**The Old School Surgery**

Hinckley Road, Stoney Stanton, Leicestershire. LE9 4LJ

Telephone: 01455 271442 or 01455 271445

Website: www.theoldschoolsurgery.com

**ADULT REGISTRATION APPLICATION**

Thank you for applying to join The Old School 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 asterix (\*) are mandatory.

|  |  |  |  |
| --- | --- | --- | --- |
| \*Title | \*First names |  | \* Any previous surname(s) |
| \*Surname | |  | \*Town and country of birth |
| \*Male Female | |  | \*NHS No.  (if known) |
| \*Date of Birth | |  | \*Home address |
| Home telephone No. | |  |  |
| Work telephone No. | |  | \*Postcode |
| \*Mobile No. (if you have one) | |  |
| **Previous address Previous Doctors details** | | | |
| \*Previous address in the UK | |  | \*Name of previous doctor while at previous address |
|  | |  | \*Address of previous doctor |
| Postcode | |  |  |

**If you are from abroad**

|  |  |  |
| --- | --- | --- |
| \*Your first UK address where you registered with a GP |  | \*If previously a resident in the UK, date of leaving |
|  |  | \*Date you first came to live in the UK if applicable |
| Postcode |  |  |

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

|  |  |  |
| --- | --- | --- |
| Address before enlisting |  | Service or Personnel No. |
|  |  | Enlistment date |
| Postcode |  |  |

**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? |  | Who can consent for the medical treatment for the child?  You as the legal parent or guardian  **Other** (please specify) |
| You as the legal parent or guardian |  |
| **Other** (please specify) |  |

**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 the practice. However if you are not ordinarily resident in the UK you may have to pay for the NHS treatment outside of the GP practice. Being ordinarily resident means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside of 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, exemption and paying for NHS Services can be found in the Visitor & Migrant patient leaflet available at your GP surgery.

**You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you will be charged for your treatment. Even if you have to pay for the service, you will always be provided with any immediate and necessary or 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 organisation (e.g. hospitals) and NHS digital for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you provide.**

**Please tick one of the following boxes:**

1. **🞏 I understand that I may need to pay for NHS treatment outside of the GP Practice**
2. **🞏 I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example an EHIC or payment of the Immigration Health Charge (surcharge\_, when accompanied by a valid visa. I can provide documents to support this when requested.**
3. **🞏 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 will be taken against me.**

**A parent or guardian should complete on behalf of a child under 16.**

|  |  |
| --- | --- |
| Signed: Print Name: |  |
| On behalf of : |  |
| Relationship to patient: |  |
| Date: |  |
| Postcode |  |

**Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or 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.**

|  |  |  |
| --- | --- | --- |
| **Do you have a non UK EHIC or PRC ?** | **YES 🞏 NO 🞏** | **If yes please enter details form your EHIC or PRC below:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Country Code | |  | |
| Name | |  | |
| Given Names | |  | |
| Date of Birth | |  | |
| Personal Identification number | |  | |
| Identification number of institute | |  | |
| Identification number of card | |  | |
| Expiry date | |  | |
| PRC validity period (a)From |  | (b) To |  |
| Please tick 🞏 if you have a 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 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 purposes of cost recovery. Your clinical data will not be shared in the cost recovery process. Your EHIC, PRC, S1 information will be shared with the Department for Works & Pensions for the purpose of recovering your NHS costs from your home country. | | | |

**Additional details about you**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*What is your ethnic group? (Choose an option that best describe your ethnic group or background) | | | | | | |
| **White**  **Black**  **Asian**  **Mixed**  **Polish** |  | English/Welsh/Scottish  Caribbean  Indian  White + Black Caribbean |  | Northern Irish  African  Pakistani  White + African  **Other:** *Please specify*: |  | Irish  Other  Chinese  White + Asian |

|  |  |
| --- | --- |
| \*Main spoken languages | |
| **English** | |
| **Other** (please specify) | |
| Interpreter required? | |
| Yes | No |

|  |  |
| --- | --- |
| \* Which of the following best describes you?  Bisexual | Transgender gender reassignment patient |
| Male homosexual | Transgender gender identity disorder |
| Female homosexual | Prefer not to say |
| Heterosexual |  |

**ACCESSABLE INFORMATION STANDARDS**

|  |  |  |
| --- | --- | --- |
| \*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: | | |
| Use hearing loop  Use British Sign Language  Use Makaton Sign Language | Use lip speaker  Use cued speech cued transliterator  Use deaf-blind intervener | Use hearing aid  Use alternative communication skill  Use Sign Language |
| Use text phone  Use speech to text reporter  Other  \*Do you require information in a preferred format? | Use communication device  Personal Communication Passport  If Other, please tell us how we can support your communication need:  Yes No (Choose below) | Use manual note taker |
| If you have another specific communication need please specify: | | |
| Requires contact by telephone  Requires contact by letter  Requires information in large font  Requires audible alert  Requires communication partner  Interpreter needed -BSL | Requires contact by email  Requires information in Makaton  Requires information in EasyRead  Requires visual alert  Deafblind communicator guide  Deafblind telephone user | Requires contact by text relay  Requires information in braille  Medicine labelling large print  Requires tactile alert  Face the client communicating  Other, please tell us: |

|  |
| --- |
| **Are you an Armed Services Veteran? 🞏** |

**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**](http://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**  This will allow other **NHS** services to have more information about your care & medical issues.  **Tick this box if wish to opt-out of the SCR** |

|  |
| --- |
| **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. You will always be asked at point of contact if you agree to data sharing with other NHS teams involved in your care.  **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 The Old School Surgery 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 |  | Relationship to you |

|  |  |  |
| --- | --- | --- |
| Next of kin telephone number(s) |  | Next of kin address (if different to above) |

**Prescriptions**

|  |
| --- |
| **In order to continue to receive your repeat medications you’ll need to make an appointment with a GP at least one week before your next prescription is due.** |

|  |
| --- |
| **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)**  Electronic Prescribing – you will be able to nominate a pharmacy to collect your prescriptions from. EPS enables prescribers like your GP to send prescriptions to a chemist of your choosing electronically. This makes the process more efficient. Please let us know who your nominated pharmacy is.  **My Nominated Pharmacy is ……………………………………………………………………………………………………** |

|  |
| --- |
| \*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) |

**Please tell us about your smoking habits**

|  |
| --- |
| Do you smoke?  Yes  No  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 |

|  |  |
| --- | --- |
| **Height m** |  |
| **Weight kg** |
| **Waist measurement cms** |

**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  (go to Page 4) | Monthly or less | 2 - 4 times  Per month | 2 - 4 times per month | 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 |
| **Your total score for all 10 questions indicates the following:**  0-7 =Sensible drinking 8-15= Hazardous drinking **Would you like information or advice about alcohol consumption**  16-19= harmful drinking 20+ = possible dependance **Yes 🞏 No 🞏** | | | | | | |

|  |
| --- |
| Do you consent to receive the following types of communication from The Old School Surgery?  **Mobile phone SMS messages** Yes No  **Answering machine messages** Yes No  **Email communication** YesNo  Do you consent to the following:  **Consent given to speak to a named third party with any** Yes No  **Information relating to my health / medications etc PRINT** Name of third party **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PRINT** Relationship **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Consent given for a named third party to collect any letters,** Yes No  **on my behalf PRINT** Name of third party **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **PRINT** Relationship **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **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 tick the boxes that apply.  Any of my organs and tissue or…  Kidneys  Heart  Liver  Corneas  Lungs  Pancreas  Any part of my body  **For more information, please visit the website *www.uktransplant.org.uk* or call 0300 123 23 23** |

|  |  |  |
| --- | --- | --- |
| **\*Signed** |  | **\*Date** (dd/mm/yyyy) **/ /** |

|  |
| --- |
| **Signed on behalf of patient** (*if applicable*) **Full Name:**  (Minors under 16 years old, adults lacking capacity) |
| **Relationship:** |

**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.theoldschoolsurgery.com 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 nurse. Contact reception if you would like to take this up (Recommended). If you have repeat medication you will need to make an appointment with the nurse for a health check before we can issue these.

**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 FOR ONLINE USE ALSO** | | |
|  | | |
| **PHOTO ID/Birth**  **Certificate** (Over 18 only) |  | **TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  |  |  |
| **ADDRESS ID** |  | **TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Other  Registration form and ID checked by:  Date: |  | TYPE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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 | 🞏 |
| 1. Requesting repeat prescriptions | 🞏 |
| 1. Access to my Detailed Coded Medical Record | 🞏 |

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 | 🞏 |
| 1. I will be responsible for the security of the information that I see or download | 🞏 |
| 1. If I choose to share my information with anyone else, this is at my own risk | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | 🞏 |
| 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 | 🞏 |

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

### Once online access has been created the practice will ring you & ask you to come in and pick up your logon & password.

**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
* 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 policies & protocols.
  + 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: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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](http://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



**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**