

Dysart Surgery

Address confirmation for registration with us

Thank you for asking to register as a patient. We will be pleased to register you but we do need confirmation of your identity and address.

For your identity we require to see photo identity:

Passport
Driving Licence

For a new born:

Birth Certificate

To confirm that you live within our Practice area, one of the following:

Current Council Tax Statement (01 April current year)
Bank Statement (date within 2 months of registration)
Letter from government agency (date within 2 months of registration)

If you would like access to the surgery appointments system, order repeat prescriptions and view your allergies, medication and immunisations status via **Patient Access** or the **NHS APP**, please tick the box below.

You will need to complete a form and provide two forms of identification; these must be photo ID and council tax bill.

You can order repeat prescriptions and cancel appointments by using the Patient Access, NHS APP or email:
broccg.dysartreception@nhs.net

From 1st April 2020 all prescriptions will be sent electronically to your nominated Pharmacy, you will no longer need to visit the surgery to collect a paper prescription. This makes the prescribing and dispensing process more efficient and convenient and saves prescriptions getting lost.

To nominate a pharmacy to receive your electronic prescription, please let us know which pharmacy you would like to nominate.

Nominated Pharmacy: _____

Please allow 2 working days (48hrs) for your prescription to be processed, 3 days (72 hours) for an acute request.

Thank you for your co-operation

HIV TESTS

All adult patients in London are now being offered a free HIV test when they register with a new GP.

The Department of Health recommends this as 100,000 people in the UK are now living with HIV, half of them live in London, and 1 in 5 do not know they have it.

Free effective treatment is available now to all on the NHS regardless of immigration status.

If you would like to have a blood test please book a telephone appointment with the nurse to discuss.

Hepatitis B and C

If you are registering for the first time in the UK and have come from any of the countries below, we offer Hepatitis B and C testing free of charge.

Asia
China
Africa
South America

If you would like to have a blood test please book a telephone appointment with the nurse to discuss.

Accessible Information

Please let us know if any of the following apply so we can help you with your needs:

Hearing Impairment
Sensory needs
Registered Blind

Would you be happy for us to share this information to other healthcare professionals? **YES** **NO**

Local Care Record

The recent UK Department of Health Information Governance Review (Caldicott 2) has put additional emphasis on the duty to share clinical information. It recognises that patients expect health professionals to share information with other members of the care team, who should co-operate to provide a seamless, integrated service. To meet the healthcare needs of patients throughout their journey in primary, community and secondary care services, local healthcare professionals need to work together with access to all appropriate information. The overall aim is to ensure there is an appropriate balance between the protection of the patient or service user's confidential information, and the sharing of such information to improve patient care.

Further information is available on our website www.dysartsurgery.co.uk . Or, pick up a leaflet from reception.

Opt out forms are available from reception and the link on the surgery website.

SMS (text service) / emails

Consent to SMS messages
Consent for emails

DYSART SURGERY

Patient Registration Questionnaire

If you would like help completing this form please ask the receptionist.

Your named doctor is: _____

Your Full Name _____

Date of birth _____

Place of Birth _____

Occupation _____

Telephone Home _____
 Work _____
 Mobile _____
 Email _____

Smoking:

No. per day _____
 Year stopped _____
 Never _____

We will automatically issue you with online access. You have 24 hours to activate your pin.

Are you a carer? Yes No

Do you have a carer? Yes No

Allergies / Sensitivities

Next Of Kin (NOK) name:

NOK phone number:

YOUR PAST MEDICAL HISTORY	MEDICATION
	1
	2
	3
	4
	5
	6
	7
	8
	9
	10
	11
	12

FAMILY HISTORY

YES Family member Age NO

Asthma
 Diabetes
 High Blood Pressure
 Heart Disease
 Glaucoma
 Cancer
 Other

Please circle if appropriate

Diet Tablets Insulin
 Heart Attack CVA Stroke Other

Type:

Your alcohol consumption

Please score your alcohol consumption below:

Scoring System	0	1	2	3	4	Score
How often do you have a drink with 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?	1 - 2	3 - 4	5 - 6	7 - 8	10+	
How often have you have 6 or more units if female or 8 or more units if male, on a single occasion?	Never	less than monthly	Monthly	Weekly	Daily or almost daily	

Please tick the box against the description most appropriate for you.

If you do not wish to give this information please indicate by ticking the relevant box.

<input type="checkbox"/>	White British	<input type="checkbox"/>	White Irish
<input type="checkbox"/>	White Other	<input type="checkbox"/>	Mixed White / Black Caribbean
<input type="checkbox"/>	Mixed White / Black	<input type="checkbox"/>	Mixed White / Asian
<input type="checkbox"/>	Mixed Other	<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Black Caribbean
<input type="checkbox"/>	Black African	<input type="checkbox"/>	Other Black
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other Ethnic Group
<input type="checkbox"/>	Japanese	<input type="checkbox"/>	

I do not wish to give this information

FIRST LANGUAGE

Please tick the box that applies to the main language that you/the patient speaks or prefers to speak.

Language	Tick Box
Akan (Ashanti)	<input type="checkbox"/>
Albanian	<input type="checkbox"/>
Amharic	<input type="checkbox"/>
Arabic	<input type="checkbox"/>
Bengali	<input type="checkbox"/>
Brawa	<input type="checkbox"/>
Uses British Sign Language	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>
Creole	<input type="checkbox"/>
Dutch	<input type="checkbox"/>
English	<input type="checkbox"/>
Ethiopian	<input type="checkbox"/>
Farsi (Persian)	<input type="checkbox"/>
Finnish	<input type="checkbox"/>
Flemish	<input type="checkbox"/>
French	<input type="checkbox"/>
French Creole	<input type="checkbox"/>

Gaelic	<input type="checkbox"/>
German	<input type="checkbox"/>
Greek	<input type="checkbox"/>
Gujerati	<input type="checkbox"/>
Hakka	<input type="checkbox"/>
Hausa	<input type="checkbox"/>
Hebrew	<input type="checkbox"/>
Hindi	<input type="checkbox"/>
Igbo	<input type="checkbox"/>
Italian	<input type="checkbox"/>
Japanese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Kurdish	<input type="checkbox"/>
Lingala	<input type="checkbox"/>
Luganda	<input type="checkbox"/>

You can order repeat prescriptions & cancel appointments by email:
broccg.dysartreception@nhs.net

Your Data Matters to the NHS Information about your health and care helps us to improve your individual care, speed up diagnosis, plan your local services and research new treatments. In May 2018, the strict rules about how this data can and cannot be used were strengthened. The NHS is committed to keeping patient information safe and always being clear about how it is used. You can choose whether your confidential patient information is used for research and planning. **To find out more visit: nhs.uk/your-nhs-data-matters**

You can choose whether your confidential patient information is used for research and planning.

How your data is used

Your health and care information is used to improve your individual care. It is also used to help us research new treatments, decide where to put GP clinics and plan for the number of doctors and nurses in your local hospital. Wherever possible we try to use data that does not identify you, but sometimes it is necessary to use your confidential patient information.

What is confidential patient information?

Confidential patient information identifies you and says something about your health, care or treatment. You would expect this information to be kept private. Information that only identifies you, like your name and address, is not considered confidential patient information and may still be used:

for example, to contact you if your GP practice is merging with another.

Who can use your confidential patient information for research and planning?

It is used by the NHS, local authorities, university and hospital researchers, medical colleges and pharmaceutical companies researching new treatments.

Making your data opt-out choice

You can choose to opt out of sharing your confidential patient information for research and planning. There may still be times when your confidential patient information is used: for example, during an epidemic where there might be a risk to you or to other people's health. You can also still consent to take part in a specific research project.

Will choosing this opt-out affect your care and treatment?

No, your confidential patient information will still be used for your individual care. Choosing to opt out will not affect your care and treatment. You will still be invited for screening services, such as screenings for bowel cancer.

What should you do next?

You do not need to do anything if you are happy about how your confidential patient information is used. If you do not want your confidential patient information to be used for research and planning, you can choose to opt out securely online or through a telephone service

0300 456 3531

You can change your choice at any time.

To find out more or to make your choice visit **nhs.uk/your-nhs-data-matters**

OPT-OUT FORM

Request for my clinical information to be withheld from the **Summary Care Record/ Your emergency care summary**

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:

- Phone the Summary Care Record Information Line on 0300 123 3020
- Contact your local Patient Advice Liaison Service (PALS)
- Contact your GP practice.