

# Dr H R Furn Davies & Partners – MANN COTTAGE SURGERY

## New Patient Registration Form

Please complete this confidential questionnaire

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

**PLEASE BRING PROOF OF IDENTITY I.E. PASSPORT/DRIVING LICENCE AND PROOF OF ADDRESS  
I.E. UTILITY BILL/BANK STATEMENT**

If new to the country you will need proof of eligibility for NHS treatment.

Please complete a separate form for each family member to be registered.

Full Name:				Telephone Number:					
Mr / Mrs / Miss / Ms / Other.....				Work Number:					
Address and Postcode:				Mobile Number:					
				Do you consent to receiving text message reminders of your appointments? YES / NO					
				Do you consent to receiving <u>general</u> Practice information i.e. flu clinic dates, health promotion etc, by text message? YES / NO					
				E-mail Address:					
				Do you consent to receiving <u>general</u> Practice information i.e. Newsletters, health promotion, notice of flu clinics etc, by email? YES / NO					
				Next of Kin , Relationship & Contact No.:					
Date of Birth:		Any previous names if different:		Town & Country of Birth:					
Marital Status:		Gender:		Male:		Female:		Other residents of your home:	
Occupation:									
Names & Ages of Children:									
Previous Address:				Previous Postcode:					
				Previous Doctor Telephone No:					
Previous Doctor Name & Address:				NHS Number (if known)					
				If applicable, date you first came to live in Britain:					
If returning from Armed Forces:		Your Service or Personnel Number		Your Enlistment Date:					

<b>Your height:</b>		<b>Feet / inches OR cm</b>		<b>Your weight:</b>		<b>Stones / lbs. OR kg</b>	
<b>Your Religion: (optional)</b>							
<b>Your Ethnic Origin: (please tick one box)</b>		<b>White (UK) 9i0</b>		<b>White (Irish) 9i1%</b>		<b>White (Other) 9i2%</b>	
<b>Caribbean 9i3</b>		<b>African 9i4</b>		<b>Asian 9i5</b>		<b>Other Mixed Background 9i6%</b>	
<b>Indian / Brit Indian 9i7</b>		<b>Pakistani / Brit Pakistani 9i8</b>		<b>Bangladeshi / Brit Bangladeshi 9i9</b>		<b>Other Asian Background 9iA%</b>	
<b>Other Black Background</b>		<b>Chinese 9iE</b>		<b>Other 9iF%</b>		<b>Ethnic Category not stated 9iG</b>	
<b>Your main or 1<sup>st</sup> language spoken /understood:</b>							
<b>Smoking, Alcohol Consumption and Exercise:</b>							
<b>Are you currently a smoker?</b>		<b>Yes</b>		<b>No</b>		<b>Have you ever been a smoker?</b>	
		<b>Yes</b>		<b>No</b>			
<b>If yes, how many cigarettes / cigars / tobacco do you smoke each day?</b>				<b>How much alcohol do you drink in a week (Units)?</b>			
<i>If you are a smoker and want to stop, please ask for information about local smoking cessation services.</i>				<i>(One unit = 1 small glass of wine, a single measure of spirits, or 1/2 a pint of beer)</i>			
<b>How often do you exercise? No. times per week</b>				<b>Type(s) of exercise:</b>			
<b>Your Medical Background:</b>							
<b>What illnesses have you had &amp; when?</b>							
<b>What operations have you had and when?</b>							
<b>Do you have any medical problems at present? Please give details</b>							
<b>Please list any medications you are currently taking: (incl. dose and frequency, or attach current repeat medication list)</b>							
<b>Are you able to administer your own medicines?</b>		<b>Yes tick</b>		<b>No – please detail specific issues (e.g. swallowing, opening containers)</b>			

<b>Are there any serious diseases that affect your Parents, Brothers or Sisters (tick all that apply)</b>	Diabetes	Heart Attack	Heart attack under age of 60	Bowel Cancer		
	Breast Cancer		High Blood Pressure	Asthma	Stroke	
	Thyroid Disorder		Any other important Family Illness?			
<b>What immunisations have you had? (please tick all that apply)</b>	Diphtheria	Measles	German Measles	Tetanus	Polio	MMR
	Whooping Cough		Pre-school booster	Triple vaccine (Diphtheria, Tetanus & Pertussis) – 3 doses		
<b>Specific Needs:</b> Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:						
Please state any sensory Impairment you have (i.e. speech, hearing, sight):						
Are you an 'Assistance Dog' user?						
Please state any physical disabilities you have:						
Please state any mental disabilities you have:						
Please state any requirements you have to be able to access the Practice premises						
Please state any Religious or Cultural needs:						
Do you require the help of a translator / interpreter?						
<b>IMPORTANT:</b> Please state any allergies, adverse reactions and sensitivities you may have:						
If you are a Carer, please state the name / address / phone number of the person you care for:			<u>Person Cared For Contact Details:</u>			
If you have a Carer, please state their name / address / phone number and sign here if you wish us to disclose information about your health to your Carer.			<u>Carer Contact Details:</u>			
			<u>Signed:</u>			<u>Date:</u>
Do you have a "Living Will" (a statement explaining what medical treatment you would not want in the future)?		Yes / No	If "YES", please bring a written copy of it with you to your New Patient check appointment.			

Please provide written consent (with name, address, relationship to you and contact details) if you wish us to disclose any information to a third party (i.e. spouse, partner, family member etc). Please specify what information is to be disclosed to this person(s).

Do you have a Power of Attorney in place?	Yes / No	If YES, please provide us with the details or please ensure you discuss this with your GP.
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**Women only:**

When was your last smear done?	Date	Was this at your GP's Surgery?	Yes	No
What was the result of the smear?				
Date of last mammogram (if applicable):	Date			

## IMPORTANT - CONSENT TO SHARE.

The NHS is changing the way your health information is stored and managed.  
Please read the separate information provided about the various ways your information may or may not be shared.  
It is very important you advise us of your wishes so that we can amend your records accordingly.

### Patient Participation Group

The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better. By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice. If you are interested in getting involved, please tick the box below and we will arrange for the Practice Patient Participation Group Application Form to be given to you at your initial consultation.

Yes, I am interested in becoming involved in the Practice Patient Participation Group	Please tick
Patient Signature: or signature on behalf of patient.	Date:

Your physical examination will include having your height, weight and blood pressure taken. The Consultation will also help establish relevant past medical and family history, including:

- Medical factors - illnesses, immunisations, allergies, hereditary factors, screening tests, current health
- Social factors - employment, housing, family circumstances
- Lifestyle factors - diet and exercise, smoking, alcohol and drugs.

**Thank you for completing this form**

*For more information about the services we offer, please refer to the Practice leaflet  
or see our website: [www.moretondoctors.nhs.uk](http://www.moretondoctors.nhs.uk)*

## **MANN COTTAGE SURGERY – DR FURN DAVIES & PARTNERS**

### **New patients: Sharing your health care records and information**

Your patient record will be held securely and confidentially on our electronic system.

If you require treatment in another NHS healthcare setting such as an Emergency Department or Minor Injury Unit, those treating you would be better able to give you appropriate care if some of the information from the GP practice were available to them. This information can now be shared electronically (with your permission) via:-

- 1. SCR - NHS SUMMARY CARE RECORD (used nationally across England)**
- 2. GLOUCESTERSHIRE SHARED HEALTH AND SOCIAL CARE INFORMATION (Joining up your information – JUYI - used locally across Gloucestershire).**
- 3. ENHANCED DATA SHARING MODEL in SystemOne (EDSM) (used nationally across all healthcare providers using the clinical system called SystemOne).**

In all cases, the information will be used **only by authorised healthcare professionals** directly involved in your care. Your permission will be asked before the information is accessed, unless the clinician is unable to ask you and there is a clinical reason for access.

Please note that these records are **NOT CONNECTED** with the Health and Social Care Information Centre care.data project and will be used **only** for the purpose of enabling informed care to be supplied directly to you as an individual.

Parents, guardians or someone with power of attorney can ask for people in their care to be opted out, but ultimately it is the GP's decision whether to share information, or not, because of their duty of care.

If you are caring for someone and feel that they are able to understand, then you should make the information about the different methods of sharing available to them.

Please ask a member of the GP practice staff for details of where to find more information about each of the sharing methods.

Are you happy for us to share this electronic information with clinicians in other NHS organisations (and Gloucestershire County Council social care in the case of JUYI) who are involved in your care? If you would rather we didn't we will put an entry on your record which will prevent your information from being shared.

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Please select **ONE** option in **ALL** the tables below and complete patient details.

1. Your Choice for SCR	Please tick <u>one</u> box only
I would like my information shared through the Summary Care Record	
I would like a Summary Care Record with additional information added**	
I do not want my information shared through the Summary Care Record	
2. Your Choice for Gloucestershire shared health and social care information (JUYI)	Please tick <u>one</u> box only
I would like my information shared through the Gloucestershire shared health and social care information project	
I do not want my information shared through the Gloucestershire shared health and social care information project	

3. Enhanced Data Sharing Model (SystemOne) Sharing Out	Please tick <u>one</u> box only
I would like my information <u>shared out</u> to SystemOne healthcare providers	
I do not want my information <u>shared out</u> to SystemOne healthcare providers.	

3. Enhanced Data Sharing Model (SystemOne) Sharing In	Please tick <u>one</u> box only
I want my GP practice to view data that is recorded at another SystemOne NHS organisation that may care for me.	
I do not want my GP practice to view data that is recorded at another SystemOne NHS organisation that may care for me.	

Patient details (please complete in CAPITAL LETTERS)			
Title:		Forenames:	
Surname/Family name:			
Address:			
Phone No.(s)			
Date of birth:		NHS number (if known)	
<b><u>PATIENT TO PLEASE SIGN BELOW.</u></b>			
<i>If the person signing below is not the patient, please also enter the signatory's name and relationship to the patient, e.g. PARENT, GUARDIAN, ATTORNEY</i>			
Full name:		Status:	
Signature:		Date:-	

***Differences between the Gloucestershire Shared Record and the Summary Care Records***

	<b>Gloucestershire shared health and social care information (JUWI)</b>	<b>Summary Care Record</b>
<b>Shared</b>	<ul style="list-style-type: none"> <li>• Across Gloucestershire</li> <li>• Across health care settings, including urgent care, community care and outpatient departments</li> <li>• With GPs, and with NHS clinicians employed by Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Care Services NHS Trust (Community hospitals and community-based services, such as district nursing), Together NHS Foundation Trust (mental health services), South Western Ambulance Service NHS Foundation Trust.</li> <li>• With Gloucestershire County Council social care.</li> </ul>	<ul style="list-style-type: none"> <li>• Across England</li> <li>• Across health care settings, including urgent care, community care and outpatient departments</li> <li>• With GPs, and with clinicians employed by any NHS Trust or organisation involved in your care across England</li> </ul>
<b>Information source</b>	<ul style="list-style-type: none"> <li>• GP record</li> <li>• Other medical records held by different NHS organisations in Gloucestershire</li> <li>• Gloucestershire County Council social care</li> </ul>	<ul style="list-style-type: none"> <li>• GP record</li> </ul>
<b>Content</b>	<ul style="list-style-type: none"> <li>• Your current medications</li> <li>• Any allergies you have</li> <li>• Any bad reactions you have had to medicines</li> <li>• Your medical history and diagnoses</li> <li>• Test results and X-ray reports</li> </ul>	<ul style="list-style-type: none"> <li>• Your current medications</li> <li>• Any allergies you have</li> <li>• Any bad reactions you have had to medicines</li> </ul> <p><b>**<u>SCR with Additional information can be added (upon request to your GP practice) includes:</u></b></p> <ul style="list-style-type: none"> <li>- Significant problems (past and</li> </ul>

	<ul style="list-style-type: none"><li>• Your vaccination history</li><li>• General health readings such as blood pressure</li><li>• Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls</li><li>• Care / management plans</li><li>• Correspondence such as referral letters and discharge summaries.</li></ul>	<p>present)</p> <ul style="list-style-type: none"><li>- Significant procedures (past and present)</li><li>- Anticipatory care information</li><li>- End of life care information – as per EOLC dataset ISB 1580</li><li>- Immunisations</li></ul>
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# MANN COTTAGE SURGERY

## How we use your information

- We collect and hold data about you for the purpose of providing safe and effective healthcare
- Your information may be shared with our partner organisations to audit services and help provide you with better care
- Information sharing is subject to strict agreements on how it is used
- We will only share your information outside of our partner organisations with your consent\*
- If you are happy with how we use your information you do not need to do anything
- If you do not want your information to be used for any purpose beyond providing your care please let us know so we can code your record appropriately
- You can object to sharing information with other health care providers but if this limits your treatment options we will tell you
- Our guiding principle is that we are holding your information in the strictest confidence
- For more information about who are our partner organisations and how your data is used please see the privacy notice on our website or please ask a Receptionist for full details.

\*Unless the health & safety of others is at risk, the law requires it or it is required to carry out a statutory function

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