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| **Patient Details** |
| **Forename/s:**  | **Surname:**  |
| Male [ ]  Female [ ]  | **Date of Birth:**      /     /      **(DD/MM/YY)** |
| **NHS number:**       | **Place of Birth:**  |
| **Address:**       |
| **Postcode:**  | **Phone Number:**       |
| **First Language:**  | **Email Address:**  |
| **Student ID No. (Kingston Uni Students only)**  |

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| **PLEASE HELP US TRACE YOUR PREVIOUS MEDICAL RECORDS BY PROVIDING THE FOLLOWING INFORMATION** |
| **Previous UK Address:**  |
| **Postcode:**       | **Previous GP Surgery:**  |
| **Have you recently arrived into the UK:** Yes [ ]  No [ ]  **If yes date of arrival:**       |

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| **MEDICAL / PERSONAL INFORMATION** |
| **Do you smoke? Yes** [ ]  **No** [ ]  **If yes – how many approx. per day**  |
| **Height:** **Weight:** **Waist Circumference:**  |
| **Are you a carer for anyone with a medical condition who would not manage without your help? Yes** [ ]  **No** [ ]  |
| **Do you have a carer? Yes** [ ]  **No** [ ]  **If yes, carers name:**  |
| **Allergy to any medication?** Yes [ ]  No [ ]  *If yes details:*       |
| **Any other allergies?** Yes [ ]  No [ ]  *If yes details:*       |
| **Any medical conditions?**  |
| **Any regular medication?**  |

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| **FAMILY HISTORY** – *Is anyone in your immediate family affected by any of the following:* |
| Asthma [ ]  | Diabetes [ ]  | Glaucoma [ ]  | Blindness [ ]  |
| Tuberculosis [ ]  | Heart Disease [ ]  | Infectious Disease [ ]  | Hypertension [ ]  |
| Epilepsy [ ]  | Thyroid Disease [ ]  | Cancer [ ]  type (if known)       |
| **Other (please specify)**  |

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| **Would you like a health check? Yes** [ ]  **No** [ ]  |
| **As part of our screening programme we offer a HIV & Chlamydia Test****(Please tick if you would like the screening. Both options can be chosen)** | Chlamydia Test [ ]  |
| HIV Test [ ]  |

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| **Next of Kin Details** |
| Full Name:       | Relationship:       |
| Phone Number:       | Address:       |

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| **ELECTRONIC PRESCRIBING (EPS)** |
| Which pharmacy would you like prescriptions sent to?       |

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| **ETHNICITY** |
| **Ethnic Category** |  | **Please tick** |  | **Please tick** |
| **White** | British |[ ]  Irish |[ ]
|  | Other White |[ ]   |[ ]
| **Mixed** | White & Black Caribbean |[ ]  White & Black Asian |[ ]
|  | White & Asian |[ ]  Other Mixed |[ ]
| **Asian/Asian British** | Indian |[ ]  Bangladeshi |[ ]
|  | Pakistani |[ ]  Sri Lankan |[ ]
|  | Other Asian |[ ]  Korean |[ ]
| **Black/Black British** | Black Caribbean |[ ]  Black African |[ ]
|  | Other Black |[ ]   |  |
| **Other** | Chinese |[ ]  Arab |[ ]
|  | Other Ethic Category |[ ]  Not Stated |[ ]

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| **Alcohol Consumption – Scoring System (for patients 16 years and over)** |
| **Questions** | **0** | **1** | **2** | **3** | **4** | **Your score** |
| How often do you have a drink that contains alcohol? | Never | Monthly or less | 2-4 times a months | 2-3 times a week | 4 or more 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 |       |

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| **ACCESSIBLE INFORMATION STANDARD** |
| The accessible information standard means that all providers of NHS care must try to ensure that they communicate with disabled patients in an appropriate way. As part of our obligation to meet this standard, we would ask you to answer the following questions. |
| 1. Would you consider that you have a disability that means you have specific communication and/or information needs?

Yes [ ]  (please go to question 2) No [ ] (please go to ‘Recording Consent of Patients) |
| 1. Please tell us your disability

Visual Impairment [ ]  Hearing Impairment [ ]  Speech Impairment [ ]  Other [ ]  |
| 1. Based on the answer to question 2, what would be your preferred method of contact from the practice?

Email [ ]  Large Print Letter [ ]  Braille [ ]  BSL Interpreter [ ]  |
| **RECORDING CONSENT OF PATIENTS FOR DATA SHARING INITIATIVES IN KINGSTON** |
| **EMIS Sharing** | EMIS Sharing enables your local Kingston Care Providers, when they are treating you to view the relevant information about the care you receive, to give you the best possible care. | Opt out of Emis Sharing [ ] 93C1 |
| Opt in to Emis Sharing [ ] 93C0 |
| **Summary Care Record*****SCR logo ranged left no strapline*** | If you have a Summary Care Record, your health care providers can view your:* Medication (last 12 months)
* Bad Reactions to medicines
* Allergies

When you’re admitted to hospital, when treating you in an emergency or when your practice is closed. | Opt in Summary Care Record [ ]  |
| Opt out summary Care Record [ ]  |

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| **Patient Name:**  |  |
| **Signature:** |  |
| **Date:** |  |

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| **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 that practice. However, if you are not ‘ordinarily resident’ in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being, in most cases, nationals of countries outside 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 ordinarily residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP Practice. **You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment, even if you have to pay for a service, you will always be provided with any immediately 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 organisations (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 have provided.****Please tick one of the following;**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 (“the 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 may be taken against me.**A parent/guardian should complete the form on behalf of a child under 16.**

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

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| **Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if 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** |
| NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS |
| Do you have a non-UK EHIC or PRC? | Yes: [ ]  No: [ ]  | If yes, please enter details from your EHIC or PRC below: |
| Image result for ehic card | Country Code: Image result for european union symbol |       |
| 3: Name |       |
| 4: Given Names |       |
| 5: Date of Birth | DClick here to enter a date.D MM YYYY |
| 6: Personal Identification Number |       |
| 7: Identification number of the institution |       |
| 8: Identification number of the card |       |
| 9: Expiry Date | Click here to enter a date. |
| PRC validity period (a) From: | DD MM YYYY |  (b) To: | DD MM YYYY |
| Please tick [ ]  if you have an 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 your 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 or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country. |

**FAIRHILL MEDICAL PRACTICE – ONLINE ACCESS**

**\*\*Two forms of ID are required to have online access - 1 photo (e.g. Passport) and proof of address\*\***

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| **Patient Details** |
| **Surname:**  | **Forename(s)**  |
| **Date of Birth:** **/****/****(DD/MM/YY)** |  |
| **Address:**  |
| **Postcode:**  | **Phone Number:**  |
| **Email Address:**  |

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| **I wish to access my health record online and understand and agree with the following statements (tick which apply)** |
| I have read and understood the information overleaf |[ ]
| I will be responsible for the security of the information that I see or download |[ ]
| If I choose to share my information with anyone else, this is at my own risk |[ ]
| If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible |[ ]
| If I see information in my records that is not about me or is inaccurate, I will contact the practice as soon as possible |[ ]
| If I think I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible |[ ]

|  |  |
| --- | --- |
| ***Signature:*** |       |
| ***Date:*** |       |

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| ***For practice use only*** |
| Patient NHS Number:       | Patient EMIS Number:       |
| Staff Initials:       | Method used:  | Vouching |[ ]
| Authorised By:       |  | Photo ID |[ ]
| Date account created:      /     /      |

***\*\*Please email your ID documents mentioned at the top of the page to*** ***swlccg.fairhillmedicalpractice@nhs.net\*\****

**ONLINE RECORDS – THINGS TO CONSIDER**

Being able to see your medical record online, might help you manage your medical condition(s). It also means that you can even access it from anywhere in the world, should you require medical treatment on holiday. If you decide to not sign up or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given log in details, so you will need to think of a password unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

It will be your responsibility to keep your log in details and password safe and secure, if you now or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you are unable to do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make any copies.

Before you apply for online access to your record, there are some other things to consider. Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given log in details:

* **Forgotten history:**

There may be something you have forgotten about in your record that you might find upsetting.

* **Abnormal results or bad news:**

If your GP has given you access to test results or letter, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and cannot contact them

* **Choosing to share your information with someone:**

It’s up to you whether or not you share your information with others, perhaps family members or carers. It’s you choice, but also your responsibility to keep information safe and secure

* **Coercion:**

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time

* **Misunderstood information:**

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the practice for a clearer explanation.

* **Information about someone else:**

If you spot something in your record that is not about you or notice any other errors, please log off the system immediately and contact the practice as soon as possible.

**\*\*THE PRACTICE HAS THE RIGHT TO REMOVE ONLINE ACCESS TO SERVICES FOR ANYONE THAT DOES NOT USE THEM RESPONSIBLY\*\***