



**Holtdale Approach, Leeds, LS16 7RX**

**Tel: 0113 295 3600**

## **New Patient Registration Pack**

Reg	
Scan	
HCA	

Welcome to High Field Surgery.

This pack contains everything you will need to register as a new patient with us.

Our Practice Leaflet is enclosed which tells you about the Practice and the services we provide. Lots more information is available on our website ([www.highfieldsurgery.com](http://www.highfieldsurgery.com)) including links to our social media pages.

Please complete the pack and bring the following documents to reception

<b>GMS1 – Family doctor Services registration (Purple and White)</b> This form must be FULLY COMPLETED in all sections		
<b>Identification</b> One form of photo identification (passport, driving licence) or 2 forms of written identification (recent utility bill or government letter)		
<b>New Patient Registration Questionnaire</b> It is very important for your care that we have up to date information regarding your health history. Please complete all sections.	Pages 3-5	
<b>Childhood Immunisation Schedule</b> If you are registering children up to the age of 18 please complete the childhood immunisation record for each child. (Please ask the receptionist if you require more record forms)	Page 6	
<b>Text Messaging Consent Form</b> Text messaging is a very popular FREE patient service. Providing consent means we will text you confirmations and reminders of appointments as well as other non-urgent communications. Your mobile number is not shared with anyone else.	Page 7	
<b>Electronic Prescription Service</b> Please nominate your regular pharmacy to save you time on prescription requests	Page 8	
<b>Care Records Consent Form</b> Please complete and return	Page 9	
<b>Summary Care Records Consent Form</b> Please read carefully and complete the opt out form only if appropriate	Page 12	
<b>Carer Questionnaire</b> Please complete if appropriate	Page 13	

Once these forms have been completed and received your registration will be considered.

If you are over 16 please ask the receptionist to make you an appointment with our nurse for a health check.

If you need help completing these forms, or have any questions please speak to a receptionist who will be happy to help.

Thank you

High Field Surgery

## New Patient Registration Questionnaire

Complete this form in addition to GMS1

Please complete all sections by writing clearly or by ticking the relevant boxes. If required our nurse can assist with completion of this form during your new patient health check.

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>
Family Name (Surname)	_____				
First Name	_____			Date of Birth	_____
Home Telephone No	_____			Mobile Telephone No	_____
e-mail	_____				

### Ethnicity

<p><i>White</i></p> <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Other  <p><i>Black/Black British</i></p> <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black other	<p><i>Asian/Asian British</i></p> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Pakistani <input type="checkbox"/> Asian Bangladeshi <input type="checkbox"/> Asian Other  <input type="checkbox"/> <i>Chinese/Chinese</i>  <p><i>British</i></p> <input type="checkbox"/> Chinese	<p><i>Mixed</i></p> <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed  <p><i>Other</i></p> <input type="checkbox"/> Other Ethnic Group  <input type="checkbox"/> Decline to say
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What is your First Language?	If not English, do you speak English? <span style="float: right;">Yes / No</span>
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### Medicines

If you take medication regularly (including contraception, tablets, cream and inhalers) please give the right side of your prescription to reception, ticking any items you require. Please bring your medication with you when you attend an appointment with the doctor.

Any Allergies or Reactions? (eg to: eggs, medicines, vaccinations, medical dressings or foodstuffs)	
Any significant health problems? If yes please give year of diagnosis:	
<input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Absent Spleen (Asplenic) <input type="checkbox"/> Asthma <input type="checkbox"/> COPD (eg emphysema or chronic bronchitis) <input type="checkbox"/> Coronary heart disease (eg heart failure, myocardial infarction and angina) <input type="checkbox"/> Current kidney disorders	<input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> High blood pressure <input type="checkbox"/> Hypothyroidism <input type="checkbox"/> Stroke / CVA / TIA

<input type="checkbox"/> Any other significant problem (Please detail)
<input type="checkbox"/> Are you under care of a consultant or specialist?
<input type="checkbox"/> Are you taking any medication which was started or is supervised by the consultant or specialist?

### Smoking Status

<input type="checkbox"/> I have never smoked	<input type="checkbox"/> I am a current smoker, and smoke:	<input type="checkbox"/> I am an ex-smoker and used to smoke:
	<input type="checkbox"/> less than 1 per day	<input type="checkbox"/> less than 1 per day
	<input type="checkbox"/> 1 to 9 per day	<input type="checkbox"/> 1 to 9 per day
	<input type="checkbox"/> 10 to 19 per day	<input type="checkbox"/> 10 to 19 per day
	<input type="checkbox"/> 20 to 39 per day	<input type="checkbox"/> 20 to 39 per day
	<input type="checkbox"/> More than 40 per day	<input type="checkbox"/> More than 40 per day

*For advice on stopping smoking contact Leeds Smoking Services on 0800 169 4219*

Any medical history in blood relatives under 65 years of age? Please state relative (e.g. Mother/Father)	
<input type="checkbox"/> Angina or Heart Attack	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Asthma	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Cancer	<input type="checkbox"/> Stroke
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other (Please detail)

### Exercise

In an average week how often do you exercise?	
Note: Twenty minutes of vigorous walking counts as one exercise session.	
<input type="checkbox"/> No regular exercise	<input type="checkbox"/> 1 to 3 twenty minute sessions per week
<input type="checkbox"/> More than 3 twenty minute sessions per week	<input type="checkbox"/> I am a competitive athlete

Are you a Military Veteran?	Yes / No	Military Veteran XaX3N (SNOMED 753651000000107)
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### Females only

Are you pregnant?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Number of weeks [     ]
Have you had HPV vaccinations?	No <input type="checkbox"/> Yes <input type="checkbox"/>	1 <sup>st</sup> [     ]     2 <sup>nd</sup> [     ]     3 <sup>rd</sup> [     ]

## Please complete the following Alcohol Intake Questionnaire

<b>Know your units</b>	1 Unit	1 glass wine (175ml)			
	1.5 Units	1 single measure of spirits			
	2 Units	1 Alcopop or Can Lager			
	9 Units	1 pint regular beer/lager/cider			
		1 bottle of wine			

  

Question	Scoring System					Your Score
	0	1	2	3	4	
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	
<b>Your total score</b>						

### If your score is 5 or higher, please complete the next section

Question	Scoring System					Your Score
	0	1	2	3	4	
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/ healthworker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes during the last year	
<b>Your total score</b>						

Scoring: 0-7 = sensible drinking; 8-15 = hazardous drinking; 16-19 = harmful drinking; 20+ = possible dependence

## Childhood Immunisation Schedule

Complete for all children under 18

Please complete all sections by writing clearly or by ticking the relevant boxes. If required our nurse can assist with completion of this form during your new patient health check.

Title            Mr    Miss    Ms    Other

Family Name  
(Surname) \_\_\_\_\_

First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

When to Immunise	What is Given	Where Immunisation Given	Date of Immunisation
2 months old	Diphtheria, Tetanus, Pertussis, Polio, Hib & Hep B <b>(DTaP/IPV/Hib/HepB)</b>		
	Pneumococcal <b>(PCV)</b>		
	Rotavirus		
	Men B <b>(MenB)</b>		
3 months old	Diphtheria, Tetanus, Pertussis, Polio, Hib & Hep B <b>(DTaP/IPV/Hib/HepB)</b>		
	Rotavirus		
4 months old	Diphtheria, Tetanus, Pertussis, Polio & Hib & Hep B <b>(DTaP/IPV/Hib/HepB)</b>		
	Pneumococcal <b>(PCV)</b>		
	Men B <b>(MenB)</b>		
12 months 2 weeks	Hib & Meningitis C <b>(Hib/Men C)</b>		
	Measles, Mumps & Rubella <b>(MMR)</b>		
	Pneumococcal <b>(PCV)</b>		
	Men B <b>(MenB)</b>		
3 Years 4 months to 5 Years	Diphtheria, Tetanus, Pertussis, Polio <b>(DTaP/IPV)</b>		
	Measles, Mumps & Rubella <b>(MMR)</b>		
Girls 12 to 13 years	HPV	1 <sup>st</sup>	
		2 <sup>nd</sup>	
13 to 18 years	Tetanus, Diphtheria & Polio <b>(TD/IPV)</b>		
	Meningitis C <b>(Men C)</b>		

At birth	BCG		
At birth 1 month 2 months 12 months	Hepatitis B		

**Text Messaging**

Our free text message service continues to prove very popular with patients. It has quickly become the preferred method of communication for many patients who receive appointment confirmations and reminders, especially when its difficult to make contact by telephone. The service is never used for medical emergencies. To utilise this service simply let us have your mobile phone number and sign the following consent form

### Declaration

I consent to the practice contacting me by text message for the purposes of health promotion and for appointment reminders.

I acknowledge that appointment reminders by text are an additional service and that these may not take place on all / or on any occasion, and that the responsibility of attending appointments or cancelling them still rests with me. I can cancel the text message facility at any time. The surgery does not offer a reply facility to enable the patient to respond to texts directly, unless stated in the message.

Text messages are generated using a secure facility however I understand 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.

I agree to advise the practice if my mobile number changes or if this is no longer in my possession.

Patient Name	_____	Mobile number	_____
Date of Birth	_____		
Patient Signature	_____	Date	_____

*The practice does not share mobile phone contact details with any external organisation.*

### Online Services

In cooperation with TPP, our computer supplier, we can offer patients the ability to:

- Book, cancel or check appointments online
- Update address details and phone numbers
- Request repeat prescriptions
- Have online access to your patient record
- Give feedback about the practice

***Reception will issue your unique user name and password on completion of your registration and production of your Identification documents***

# A new way to get your medicines and appliances



**The Electronic Prescription Service (EPS) is an NHS service. It gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from.**

## What does this mean for you?

If you collect your repeat prescriptions from your GP you will not have to visit your GP practice to pick up your paper prescription. Instead, your GP will send it electronically to the place you choose, saving you time.

You will have more choice about where to get your medicines from because they can be collected from a pharmacy near to where you live, work or shop.

You may not have to wait as long at the pharmacy as there will be time for your repeat prescriptions to be ready before you arrive.

## Is this service right for you?

Yes, if you have a stable condition and you:

- don't want to go to your GP practice every time to collect your repeat prescription.
- collect your medicines from the same place most of the time or use a prescription collection service now.

It may not be if you:

- don't get prescriptions very often.
- pick up your medicines from different places.

## How can you use EPS?

You need to choose a place for your GP practice to electronically send your prescription to. This is called nomination. You can choose:

- a pharmacy.
- a dispensing appliance contractor (if you use one).
- your dispensing GP practice (if you are eligible).

Ask any pharmacy or dispensing appliance contractor that offers EPS or your GP practice to add your nomination for you. You don't need a computer to do this.

## Can I change my nomination or cancel it and get a paper prescription?

Yes you can. If you don't want your prescription to be sent electronically tell your GP. If you want to change or cancel your nomination speak to any pharmacist or dispensing appliance contractor that offers EPS, or your GP practice. Tell them

before your next prescription is due or your prescription may be sent to the wrong place.

## Is EPS reliable, secure and confidential?

Yes. Your electronic prescription will be seen by the same people in GP practices, pharmacies and NHS prescription payment and fraud agencies that see your paper prescription now.

Sometimes dispensers may see that you have nominated another dispenser. For example, if you forget who you have nominated and ask them to check or, if you have nominated more than one dispenser. Dispensers will also see all the items on your reorder slip if you are on repeat prescriptions.

## If you are unhappy with your experience of nomination

You can complain to the pharmacy, dispensing appliance contractor (DAC) or GP practice. You can also complain to [NHS England](https://www.nhs.uk) or their local NHS Clinical Commissioning Group (CCG) if your complaint cannot be resolved [www.england.nhs.uk/contact-us/complaint/](https://www.england.nhs.uk/contact-us/complaint/)

## For more information visit

[www.hscic.gov.uk/epspatients](https://www.hscic.gov.uk/epspatients), your pharmacy or GP practice.

***The name of your usual pharmacy for nomination***



Dear Patient,

## Patient choices regarding sharing of health records

Electronic records are kept in all the places where you receive healthcare. Often, NHS care services can usually only share information from those records by letter email, fax or phone. At times, this can slow down your treatment and mean information is hard to access.

This service uses a secure computer system that allows the sharing of full electronic records across different NHS care services. This form is **not** about your Summary Care Record (SCR), it is asking your sharing preferences regarding your full detailed electronic record.

We are telling you about this, as you have a choice to make. You can choose to share or not to share your full electronic record with other NHS care services where you are treated and whether we can view records held by those other services.

If you choose to make your record shareable, ***your clinical details will only viewable by clinical teams who are treating you. Each clinical team which cares for you now or in the future will ask your permission to view your shared record.*** You can also ask for part of your record to be made private – not shareable. All record accesses are recorded and auditable.

If you choose not to make your records shareable, we will respect your wishes and will do our best to make your care safe and efficient. However, ***denying the clinical teams caring for you the ability to access important clinical details could compromise your care.***

If you require further information please ask at reception. You can also visit the NHS Care records website at <http://www.nhs-care-records.nhs.uk/care-records> or download the NHS Care Record Guarantee from <http://www.nigb.nhs.uk/pubs/nhs-cr-g.pdf>.

**Q: How is my decision recorded?**

**A: You have two choices:**

**Sharing Out** – This controls whether your full electronic patient record can be shared with other NHS care services where you are treated. Please record your preference:

Please tick: **Sharing Out** Yes (shareable)  or **No** (not shareable)

**Sharing In** – This controls whether you agree for this practice to view information you've agreed to share at other NHS care services. Please record your preference:

Please tick: **Sharing In** Yes (viewable)  or **No** (not viewable)

Patient Name (Print Name): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ NHS Number (if known) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**You can change your mind at any time – just let us know.**

Please take time to read this leaflet. You need to make a choice



# Your emergency care summary



## NHS Summary Care Record

The NHS in England has introduced an electronic record called the Summary Care Record (SCR), which will be used to support your emergency care.

### Introduction to Summary Care Records

Today, records are kept in all the places where you receive care. These places can usually only share information from your records by letter, email, fax or phone. At times, this can slow down treatment and sometimes information can be hard to access.

We are introducing Summary Care Records to improve the safety and quality of patient care. Because the Summary Care Record is an electronic record it will give healthcare staff faster, easier access to essential information about you, to help provide you with safe treatment when you need care in an emergency or when your GP practice is closed.

We are telling you about this before a Summary Care Record is made for you, so that you have time to think about your choices.

- **You can choose to have a Summary Care Record:**  
You do not need to do anything. This will happen automatically. Healthcare staff will ask your permission every time they look at your Summary Care Record.
- **You can choose not to have a Summary Care Record:**  
If you don't want a Summary Care Record, you need to let your GP practice know by filling in and returning an opt-out form.

### About your Summary Care Record

If you decide to have a Summary Care Record it will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had.

Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed. Your Summary Care Record will also include your name, address, date of birth and your unique NHS Number to help identify you correctly.

You may want to add other details about your care to your Summary Care Record. This will only happen if you ask for the information to be included. You should discuss your wishes with the healthcare staff treating you.

### How will Summary Care Records help me?

- Healthcare staff will have quicker access to information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had.
- This means they can provide you with safer care during an emergency, when your GP practice is closed or when you are away from home in another part of England.

### How will you control who can see my Summary Care Record?

Healthcare staff who can see your Summary Care Record:

- need to be directly involved in caring for you;
- need to have an NHS Smartcard with a chip and passcode (like a bank card and PIN);
- will only see the information they need to do their job; and
- will have their details recorded.

Healthcare staff will ask your permission every time they need to look at your Summary Care Record. If they cannot ask you, for example if you are unconscious or in certain circumstances such as a court order, healthcare staff may look at your record without asking you. If they have to do this, they will make a note on your record.

## How will you protect my confidentiality?

By law, everyone working for us or on our behalf must respect your confidentiality and keep all information about you secure.

We publish the NHS Care Record Guarantee for England. This says how the NHS will collect, store and allow access to your electronic records and your choices for how your information is stored and looked at. If you would like a copy, there is information on how to get one on the back of this leaflet.

No matter how careful we are, there are always risks when information is held on computers as there is when they are held on paper. In every place we treat you there are people responsible for protecting your confidentiality. Ask your local NHS for more information.

## What are my choices?

Your GP practice is supporting Summary Care Records and as a patient you have a choice

- **You can choose to have a Summary Care Record:**  
You do not need to do anything. This will happen automatically.
- **You can choose not to have a Summary Care Record:**  
You need to let your GP practice know by filling in and returning an opt-out form.

## You can change your mind at any time

- If you choose not to have a Summary Care Record but then change your mind later we can still make one for you. You need to let your GP practice know.
- If you choose after we have made your Summary Care Record that you do not want it, you need to tell your GP practice. We will make sure that healthcare staff who try to look at your Summary Care Record will not be able to. We will only make your record available again if whoever wants to see it asks in writing and investigation has found it necessary.
- You can ask to have your record deleted, but that may not be possible if the record has already been used to give you care.

## Children and the Summary Care Record

Children will automatically have a Summary Care Record made for them.

If you do not want your child to have a Summary Care Record you will need to fill in an opt-out form on behalf of your child and return it to your child's GP practice. In some circumstances your GP may feel it is in your child's best interests to have a Summary Care Record. For example, if your child has a serious allergy that healthcare staff treating your child should know about.

## Where can I get more information?

For more information about Summary Care Records and your choices:

- phone the Summary Care Record Information Line on 0300 123 3020;
- contact your local Patient Advice and Liaison Service (PALS) [www.pals.nhs.uk](http://www.pals.nhs.uk); or
- visit [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

#### 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 a 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 contact your GP practice.

# Carer Questionnaire

## IF YOU ARE A CARER WE WANT TO HELP YOU

Please complete the following if YOU look after someone with an illness, disability or frailty

I look after my (please state relationship e.g. mother / father / son or daughter / neighbour / friend)

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Is the person you care for registered at our practice

Yes / No

If YES and the person you care for consents, please provide their name

---

and date of birth

---

Would you like the practice to refer your details to Carers Leeds for them to contact you?

Yes / No

Signed

Dated

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## IF YOU HAVE A CARER

We recognise that carers have an important and valuable role in the community and we know it can be demanding and sometimes isolating. We want carers to receive appropriate support by giving them information on services that can help, including schemes to take a break from caring, benefits, practical help, carers support groups and not least a listening ear when things get too much.

Please could you give us details of the person who looks after you: (this could be your wife, husband, children, friend or neighbour).

Their

Name

---

Address

---

---

Postcode

---

Their

Telephone No

---

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### For GP use Only

Accepted by

GMS1 Checked

Online password issued

Registration Input

Healthcheck Booked

SCR Processed

HCA Input

Summarised