

# BARNES SURGERY – New Patient Registration Form

(COMPLETE CLEARLY, IN FULL & IN BLOCK CAPITALS)

## PERSONAL DETAILS

Are you a new or a returning patient:		
Surname:	Date of Birth:	
Forenames:	Marital status:	
Gender:		
Address:		
Postcode:	Tel Nos: (home) (work) (mobile)	
Email:		
Occupation:		
Emergency contact name, relationship & number:		

Do you currently smoke?	If yes, how many a day?
Have you ever smoked?	If yes, how many a day?
When did you stop smoking?	

**If you are a current smoker, we advise you to book an appointment for smoking cessation with one of the doctors or at your local pharmacy**

Do you regularly care or look after for someone else?
What is your relationship to that person?

<p>Our surgery has a 'Patient Reference Group' This group meets usually once or twice a quarter to discuss our surgery, to get involved with any enhancements that we have planned and to generally 'help out' if and when needed.</p> <p>If you would like to be considered for a place within this group, as existing members leave or move out of our catchment area, please circle either.....</p> <p style="text-align: center;"><b>YES or NO</b></p>
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Staff Use: PO.Address -	PO.Identity -
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## ETHNIC ORIGIN

Since 1 April 2006 the practice has been required to collect ethnicity data on all patients. Under the Race Relations Amendment Act 2000 and Fair for All policy initiatives we have an obligation to promote racial equality and reduce ethnic inequalities in health. NHS organisations therefore have a particular responsibility to monitor the effects of health policy on different ethnic groups.

The information we collect will be used only for this purpose and will be treated in the strictest confidence.

**Please note: we are not asking about your nationality or citizenship, but about the ethnic group you feel you belong to.**

Please indicate your ethnic origin. This may help with your healthcare, as some conditions are more common in specific communities, so this information could help with early identification of some conditions. The groups below are as defined in the 2001 census.

<b>White background:</b>		<b>Black background:</b>	
British or mixed British	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	African	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>
<b>Asian background:</b>		<b>White and Black background:</b>	
Indian	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other mixed background	<input type="checkbox"/>
<b>Chinese</b>	<input type="checkbox"/>	<b>Other (State)</b>	<input type="checkbox"/>

Please also tell us your main (or first) spoken language

**If you would like this document or other information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know.**

**FEMALE ONLY SECTION**

How many times have you been pregnant?	
How many deliveries have you had?	
Type (eg Normal / Caesarean)	
If premature, how many weeks?	
Any problems? (eg raised blood pressure)	

What method of contraception are you currently using?
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What was the date of your last smear? What was the result?
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Using the guide below, please complete the questions; try to be as honest as possible!!



How many units do you drink on an average week? \_\_\_\_\_

	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	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 - 8	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	



If your score is 5 or more, please complete the set of questions on the next page

## A tick in each column equals

0 points   1 point   2 points   3 points   4 points

How often do you have a drink that contains alcohol?	Never	Monthly or Less	2 - 4 times per month	2 - 3 times per week	4+ times a week
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10 +
How often do you have 6 or more standard drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost Daily
How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than Monthly	Monthly	Weekly	Daily or almost Daily
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost Daily
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than Monthly	Monthly	Weekly	Daily or almost Daily
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost Daily
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than Monthly	Monthly	Weekly	Daily or almost Daily
Have you or someone 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/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes but not in the last year		Yes during the last year

Total for Each Column:

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## Your emergency care summary

**Your Summary Care Record contains 3 important pieces of information about you:**

**Medicines you take**

**Allergies you have**

**Any medicines that make you ill**

**In the future every time you receive care out of hours or in an emergency setting such as A&E, healthcare professionals will ask you for permission to view your SCR to help them with their decision making**

**You can choose not to have a summary care record if you want to by completing the form on the next page.**

**However, if you leave the form blank, a record will be created.**

**For more information go to [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk)**



Your emergency care summary

CONFIDENTIAL

## OPT-OUT FORM

### Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice (completed forms must be returned to your GP practice. Forms sent anywhere other than your GP practice will not be actioned).

#### A. Please complete in BLOCK CAPITALS

Title ..... Surname / Family name .....

Forename(s) .....

Address .....

Postcode ..... Phone No ..... Date of birth .....

NHS number (if known) ..... Signature .....

**B. If you are filling out this form on behalf of another person or child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B**

Your name ..... Your signature.....

Relationship to patient ..... Date .....

#### What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

- phone the Summary Care Record Information Line on 0300 123 3020;
- contact your local Patient Advice Liaison Service (PALS); or
- contact your GP practice.

#### FOR NHS USE ONLY

Actioned by practice yes/no

Date .....

Ref: 4705



## **IMPORTANT CHANGES TO THE WAY YOUR PERSONAL DATA IS HANDLED**

**Under a new scheme called *care.data*, your GP is required to supply confidential information from your medical records to a central database at the Health and Social Care Information Centre (HSCIC).**

Details from your medical record will be extracted in a form that could identify you – including your NHS number, date of birth, postcode, gender and ethnicity – as well as your medical diagnoses, their complications, referrals to specialists, your prescriptions, vaccinations and screening tests, your family history, your blood test results, your body mass index and your smoking/alcohol habits.

The information uploaded will be used for purposes *other than your direct medical care* and the intention is to make it available – with some of the identifying information removed, but not always – to organisations outside of the NHS including universities, commercial companies, medical researchers and ‘information intermediaries’.

**Your practice has no choice but to allow HSCIC to extract this information and once your data has been extracted, your GP cannot control or protect how that information is used, shared or who has access to it. But you do have a choice: YOU HAVE THE RIGHT TO OPT OUT.**

The NHS Constitution says that patients can simply instruct their doctor or GP practice to stop the transfer of information from their own medical record, and information from the records of those for whom they are legally responsible, e.g. children. – you can write a letter, sign a form (see below) or you can ask at reception about “opting out of care.data”.

Official information is somewhat limited; the ‘Better information means better care’ leaflet that may have dropped through your letterbox does not even mention care.data. Hampshire GP Dr Neil Bhatia provides more information at [www.care-data.info](http://www.care-data.info) and you can download more opt out leaflets, letters and forms from [www.medconfidential.org](http://www.medconfidential.org)

**If you do nothing – i.e. you do not opt out – then your medical information *will* be extracted and uploaded to HSCIC monthly from 2014. Once uploaded, you *will not* be able to get this data deleted. So if you want to opt out, you need to act NOW and sign the form on the next page.**

## **Dissent from secondary use of patient identifiable data (Care.data)**

Dear Doctor,

I am writing to give notice that I refuse consent for my identifiable information and the identifiable information of those for whom I am responsible to be transferred from your practice systems for any purpose other than my medical care.

Please take whatever steps necessary to ensure my / our confidential personal information is not uploaded and record my dissent by whatever means possible.

This includes adding the '**Dissent from secondary use of GP patient identifiable data**' code (Read v2: 9Nu0 or CTV3: XaZ89) to my record as well as the '**Dissent from disclosure of personal confidential data by Health and Social Care Information Centre**' code (Read v2: 9Nu4 or CTV3: XaaVL).

I am aware of the implications of this request, understand that it will not affect the care I / we receive and will notify you should I change my mind.

Yours sincerely,

Signature \_\_\_\_\_

Date \_\_\_\_\_