

Patient's details

Please 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

Postcode

Telephone number

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

Your previous address in UK

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

If previously resident in UK,
date of leaving

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*

*Not all doctors are
authorised to
dispense medicines

☐ 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 ____/____/____

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: ____

HA use only

Patient registered for

☐ GMS

☐ CHS

☐ Dispensing

☐ Rural Practice

To be completed by the doctor

Doctors Name	HA Code
<input type="checkbox"/> I have accepted this patient for general medical services <input type="checkbox"/> For the provision of contraceptive services	
<input type="checkbox"/> 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
<input type="checkbox"/> I am on the HA CHS list and will provide Child Health Surveillance to this patient or	
<input type="checkbox"/> 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
<input type="checkbox"/> I will dispense medicines/appliances to this patient subject to Health Authority's Approval	
<input type="checkbox"/> I am claiming rural practice payment for this patient. Distance in miles between my patient's home address and my main surgery is	
<i>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.</i>	
Authorised Signature	Practice Stamp
Name	Date ____/____/____

SUPPLEMENTARY QUESTIONS

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 ordinary 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 boxes:

- a) ☐ I understand that I may need to pay for NHS treatment outside of the GP practice
- b) ☐ 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
- c) ☐ 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.

Signed:	Date:
Print name:	Relationship to patient:
On behalf of:	

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 <u>non-UK</u> EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <i>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</i>	Country Code:	
	3: Name	
	4: Given Names	
	5: Date of Birth	
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	
	PRC validity period (a) From:	(b) To:

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.

Baddow Village Surgery
PRE-REGISTRATION FORM (UNDER 18 YEARS OLD)
 (At least one parent and/or guardian to be registered at the Practice)

Details of Person filling in the form: What relationship do you have to the child (e.g. Parent, Step Parent, Guardian, Foster Carer):	First Name: Surname: Address:
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Child's Details

Surname:	First Name:
Date of Birth :	Sex: Male / Female
Address : (if different from above)	Contact details
Post Code :	Home Tel.:
Child's first language:	Mobile No (If patient is over 13 years old it MUST be their number):
Child's country of birth:	Ethnicity:
	If from overseas, when did the child enter the country:

Family Details:

Mothers full name:	Father's full name:
DOB:	DOB:
Names and DOB of siblings:	
Name and relationship to child of any other household members:	
Address of mother/father* (if different from child's) : *delete as appropriate	

Name and address of most recent school or nursery:

Health Information

1. Has the child any major illnesses, operations, chronic illnesses such as Asthma or any disabilities?

Yes ☐ No ☐

Please list with dates:

2. Any current or regular medication:

Yes ☐ No ☐

If "yes" please list below:

3. Is your child allergic to anything?

Yes ☐ No ☐

If "yes" please list below:

4. Family History – Please tell us if you, any parent, grandparent or sibling has suffered or died from a condition? i.e. Stroke/Diabetes/Asthma:

5. Immunisations – Please bring the child's Red Book

Families Receiving Additional Support

1. Does your child have a social worker?

Yes ☐ No ☐

(If yes, please give their name, address and contact number)

2. Is the child in a care home or fostered?

Yes ☐ No ☐

Who has Parental Responsibility?

Signature: _____ Date: _____

This information will be shared with our Child Health Department and members of the Primary Healthcare Team.

If you do **NOT** want this information to be shared please tick here: ☐

For Office use	
ANY CHILD WITH A "YES" TO ANY OF THE QUESTIONS ASKED except allergies NEEDS TO HAVE A ROUTINE APPOINTMENT WITH A DOCTOR BOOKED AT REGISTRATION	
Has the child been offered appointment with doctor?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If appointment booked please add a comment to the appointment slot stating the reason for the appointment as per the pre reg form.	
Red Book Submitted and photocopy to nurse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the identity and address been checked? Documents accepted, one only needed. Tick which one: Child benefit form NHS card For those who do not have any of documents above Passport	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Has Parental Responsibility been established? Documents accepted, one only needed. Tick which one: Birth certificate Red book If neither of the above available or born outside the country: Passport	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Please state who has parental responsibility:	
Who checked the form? Date:	

Consent for Communications

Please complete all sections of this form to give parental consent for communications

Please ensure you complete all sections of this form including consent for email, SMS and telephone call recording

Consent – Please sign each box where you give your consent

SMS – Text messages are used to send confirmation of booked appointments, reminders about reviews and specific clinics i.e. flu

Sign here

Email – Email is an efficient and cost effective form of communication and is a faster way to get information to you than post

Email address:

Email – Consent for your email to be kept on your health record and used to send information regarding your healthcare i.e. reminders about reviews and requests to call the surgery following a test

Sign here

Email – Consent for your email to be kept on a contact list which is used to sent other information from the surgery including newsletters, PRG notices and any other surgery related information

Sign here

Preferred Method of Contact - Please indicate how you would prefer us to contact you.

Telephone Call Recording - all incoming and outgoing calls are recorded. This is our standard operational procedure. If you do not consent to your telephone call being recorded we will **not** be able to provide medical services to you

Sign here

You have the right to withdraw consent for any of the above forms of contact. You can do this by SystmOnline, sending an email to baddow.surgery@nhs.net or informing a member of staff

Child's Name _____ Child's DOB _____

Parent's Name _____

Please complete and/or tick the white boxes below to detail your personal decisions regarding the aspects of NHS patient data sharing: It is very important you sign this form to say that you understand and accept the risks to your personal health care if you do decide to opt out of SCR or EDISM.

Hand the completed form in to your GP Surgery; they will scan this form into your NHS GP Medical Records and enter the appropriate computer codes.

Patient's FULL NAME	
Patients DATE OF BIRTH	

1.SCR - NHS Summary Care Record

Please tick only one box.

- ☐ Express consent for medication, allergies and adverse reactions only
- ☐ Express consent for medication, allergies, adverse reactions and additional information
- ☐ Express dissent – Patient does not want a summary care record and fully understands the risks involved with this decision

2. EDISM – enhanced data sharing model "SystemOne." Please ensure you tick YES or NO for BOTH the sharing out and sharing in of your data.

Sharing Out – Do you consent to the sharing of data recorded by your GP practice with other NHS organisations that may care for you?

- ☐ YES share data with other NHS organisations
- ☐ NO, do NOT share any data recorded by my GP Practice. I fully accept the risks associated with this.

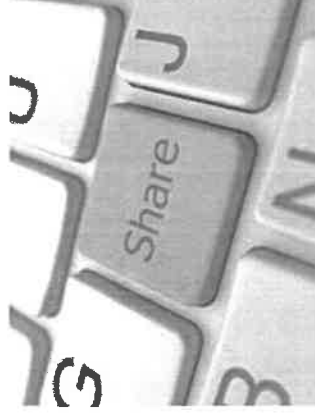
Sharing In – Do you consent to your GP Practice viewing data that is recorded at other NHS organisations and care services that care for you?

- ☐ Consent Given
- ☐ Consent Refused, I fully accept the risks associated with this decision.

Patient Signature	
Date	
Signature on behalf of patient	
Relationship to patient	

Baddow Village Surgery

Sharing your NHS patient data



Baddow Village Surgery
Longmead Avenue
Great Baddow
Chelmsford
CM2 7EZ

Website: <http://www.baddowvillagesurgery.co.uk/>
Email: Baddow.surgery@nhs.net
Telephone: 01245 473251

SHARING YOUR NHS PATIENT DATA

Information sharing in the NHS is subject to rigorous regulation and governance to ensure your full identifiable and personal medical data is kept confidential and only ever seen by carefully vetted doctors, nurses and administrative staff responsible for overseeing your care.

With the development of information technology the NHS will increasingly be sharing key information from your GP medical notes with Out of Hours GP Services, Hospital A&E Units, Community Hospitals, Community Nurses all of whom may at various times in your life be looking after you. Sharing information can improve both the quality and safety of care you receive and in some cases can be vital in making life-saving decisions about your treatment.

There are currently three different elements of "sharing NHS patient information"

We ask you please to read the information on this document carefully and complete the relevant fields on this form and return it to your GP surgery.

SCR = NHS Summary Care Record

The NHS Summary Care Record was introduced many years ago to help deliver better and safer healthcare. It contains basic information about:

- Any allergies you may have,
- Unexpected reactions to medications, and
- Any prescriptions you have recently received.

The intention of the SCR is to help clinicians in Hospital A&E Departments and GP Out of Hours health services to give you safe, timely and effective treatment. Clinicians are only allowed to access your SCR record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Over time, health professionals treating you may add details about any health problems and summaries of your care. Every time further

information is added to your record, you will be asked if you agree (explicit consent).

Patients under 16 years have an NHS Summary Care Record created for them so if you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf.

EDSM = Enhanced Data Sharing Model "SYSTMONE"

The database and software used to store your GP health record is called "SystmOne" it is a very secure national system used by over 2000 GP practices and 4800 NHS organisations including GP Out Of Hours services, children's services, community services and some hospitals. All the GP practices in our local area use this same confidential clinical computer system.

The system gives your GP the facility to share your record with other NHS health providers that use the same clinical computer system and are involved in your care. For example, the local Community Nurses who may look after you when you leave hospital, Community Physiotherapy and Community Diabetes Service.

Allowing your GP to share your record in the "SystmOne" database helps to deliver better and safer care for you. It is the policy of all local GP practices to automatically opt registered patients into "SystmOne" sharing unless they expressly decline. Those patients who choose to decline are able to determine if their data is "shared out" and/or "shared in".

Sharing OUT controls whether information recorded at our GP practice can be shared with other NHS healthcare providers.

Sharing IN determines whether or not our GP practice can view information in your record that has been entered by other NHS services that are providing care for you or that may provide care for you in the future (*that you have consented to share out*).

