

Wight Primary Partnerships Ltd Patient Registration

Patient's Details

Please complete in BLOCK CAPITALS and tick as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Marital Status:			
Date of birth: ____/____/____		Surname:	
NHS Number: (required) -----		First name/s:	
		Previous Name:	
		Town and Country of birth:	
Home Address:			
Postcode:			
Contact Details (required)	Telephone Number:		Occupation:
	Mobile Number:		
	Email address:		
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 a resident in the UK, date of leaving and returning		Date left UK:	
		Date returned to the 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			

Signature of Patient Signature on behalf of patient

.....

Date ____/____/____

Text Messaging

We will send reminders and invitations by text to the mobile number that you have provided. If you would rather we did not contact you in this way please indicate below. Please note that appointments/reminders may not be sent on all occasions but that the responsibility for attending appointments or cancelling them still rests with the patient. You can cancel the text message facility at any time. Text messages are generated using a secure facility but I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure; however the practice will not transmit any information which would enable an individual patient to be identified.

Please note children of 14 years and over must supply their own mobile number.

I DO NOT consent to Text Messaging

Online services and Email contact

We will automatically opt you in to receiving emails from the surgery. If you do not want to be contacted by email, tick this box to dissent

- For online services, proof of address and photographic identification is required.
- Parents may have access to their child's account up to the age of 14. You can also choose to let another person see your GP record, for example family members or a Carer.

I would like to request access to my child/children's medical records (14 years or under):

Name	Date of Birth

Please be aware if you share an email address you may not be the only person that has access to your password and online services account.

We will register you for Online Services. This means that you can book, cancel and view appointments, order prescriptions and view your GP records. This facility is available 24 hours a day, seven days a week. If you do not want this service, please tick this box

Please note:

- There may be something in the record that you do not want to be reminded about or that you do not feel reflects the consultation; the records have been written for clinicians to communicate about your care. Unless they are **factually** inaccurate they cannot be changed.
- Test results may be available to you before they have been reviewed by a clinician; if there are any concerns regarding your test results the practice will contact you.
- The practice reserves the right to decline addressing enquiries regarding medical records where it is deemed that this would require excessive and unreasonable resources

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

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 non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:	
 <p>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.</p>	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.

Patient Questionnaire

Ethnicity	<input type="checkbox"/> White (UK)	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Chinese
	<input type="checkbox"/> White (Irish)	<input type="checkbox"/> Black African	<input type="checkbox"/> Indian	<input type="checkbox"/> Other
	<input type="checkbox"/> White (Other)	<input type="checkbox"/> Black Other	<input type="checkbox"/> Pakistani	Specify:
	Specify:	Specify:		

Religion	<input type="checkbox"/> C of E	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Sikh	<input type="checkbox"/> No religion
	<input type="checkbox"/> Catholic	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Other
	<input type="checkbox"/> Other Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Jehovah's Witness	Specify:
	Specify:			

Language	What is your main spoken language?		
	Do you speak English?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Do you need an interpreter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Communication	Do you have any communication needs? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes:	
	Hearing aid <input type="checkbox"/>	British Sign Language <input type="checkbox"/> Large Print <input type="checkbox"/>
	Guide Dog <input type="checkbox"/>	Makaton sign language <input type="checkbox"/> Braille <input type="checkbox"/>
	Lip reading <input type="checkbox"/>	

Do you have a Living Will/Advanced Direction? (Not the same as a normal Will)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide a copy for our records	
Does someone hold Power of Attorney for Health and Welfare for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide a copy for our records	

Are you a Carer?	<input type="checkbox"/> Yes – Informal/Unpaid Carer	<input type="checkbox"/> No
	<input type="checkbox"/> Yes – Occupational/Paid Carer	

Next of Kin

Name of Next of Kin:	Contact Details:
Relationship:	
Address:	

Details of Dependants (children under 18)

Name	Date of Birth	Address (if different from your own)

Medication

Are you currently taking any repeat medication?

Yes No

If Yes - you will be offered an appointment/ telephone consultation with a clinician or pharmacist.

Some medicines need regular blood tests to ensure that it is safe to continue using them. If you are taking Warfarin or medicines for an organ transplant, or have been told by your last doctor that you are due a blood test soon after joining us, please inform reception so that we can ensure that this happens at the correct time.

Pharmacy Preference

Prescriptions are now sent to chemists via the Electronic Prescribing Service (EPS). This is an NHS service that enables Doctors to send your prescription directly to your chosen chemist. Please ask if you would like further information about this service.

Please advise which chemist you would like your repeat prescription to be sent to:
(Please tick the appropriate box)

Kemkay (Freshwater)

Yarmouth pharmacy

Boots (Newport)

Boots (Freshwater)

Other (Please specify)

Please note that Pharmacy2U is not a local pharmacy service, it is a mail order/online provider

Family History

Please record any significant family history of close relatives (Father, Mother, Sister or Brother) with medical problems (For example: Heart attacks, stroke, diabetes, high blood pressure, asthma, glaucoma, cancer, liver and kidney disease):

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Health Checks

The NHS offers a range of health checks that are specific to the age of the individual.

Patients between the ages of 40 – 74 are eligible for the National NHS Health Check, every 5 years. This includes a cholesterol checks as well as assessing risks of developing heart disease, type 2 diabetes, kidney disease and stroke.

Patients over 75 are eligible for an annual wellbeing check with the offer of further support from local Care Co-ordinators if appropriate.

If you want to take up the offer of one of these checks, please indicate below:

NHS Health Check (40 - 74 age only):

Over 75 Health Check:

Lifestyle

Height:

Weight:

Do you smoke?

Yes No

If Yes, do you smoke:

Cigarette Pipe Cigars.

Are you an ex-smoker?

Yes No

When did you give up?

How many cigarettes/ cigars do you smoke daily?

<1/day

1-9/day

10-19/day

20-39/day

40+/day

If you smoke a pipe, how many ounces do you smoke a week?

For help to quit smoking, please see attached leaflet or visit: www.nhs.uk/smokefree

Lifestyle: Exercise

Do you exercise?

Yes No

Details:

Sedentary (No Exercise)

Gentle (Climb stairs, walking, gardening)

Moderate (Running, cycling, swimming regularly)

Vigorous (Attends gym regularly)

How often do you exercise?

Please answer the following questions (Circle the relevant yes/no)

1 – During the past month, have you been bothered by feeling down, depressed or hopeless
YES NO

2 – During the past month, have you often be bothered by little interest or pleasure in doing things? YES NO

If you have answered yes to the above, you may wish to discuss this further with your GP.

We also recommend reviewing the advice found on:

<http://www.patient.co.uk/health/depression-leaflet>

Lifestyle: Alcohol (For Over 18's Only)

Questions	0	1	2	3	4	Score
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 per 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	

Data Sharing – Your Data Matters – Please read in full

Introduction

We maintain our legal duty of confidentiality to you at all times. We will only ever use or pass on information about you if others involved in your care have a genuine need for it. We will not disclose your information to third parties without your permission unless there are exceptional circumstances, such as when the health or safety of others is at risk or where the law required information to be passed on.

Please see the Practice Privacy Notice for further information.

Benefits of sharing information

Sharing information can help improve understanding, responses to different treatments and potential solutions.

Information will also help to:

- Provide better information to out of hours and emergency services
- Prevent prescribing of medication to which you may already have an allergy
- Make more informed prescribing decisions about drugs and dosages
- Avoid unnecessary duplication in prescribing
- Increase clinician confidence when providing care
- Reduce referrals, ambulance journey admissions, tests, time wastage and visits to healthcare premises

TPP – SystmOne (Clinical Record System)

The practice uses a clinical computer system called SystmOne to store your medical information. The system is also used by other GP practices, Child Health Services, Community Services, Hospitals, Out of Hours, Palliative Care services and other regulated healthcare professionals. This means your information can be shared with other clinicians so that everyone caring for you is fully informed about your medical history including medication and allergies. You can control how your medical information is shared with other organisations that use this system.

1. Sharing Out: This controls whether your information stored in the practice can be shared with other NHS services (i.e. made shareable)

2. Sharing In: This controls whether information made shareable at other NHS care services can be viewed by us, your GP practice, or not. (i.e. shared in)

It is important to note that only SystmOne organisations where you have a direct care relationship can access your record.

Summary Care Record (SCR)

The NHS in England has introduced the Summary Care Record. This record will contain information including your name, address, date of birth and your unique NHS Number to help identify you correctly. It will also include medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely. If you and your GP decide to include more information it can be added, but only with your express permission

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This

means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

For more information Phone 0300 123 3020 or visit www.nhscarerecords.nhs.uk

If you do nothing we will assume that you are happy with the above and we will create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Care and Health Information Exchange

The Care and Health Information Exchange (CHIE) is a secure system which shares health and social care information from GP surgeries, hospitals, community and mental health, social services and others. CHIE helps professionals across Hampshire, the Isle of Wight and surrounding areas provide safer and faster treatment for you and your family by:

- Ensuring that you only have to tell your story once.
- Reducing delays to your treatment. For example, by reducing the need to repeat blood tests
- Making sure the doctors, nurses and others involved in your care know about your medical history
- Identifying diseases that you might be at increased risk of developing in the future. This can help you take action early to protect your health

To protect your privacy and confidentiality, only health and social care professionals who are involved in your care are allowed access to your record and can identify you from it.

Your information is also used to improve future care for you, your family and for other patients. This helps plan NHS services and supports medical research.

To keep your information safe it is moved to a separate database called 'Care and Health Information Analytics' (CHIA) and changed so that it cannot be used to identify you. Your data is never shared for the benefit of commercial companies like drug manufacturers. People who analyse data on CHIA do not have access to CHIE, so cannot identify you. For more information please see www.careandhealthinformationexchange.org.uk/

National Data

NHS England aims to link information from all the different places where you receive care, such as hospital, community service and us your GP Surgery. This will allow them to compare the care you received in one area against the care you received in another.

Information will be held in a secure environment called the Health and Social Care Information Centre (HSCIC). The role of the HSCIC is to ensure that high quality data is used appropriately to improve patient care. The HSCIC has legal powers to collect and analyse data from all providers of NHS care. They are committed, and legally bound, to the very highest standards of privacy and confidentiality to ensure that your confidential information is protected at all times. This data can also be used, with permission, for research purposes.

For more information, or if you do not wish for you data to be used in this way please visit: www.nhs.uk/your-nhs-data-matters/

Do I have a choice?

Yes. If you are happy for your data to be shared, you don't need to do anything. However, you have the right to prevent confidential information about you from being shared or used for any purpose other than providing your care, except in special circumstances.

If you do not wish for information that identifies you to be shared outside this Practice, please complete the following sheet.

This will prevent your confidential information being used other than where necessary by law.

Please Note – We do not share your data with any other third parties that are outside of the patient care service.

Objecting on behalf of others

If you are a Carer and have a Lasting Power of Attorney for health and welfare then you can object on behalf of the patient who lacks capacity. If you do not hold a Lasting Power of Attorney then you can raise your specific concerns with the patient's GP. If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

Data Sharing Consent Choices – Opt Out Form

TPP SystemOne

- I do not agree to information about me being shared with other services using TPP medical systems for the purposes of my direct care (Sharing out)

- I do not agree to the practice seeing information recorded at other services using TPP medical systems for the purposes of my direct care. (Sharing in)

Summary Care Record

- I do not wish to have a Summary care Record

Care and Health Information Exchange (CHIE)

If you wish to opt out of CHIE, please complete the relevant form available from www.careandhealthinformationexchange.org.uk/find-out-more/

The practice cannot opt out for you.

National Data

Your data may sometimes be used for research and planning to improve healthcare services. For more information, or if you do not wish for your data to be used in this way, please visit www.nhs.uk/your-nhs-data-matters/

The practice cannot opt out for you.

Wight Primary Partnerships Ltd Patient Registration

Patients Name	
Patients Date of Birth	
Patient Signature	
Dated	

If you are completing this form on behalf of another person or a child, please ensure their details are above and yours below:

Your Name (if not patient)	
Relationship to patient	
Your Signature	
Dated	

Patient Group	Participation	
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The practice is committed to improving the services provided to our patients. To do this, it is vital we hear from people about their experiences, views and ideas for making services better.

Yes, I am interested in becoming involved in the Practice Patient Participation Group (Please tick yes below)

Yes

Please note that the group might be face to face, virtual or a combination of both.

FOR OFFICE USE ONLY (Tick each one as applicable)

	Patient registration completed
✓	Smoking Advice
	ID type – Proof of address type -
	Registered for online services

Form accepted by – Staff Initials:	Date:
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Form completed by – Staff Initials:	Date:
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Tips To Help You Stop Smoking

Stopping smoking is not easy. If you are a smoker, we have included some tips which may help you to quit and some further resources that may help.

- **Write a list of the reasons why you want to stop and** keep them with you.
- **Set a date for stopping and** stop completely. (Some people prefer the idea of cutting down gradually. However, research has shown that if you smoke less cigarettes than usual, you are likely to smoke more of each cigarette, and nicotine levels remain nearly the same. Therefore, it is usually best to stop once and for all from a set date.)
- **Tell everyone that you are giving up smoking.** Friends and family often give support and may help you. Smoking by others in the household makes giving up harder. If appropriate, try to get other household members who smoke, or friends who smoke, to stop smoking at the same time. A 'team' effort may be easier than going it alone.
- **Get rid of ashtrays, lighters, and all cigarettes.**
- **Be prepared for some withdrawal symptoms.** When you stop smoking, you are likely to get symptoms which may include: nausea (feeling sick), headaches, anxiety, irritability, craving, and just feeling awful. These symptoms are caused by the lack of nicotine that your body has been used to. They tend to peak after 12-24 hours, and then gradually ease over 2-4 weeks.
- **Anticipate a cough.** It is normal for a 'smokers cough' to get worse when you stop smoking (as the airways 'come back to life'). Many people say that this makes them feel worse for a while after stopping smoking and makes them tempted to restart smoking. Resist this temptation! The cough usually gradually eases.
- **Be aware of situations** in which you are most likely to want to smoke. In particular, drinking alcohol is often associated with failing in an attempt to stop smoking. You should consider not drinking much alcohol in the first few weeks after stopping smoking. Try changing your routine for the first few weeks. For example, don't go to the pub for a while if that is a tempting place to smoke and drink alcohol. Also, if drinking tea and coffee are difficult times, try drinking mainly fruit juice and plenty of water instead.
- **Take one day at a time.** Mark off each successful day on a calendar. Look at it when you feel tempted to smoke and tell yourself that you don't want to start all over again.
- **Be positive.** You can tell people that you don't smoke. You will smell better. After a few weeks you should feel better, taste your food more, and cough less. You will have more money. Perhaps put away the money you would have spent on cigarettes for treats.
- **Food.** Some people worry about gaining weight when they give up smoking as the appetite may improve. Anticipate an increase in appetite and try not to increase fatty or sugary foods as snacks. Try sugar-free gum and fruit instead.

- **Don't despair if you fail.** Examine the reasons why you felt it was more difficult at that particular time. It will make you stronger next time. On average, people who eventually stop smoking have made 3 or 4 previous attempts.
- **Stop Smoking Clinics** are available on the NHS. They have a good success in helping people to stop smoking. Your doctor may refer you to one if you are keen to stop smoking but are finding it difficult to do so.
- **Various medicines** can increase your chance of quitting. These include Nicotine Replacement Therapy (NRT) which comes as gums, sprays, patches, tablets, lozenges, and inhalers. You can buy NRT without a prescription. Also, medicines called bupropion (trade name 'Zyban') and Varenicline (trade name 'Champix') can help. These are available on prescription.

Further help and information

- **Quit** - a charity that helps people to stop smoking. Quitline: 0800 00 22 00 Web: www.quit.org.uk
- **Smokefree** - information from the NHS Free smoking helpline 0800 022 4 332 Web: www.smokefree.nhs.uk For help and advice on stopping smoking, and for details of your local NHS Stop Smoking Service.

Useful contact numbers:

Type of Enquiry	Lines open	Contact
Results line	14.00 -16.00	758998 select option 3
Prescription Enquiries	10.00-12.00 & 14.00-16.00	758998 select option 4