

Patient's detailsPlease complete in BLOCK CAPITALS and tick as appropriate

Mr Mrs Miss Ms Surname
 Date of birth _____ First names _____
 NHS No. _____ Previous surname/s _____
 Male Female Town and country of birth _____
 Home address _____
 Telephone number _____
 Postcode _____

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

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 _____
 Date you first came to live in UK _____
 Date you first came to live in UK _____

If you are returning from the Armed Forces

Address before enlisting _____
 Service or Personnel number _____ Enlistment date _____

If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

I live more than 1 mile in a straight line from the nearest chemist
 I would have serious difficulty in getting them from a chemist

Signature of Patient Signature on behalf of patient Date _____/_____/_____
 *Not all doctors are authorised to dispense medicines

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
 Signature confirming my agreement to organ/tissue donation Date _____/_____/_____
 For more information, please ask at reception for an information leaflet or visit the website
www.uktransplant.org.uk, or call 0300 123 23 23.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register 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 Date _____/_____/_____
 For more information, please ask for the leaflet on joining the NHS Blood Donor Register
 My preferred address for donation is: (only if different from above, e.g. your place of work)
 Postcode: _____

Doctors Name

I have accepted this patient for general medical services
 For the provision of contraceptive services
 I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice
 Doctors Name, if different from above _____ HA Code _____

Doctors Name, if different from above

I am on the HA CHS list and will provide Child Health Surveillance to this patient **or**
 I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.
 Doctors Name, if different from above _____ HA Code _____

Doctors Name, if different from above

I will dispense medicines/appliances to this patient subject to Health Authority's Approval
 I am claiming rural practice payment for this patient.
 Distance in miles between my patient's home address and my main surgery is _____

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Authorised Signature

Name _____ Date _____/_____/_____
 Practice Stamp _____



REGISTRATION QUESTIONNAIRE - CHILD

Please ensure all areas, on both sides, of this registration pack are completed. Failure to do so may result in us being unable to register you at the practice.

Personal Details

Title _____ Forename _____ Surname _____
 Date of Birth _____
 Phone Nos. Home _____ Mobile _____

Are these contact numbers for the parent(s) / guardian(s)? Yes / No

Do you consent to us sending texts to this mobile phone? Yes / No

Please remember it is important to keep us updated when you change phone numbers, particularly if you are consenting to us contacting you using these methods.

Purple Registration Form

- Please complete all parts of the registration form (front and back) and sign the form.
- We are unable to register patients without an **NHS number** (NOT National Insurance Number, this is a unrelated number used by the Tax Office not the NHS). You can find your NHS number on your medical card, if you have one, or by asking your previous GP.
- If you are new to the country and do not have an NHS number yet please bring photo ID and your visa when you register.

Ethnicity Information

It is a national requirement that we ask all patients to complete this when they register.

Ethnic Group: (tick one box only)			
British / Mixed British	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White & Black African	<input type="checkbox"/>
Indian / British Indian	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>
Pakistani / British Pakistani	<input type="checkbox"/>	Other Mixed	<input type="checkbox"/>
Bangladeshi / British Bangladeshi	<input type="checkbox"/>	Other White	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other Black	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>
African	<input type="checkbox"/>	Other	<input type="checkbox"/>

Life Style Questions (Over 14 years old)

Smoking History - Do you smoke?

YES / day

I have NEVER
Ex Smoker – (Year)
.....

Carer Information

Are you a Carer? Do you have a Carer?

Please collect a Carer Registration Form from reception.

Medical Record Sharing Consent

Please read the attached information about Medical Record Sharing and complete the attached consent form.

(Please note if you already have a Summary Care Record (SCR), until your records are received by this practice and checked it will be temporarily suspended)

Practice Booklet

A copy of our practice booklet can be viewed, saved or printed by visiting:

<http://www.practicebooklet.co.uk/craig>

If this form has been completed on behalf of the child please state below.

Completed on behalf of Child by:

Date

Parent / Carer's name

I have parental responsibility
(We cannot action requests if parental
responsibility is not held)

Summary Care Record

- Your emergency care summary.
- Contains: allergies and medications.
- Can be accessed with your permission, in an emergency, when you are on holiday, when your Surgery is closed, at out-patient clinics, when you visit a pharmacy.
- Consent will be requested every time the record is accessed and can be refused. Consent may be overridden if you are unconscious or in an emergency, any overrides are monitored and auditable.

For more information visit:

<https://digital.nhs.uk/services/summary-care-records-scr>

Surgery held Electronic Patient Record (SystemOne)

- SystemOne is a clinical computer system used by us and local community services to hold your computer patient record.
- Allows patient computer record to be shared between us and community services with patient consent.
- Patient consent is required by us at Croft Medical Centre for sharing in from other services and sharing out to other services and by each local service you access.
- Allows swifter communication between services caring for you (e.g. if you allowed sharing between us and Community Diabetes, Community Diabetes could view which medication we prescribe to you and we could view any changes they advise you to make).
- Visit www.tpp-uk.com for more information.

Your Care Connected

- Summary of your record containing: allergies, medication, hospital admissions and referrals, vaccinations and immunisations, test results, diagnoses, treatment, medical procedures, end of life wishes, demographic information (age, gender etc.), concerns related to abuse of vulnerable children or adults (if applicable).
- Can be accessed by: Local Hospitals and Community Health Services, Mental Health Teams, West Midlands Ambulance Service, Local out of hours services. See website for full list.
- Key benefits include quicker and safer care and could avoid duplication of investigations such as blood tests.
- Consent will be requested every time the record is accessed and can be refused. Consent may be overridden if you are unconscious or in an emergency, any overrides are monitored and auditable.

For more information visit:

<https://midlandscopyourcareconnected.nhs.uk/index.php/our-patient-leaflet-and-letter/>

NHS National Data Opt Out

- NHS England National Programme
- Please visit their website to find out more: <https://www.nhs.uk/your-nhs-data-matters/>
- GP Surgeries are unable to set or change your national data opt-out choice, to do this you need to visit the NHS choices website above or you can contact NHS digital on 0300 330 9412 to find out more.



CHILD - Medical Record Sharing Consent

(Please note: Patients registering with the Practice for the first time will have these options automatically set to implied consent if this form is not completed)

Patients Full Name: _____ Patients DOB: _____

I do want a Summary Care Record created for this patient

I do NOT want a Summary Care Record created for this patient

I do want this patient's System One Electronic Patient Record (surgery record) shared with community services (e.g. Physio, Community Diabetes) and Your Care Connected

I do NOT want this patient's System One Electronic Patient Record (surgery record) shared with community services (e.g. Physio, Community Diabetes) and Your Care Connected

I do want community services (e.g. Physio, Community Diabetes) information shared with this patient's GP

I do NOT want community services (e.g. Physio, Community Diabetes) information shared with this patient's GP

Signature on behalf of Child _____ Date _____

Parent / Carer's name _____ I have parental responsibility
(We cannot action requests if parental responsibility is not held)

If you attend a community service (e.g. Physio, Community Diabetes, Community Respiratory) you will also need to advise **them** that you are happy to share the information they hold with us.