This is useful in the event of an emergency or unplanned care, as clinicians can take a view on what conditions the patient might have (based on the medications they are taking) and therefore will not administer any medication that the patient is allergic to, in the event of the patient being unable to tell them.

Are you happy to have a Summary Care Record?	Yes	No	I want more time to decide
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(There is more detailed information in the Registration Pack regarding Summary Care Records)

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### For Office Use Only – April 2016

Advised of Named GP

Identification seen: -

Online Services – form issued to patient

New Patient Health Check – form issued to patient

Sandown Health Centre Booklet issued to patient

Verified by: -

Summary Care Records – details issued to patient

New Patient Questionnaire – form issued to patient

Date: -

Please complete this questionnaire to help us with your registration. The information you provide will help us with your care whilst we wait for your medical records to arrive. Thank you.

**ETHNIC ORIGIN**

*This questionnaire follows the recommendation of the Commission for Racial Equality and complies with the Race Relations Act.*

**A White**

**C Asian or Asian British**

British
Irish
Any other white background please write below

Indian
Pakistani
Bangladeshi
Any other Asian background please write below

**B Mixed**

**D Black or Black British**

White and Black Caribbean
White and Black African
White and Asian
Any other mixed background please write below

Caribbean
African
White and Asian
Any other black background please write below

**FIRST LANGUAGE – Please complete for all ethnic groups**

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**NEXT OF KIN** (contact details in case of emergency) \_\_\_\_\_  
 \_\_\_\_\_

**CARING STATUS (please circle)**

Are you a Carer? - Yes No      Does someone care for you? - Yes No

**Occupation** \_\_\_\_\_

Are you retired? - Yes No    add previous occupation \_\_\_\_\_

If previously in the Armed Forces please give details \_\_\_\_\_

**DISEASES**

Do you have any medical history of : please tick

Diabetes	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Angina	<input type="checkbox"/>
Heart Attack	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Thyroid Conditions	<input type="checkbox"/>

**ALLERGIES**

Please list any allergies you have to any drugs/medication:

Name of Medication	What was the problem or upset?

**NEW PATIENT HEALTH CHECK** (please circle)

Are you currently taking any repeat medication?                      Yes                      No

If Yes – You will be offered a health check with a Doctor. You will need to see the Doctor before the issuing of repeat medication. Please bring your repeat slip with you.

Some medicines need regular blood tests to ensure that it is safe to continue using them. If you are taking Warfarin or medicines for an organ transplant, or have been told by your last doctor that you are due a blood test soon after joining us, please speak to Reception so that we can ensure that this happens at the correct time.

If No – If you are currently NOT taking prescribed medication you are still entitled to a New Patient Health Check with our Health Care Assistant. Would you like us to book you a Health Check    YES / NO

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**SMOKING**

Are you a:    Smoker \_\_\_\_\_                      How many per day? \_\_\_\_\_  
                  Ex Smoker \_\_\_\_\_                      When did you quit? \_\_\_\_\_  
                  Non Smoker (never smoked) \_\_\_\_\_

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**LIFESTYLE**

Do you drink any alcohol? \_\_\_\_\_ In all cases – please complete the attached form

Print Patient Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

# Patient Information Leaflet

## Sandown Health Centre

Telephone: 01983 409292 Fax: 01983 409299

E-mail: [iwccg.sandownhcadmin@nhs.net](mailto:iwccg.sandownhcadmin@nhs.net)

Website: [www.sandownhealthcentre.nhs.uk](http://www.sandownhealthcentre.nhs.uk)

## Data Sharing

### Introduction

This leaflet explains **why** information is collected about you, the **ways** in which this information may be used and who will be collecting it.

### Data Share

NHS England aims to link information from all the different places where you receive care, such as hospital, community service and us your GP Surgery. This will allow them to compare the care you received in one area against the care you received in another.

Information will be held in a secure environment called the Health and Social Care Information Centre (HSCIC). The role of the HSCIC is to ensure that high quality data is used appropriately to improve patient care. The HSCIC has legal powers to collect and analyse data from all providers of NHS care. They are committed, and legally bound, to the very highest standards of privacy and confidentiality to ensure that your confidential information is protected at all times.

This data can also be used, with permission, for research purposes. If you do not wish to share data for research, you can opt out:

- You can object to information containing data that identifies you from leaving the Practice. This will prevent identifiable information held in your record from being sent to the HSCIC secure environment. It will also prevent those who have gained special legal approval from using your health information for research.
- You can also object to any information containing data that identifies you from leaving the HSCIC secure environment. This includes information from all places you receive NHS care, such as hospitals. If you object, confidential information will not leave the HSCIC and will not be used, except in very rare circumstances for example in the event of a public health emergency.

For more information visit: [www.england.nhs.uk/caredata](http://www.england.nhs.uk/caredata)

The law requires Doctors to provide some very limited information about certain things. The law says, for example, that Doctors must provide information to local authorities about some infectious diseases, e.g. if you had food poisoning. Very rarely, Doctors may be required to disclose information in order to detect a serious crime. Likewise, a court order can require Doctors to disclose certain information during a court case.

### Summary Care Record (SCR)

If you decide to have a SCR, it will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. This does not include diagnosis or procedures.

Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed. Your Summary Care Record will also include your name, address, date of birth and your unique NHS Number to help identify you correctly. If you and your GP decide to include more information it can be added, but only with your express permission.

For more information: Phone 0300 123 3020 or visit [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk)

## SystemOne Data Sharing

The practice uses a clinical computer system called SystemOne to store your medical information. The system is also used by other GP practices, Child Health Services, Community Services, Hospitals, Out of Hours, Palliative Care services and many more. This means 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 stored in the practice can be shared with other NHS services (i.e. made shareable)
- 2. Sharing In** - This controls whether information made shareable at other NHS care services can be viewed by us, your GP practice, or not. (i.e. shared in)

We maintain our legal duty of confidentiality to you at all times. We will only ever use or pass on information about you if others involved in your care have a genuine need for it. We will not disclose your information to third parties without your permission unless there are exceptional circumstances, such as when the health or safety of others is at risk or where the law requires information to be passed on.

You have a right under the Data Protection Act 1998 to find out what information we hold about you. This is known as 'the right of subject access'. If you would like to make a subject access request, please do so in writing to the practice manager. If you would like to know more about how we use your information, or if you do not want us to use your information in this way, please contact the practice manager.

### Benefits of sharing information

Sharing information can help improve understanding, responses to different treatments and potential solutions. Information will also help to:

- Provide better information to out of hours and emergency services
- Prevent Prescribing of medication to which you may already have an allergy
- Make more informed prescribing decisions about drugs and dosages Avoid unnecessary duplication in prescribing
- Increase clinician confidence when providing care
- Results of investigations, such as X-rays and laboratory tests
- Reduce referrals, ambulance journey admissions, tests, time wastage and visits to healthcare premises
- Find out basic details about you, such as address and next of kin

### Do I have a choice?

Yes. You have the right to prevent confidential information about you from being shared or used for any purpose other than providing your care, except in special circumstances. If you do not want information that identifies you to be shared outside this Practice, complete the sheet enclosed in this leaflet. This will prevent your confidential information being used other than where necessary by law.

### Objecting on behalf of others

If you are a carer and have a *Lasting Power of Attorney for health and welfare* then you can object on behalf of the patient who lacks capacity. If you do not hold a *Lasting Power of Attorney* then you can raise your specific concerns with the patient's GP.

If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

### Do I need to do anything?

Note your decisions on the enclosed form and return to Reception. You can change your mind at any time, just complete another form.

# Data Sharing

Please complete the information below with your choices on sharing your data and hand to Reception

**Name:** ..... **Date of Birth:** .....

**Address:**

.....  
.....  
.....  
.....  
.....

**Data for research**

- I do not wish identifiable data about me to leave the practice
- I do not wish data about me to be shared by HSCIC

**Summary care Record**

- I do not wish to have a Summary care Record  
(N.B. this will mean NHS Healthcare staff caring for you may not be aware of your current medications, any allergies or reactions to previous medication.)

**TPP SystemOne**

- I agree to information about me being shared with other services using TPP medical systems
- I do not agree to information about me being shared with other services using TPP medical systems
  
- I agree to the practice seeing information recorded at other services using TPP systems.
- I do not agree to the practice seeing information recorded at other services using TPP systems.