



**RAMSEY GROUP PRACTICE**  
**BOWRING ROAD**  
**RAMSEY**  
**ISLE OF MAN**  
**IM8 3EY**

**TELEPHONE: 01624-813881**  
**APPOINTMENTS: 01624-811900**  
**FAX: 01624-811921**  
**WEBSITE: RGP.IM**

Dear Sir/Madam,

Please find attached some information with regard to your new registration here with us at Ramsey Group Practice.

Firstly, we would like to welcome you to our surgery and we hope that you are happy with the services we provide. For further information on our services and policies, please visit our website, [RGP.im](http://RGP.im).

We would like to invite you to make an appointment with one of our health care professionals for a new patient check. This will help us get to know you and identify any needs that you may have. They will go through your new patient questionnaire with you and take a full medical history. We ask that you bring a urine sample with you to this appointment.

Please read through the enclosed documentation carefully as it is important you are aware of the integrated digital health record and the sharing of your information as appropriate.

If you need any further information, please do not hesitate to contact us on the above numbers.

Kind regards.

The Ramsey Group Practice Team

# Application to go on a Doctor's List

Patient's Details

Please complete in BLOCK CAPITALS and tick  as appropriate

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Surname	<input type="text"/>
Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>				First Name	<input type="text"/>
NHS Number (Not NI Number) <input type="text"/>				Middle Names	<input type="text"/>
Male <input type="checkbox"/> Female <input type="checkbox"/>				Previous Surname/s	<input type="text"/>
				Town & Country of Birth	<input type="text"/>
				Ethnic Origin	<input type="text"/>

Home Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Post Code	<input type="text"/>	Telephone Number	<input type="text"/>
Mobile Number	<input type="text"/>	Work Number	<input type="text"/>

**If you are from the UK** please help us trace your previous medical records by providing the following information

Your previous address	Name & address of previous Doctor while at that address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>

**If you are from abroad**

Your first UK address where registered with a GP	If previously resident in UK, date of leaving
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

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

Address before enlisting	Service or Personnel Number
<input type="text"/>	<input type="text"/>
<input type="text"/>	
<input type="text"/>	Enlistment Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Your Signature <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

# Office Use Only

**Please complete**

Preferred GP	
New Patient Medical	Yes/No
NPM Date & Time	
Ethnic Form	Yes/No
Main Language Spoken	
I.D. Check	Yes/No
Are you pregnant?	Yes/No    No. of weeks
Parental Responsibility	
Password	
Mother's Maiden Name	
Names of Household Members	

## To be Completed by the Doctor

Your Names

Your Code Number

Your Signature to Accept this Patient

Date

## RAMSEY GROUP PRACTICE

To register with the Practice please complete this questionnaire as fully as possible. Please make an appointment to see the Practice Nurse for your New Patient Health Check. You will be asked to bring a urine sample, and a list of your medications.

**Please complete this questionnaire using black ink.**

Name:	Date of Birth:
Address:	
	Postcode:
Home tel:	Mobile:
Email address:	Main Spoken Language:
Occupation:	Ethnicity:
Weight (approx):	Height:

<b>Smoking</b>					
Do you smoke?	Yes	No	If Yes, how many:		
			Cigarettes per		Cigars per
day				day	
<b>Ex-Smokers</b>					
How old were you when you stopped smoking?				How many did you smoke per day?	

Alcohol	Scoring system					Your score
	0	1	2	3	4	
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 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 been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
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 the last year		Yes, during the last year	

How many units of alcohol do you consume per week? \_\_\_\_\_ units

- 1 Pint of strong lager = 3 units
- 1 Pint of ordinary lager, bitter or cider, 175ml glass of wine = 2 units
- 1 Alco pop = 1.5 units
- 1 Measure of spirits = 1.5 units
- Many wines are around 11 or 12% alcohol so a small glass = 1.5 units

**Please turn over**

**Exercise**

Do you take regular exercise?

No

Yes

If yes, what sort of exercise?

How many times per week?

**Your Health**

Do you suffer or have you ever from any of the following?

Asthma	Yes	No	Diabetes	Yes	No
Chronic Lung Disease	Yes	No	Thyroid Problems	Yes	No
High Blood Pressure	Yes	No	Epilepsy	Yes	No
Cancer	Yes	No	Stroke	Yes	No

Are you allergic to any medication?

**Family History**

Is there any of the following in your family (*father, mother, brother, sister*) before age of 60?

Heart Disease (heart attacks, angina)	Yes	No	Which family member?
Stroke?	Yes	No	
Diabetes?	Yes	No	
Cancer?	Yes	No	

Site of cancer?

**Female Patients**

Date of most recent cervical smear:

Result of most recent smear:

Please give details of any complications in pregnancy:

**Carers**

Do you have anyone who looks after you or your daily needs as Carer?

Yes

No

Do you care for anyone else?

Yes

No

# Patient Information

## Integrated Digital Health Record

Shared information. Better care for you.



Department of Health and Social Care

*Rheynn Slaynt as Kianail y Theay*

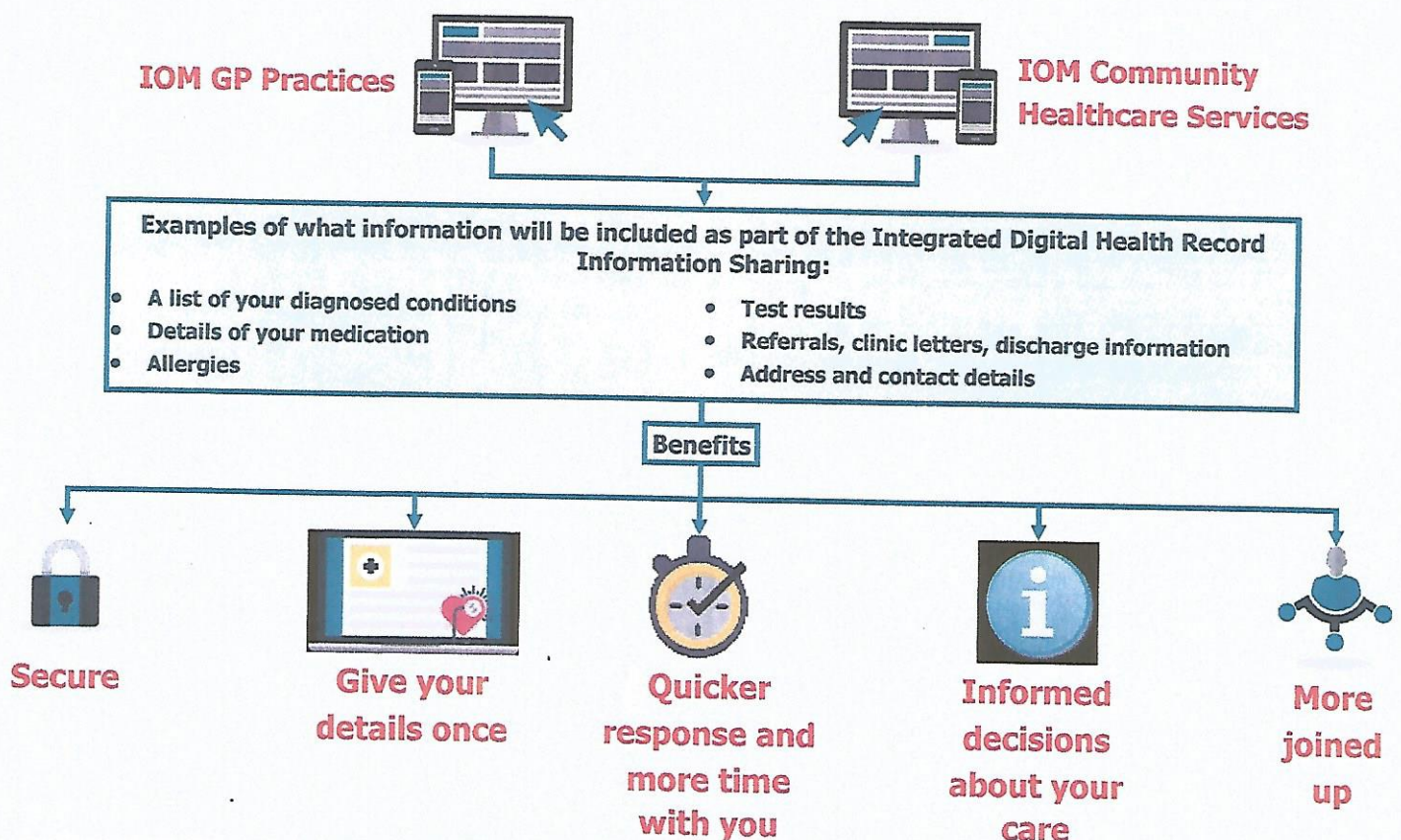
**At the moment, every health organisation holds a different set of records about you. An integrated digital health record allows information to be shared in a more confidential and timely way.**

**Can anybody view my shared records? NO.** Only health professionals directly involved in your care will see your health record. We won't share it with anyone who isn't providing your treatment, care or support. Your details won't be made public, passed on to a third party or used for advertising.

**How do I know my shared records are secure?** By law, everyone working in, or for, an health or social care provider must respect your privacy and keep your information safe. Information about your health is held on a secure computer system,

**Can I access my integrated digital health record information? YES.** Under the Data Protection Act 2002 you can request access to all information that organisations hold about you, including copies of paper and electronic health records. Ask at your GP practice for more information.

**Can I opt out of this information sharing? YES,** you can choose not to have your information shared, but opting out of information sharing means that your GP cannot share your information with any other healthcare professional. If you have concern please speak to your GP.



**If you do not wish to share your information, please contact your GP practice.**  
For further advice please contact the Information Governance Team on 686324 or email [Paul.Edge@gov.im](mailto:Paul.Edge@gov.im)



Patient opt out form

Integrated Digital Health Record

An Integrated Digital Health Record is a confidential way of improving the care you receive by, over time, allowing a range of services to share the information held electronically about you in their records.

An Integrated Digital Health Record allows information to be shared in a more confidential, timely way, so improving the care you receive by allowing a range of services to share the information held electronically about you in their records. Healthcare staff have different levels of access depending on their role, ranging from full to partial access i.e. a community school nurse has different access to a physiotherapist.

Your GP practice and Department of Health and Social Care (which provides our local community healthcare services – like community nurses and physiotherapy services) work together to do this. In the future we hope to include more health and social care organisations to make the service even better, for all patients.

The benefits of information sharing?

- Joined-up and safer care
• More time to spend on care
• Less paperwork
• Informed decision making
• Don't have to repeat details to different professionals

Before anyone can view your shared record they must have a legitimate relationship with you, i.e. you must be registered on their system as a current patient.

Should you choose to opt out of this type information sharing please complete the form below and return it to your GP practice.

Opting out of the Integrated Digital Health Record - Information Sharing

I would like to opt out of the Integrated Digital Health Record - Information Sharing.

I understand this means that, should I ever require medical attention in a community setting, out of hours centre (MEDS) etc., the clinician responsible for my immediate care may not be able to access areas of my medical record which might otherwise assist in providing me with high quality care.

Name (Printed): .....

Signature: ..... Date of Birth: .....

Address: .....
.....

Postcode: .....