



**The Brow
Health Centre**

THE BROW
BURGESS HILL
WEST SUSSEX, RH15 9BS
TELEPHONE: 01444 246123
www.browmedicalcentre.nhs.uk

Application to register at The Brow Health Centre

Welcome to the Brow Health Centre.

In order for you to register you should provide 2 forms of photo identification, i.e. a Passport, driving licence or bus pass, and secondly a utility bill or bank statement with your current name and address on, dated within the last 6 months. If you are registering a child, under 5, please bring their red book or immunisation record to reception. **Each person registering must be present when returning forms, along with their photographic ID, in order for us to be able to verify identification.**

These documents however are not compulsory to register with any GP Practice. If you do not have these identification documents or if you are homeless, you can give a temporary address, such as a friend's address, a day centre or our GP surgery address. If you need help registering with our GP surgery, please let our receptionists know.

As soon as we receive the fully completed forms, signed by you, we can process your registration, which can take up to 5 working days. **If you are currently on medication, please ensure you have sufficient supplies (ideally 3 weeks' worth) from your previous GP as it can take a few weeks to receive notes from your previous GP.**

New patient registration and health questionnaire

The following questions have been designed to help your new GP get to know you and your medical history. The information you provide will be handled confidentially.

We recommend that all new patients have a general health check soon after registering. Please speak to reception to arrange this if you would like to do so.

Surname	
Forename (s)	
Preferred name	
Date of birth	
Address	
Post code	
Telephone home	
Telephone work	
Mobile phone	
Email address (needed for Patient Access)	
Do you have a Key Safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the code and where is the key safe located?	

<input type="checkbox"/> Please tick here to consent for this key safe code to be used in the event of a home visit and for the practice to share this with appropriate partner organisations such as ambulance services or as required.	
Marital status	
Religion	
Town and Country of birth	
Name and address of previous doctor	
Address and post code whilst registered there	
First language	
Do you need a translator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>We want to get better at communicating with our patients. We want to make sure you can read and understand the information we send you. If you find it hard to read our letters or if you need someone to support you at appointments, please let us know.</i>	
Please tell us what communication requirements you have (eg Braille, large print, etc)	
Do you consider yourself to have a disability? If yes please give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not wish to say
Occupation	
Ethnicity (how you would like to describe your ethnic origin)	<input type="checkbox"/> White British <input type="checkbox"/> Other white background <input type="checkbox"/> Black British <input type="checkbox"/> Black African <input type="checkbox"/> Black <input type="checkbox"/> Caribbean <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other Asian <input type="checkbox"/> Chinese <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> I would prefer not to say
Next of kin: name and contact telephone Relationship to you?	
Carers: Do <u>family, friends, neighbours</u> rely on you because they have long-term ill health, disability or problems of old age? <input type="checkbox"/> YES I regularly care for a family member, friend or neighbour <input type="checkbox"/> YES I would like more information about support for carers Do you have an Advanced Directive or Living Will? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Armed Forces	
Are you currently serving in the Armed Forces?	
Are you a Military Veteran?	
Are you an Armed Forces Reservist?	
Dependant of current serving member of British Armed Forces?	
Dependant of former serving member of British Armed Forces?	
None of the above?	

Lifestyle
Smoking: please tick whichever applies <input type="checkbox"/> Current smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Never smoked
If yes, how many per day?
<i>We offer a smoking cessation clinic at the surgery. If you are interested, please ask at Reception for details. You can also visit www.smokefree.nhs.uk for smoking cessation advice</i>
Alcohol: Do you drink alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/> If you have concerns about your level of alcohol consumption please speak to a member of our team (1 unit = ½ pint beer, 1 measure of spirits or 1 small glass of wine. A bottle of wine contains 9 units, alcopops and cans of lager contains about 1.5 units)
How many units of alcohol do you drink each week?

The following questions are validated as screening tools for alcohol use.

The Alcohol Use Disorders Identification Test (AUDIT)

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

1 unit = ½ pint beer, 1 measure of spirits or 1 small glass of wine. A bottle of wine contains 9 units, alcopops and cans of lager contain about 1.5 units.

AUDIT - C First 3 questions		Scoring system					Your score
		0	1	2	3	4	
1	How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
2	How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
3	How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Total score for questions 1-3 =							
If you score 5 and over please complete the remaining 7 questions below							
Full AUDIT: Remaining 7 questions		Scoring system					Your score
		0	1	2	3	4	
4	How often during the last year, have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5	How often during the last year, have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

6	How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7	How often during the last year, have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8	How often during the last year, have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9	Have you or somebody else been injured as a result of your drinking?	No	Yes, but not in the last year			Daily or almost daily	
10	Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested that you cut down?	No	Yes, but not in the last year			Yes, during the last year	
Total score for questions 4-10 =							
TOTAL score for ALL questions 1-10 =							

Family History

Please TICK if your close blood relatives have any of the following health problems or other inherited disease? Give details if you can (eg 'mother aged 45')

	Family member		Family member
<input type="checkbox"/> Heart disease aged under 60		<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Heart disease aged over 60		<input type="checkbox"/> Asthma	
<input type="checkbox"/> Cancer (include type if known)		<input type="checkbox"/> Stroke / CVA	
<input type="checkbox"/> Parental hip fracture			

Women only

Have you ever had a cervical smear? Yes <input type="checkbox"/> No <input type="checkbox"/> date of most recent one:
Have you ever had an abnormal result? Yes <input type="checkbox"/> No <input type="checkbox"/> details:
Do you take the contraceptive pill? Yes <input type="checkbox"/> No <input type="checkbox"/> which one?
Are you fitted with a coil or implant? Yes <input type="checkbox"/> No <input type="checkbox"/> which type?
Have you been vaccinated against Rubella? Yes <input type="checkbox"/> No <input type="checkbox"/> date:
Have you ever been pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/> how many times?
Do you have children? Yes <input type="checkbox"/> No <input type="checkbox"/> what age(s)?
Have you had a hysterectomy? Yes <input type="checkbox"/> No <input type="checkbox"/> date:
Are you on HRT (hormone replacement)? Yes <input type="checkbox"/> No <input type="checkbox"/> date started:

Power of Attorney

If you have a Power of Attorney for Health & Care in place, who is this with? <input type="checkbox"/> Yes <input type="checkbox"/> No Who with? <i>(We will need evidence of this for staff to add to the medical records)</i>

GP Online Services - Patient Access - **A unique (not shared) Email address required for this service**

I wish to have access to the following GP Online Services:

- Booking appointments
- Requesting repeat medications
- Accessing my full medical records from the date of application - please note important things to consider on the information leaflet at the end of this document
- Viewing my results, allergies, medication, immunisations and medical problems

I understand and agree with the following statements (please tick):

- I have read and understood the information leaflet
- 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
- I will contact the practice as soon as possible if I suspect my account has been accessed by someone without my agreement
- If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible

For children - we are only able to register children aged 16 years or above unless Proxy Consent has been obtained (details and form at reception)

Consent - this section MUST be completed

It is sometimes necessary to phone or text you in order to change an appointment, arrange tests, or give you information regarding any treatment you may be having or results.

Would you please indicate below if you are happy for a Doctor or member of The Brow staff to leave a message on your answer machine, send an SMS text or contact you by email if you are personally unobtainable.

Consent:

- I give my permission for the practice to leave messages on my telephone answer machine
- I give my permission for the practice to contact me via my email address
- I give my permission for the practice to contact me via my mobile/SMS text messaging

Preferred method of contact: Home Tel. No. Mobile Email

Signed: _____

Date: _____

Information for new patients: about your Summary Care Record

Dear patient,

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form below.

- * **Express consent for medication, allergies and adverse reactions only.**
You wish to share information about medication, allergies for adverse reactions only.
- * **Express consent for medication, allergies, adverse reactions and additional information.**
You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- * **Express dissent for Summary Care Record (opt out).**
Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions. You are free to change your decision at any time by informing your GP practice.

SUMMARY CARE RECORD PATIENT CONSENT FORM

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP practice:

Yes - I would like a Summary Care Record

- Express consent for medication, allergies and adverse reactions only.
- Express consent for medication, allergies, adverse reactions and additional information.

No - I would not like a Summary Care Record

- Express dissent for Summary Care Record (opt out)

If you are filling out this form on behalf of another person, enter your name and sign below:

Name:	
Signature:	
Date:	

- Please tick one:**
- Parent Lasting power of attorney for health and welfare
- Legal Guardian

For more information, please visit <https://www.digital.nhs.uk/summary-care-records/patients>, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

For GP practice use only

To update the patient's consent status, use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below.

Summary Care Record consent preference

- The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only) 9Ndm.
- The patient wants a Summary Care Record with core and additional information (express consent for medication, allergies, adverse reactions and additional information) 9Ndn.
- The patient does not want to have a Summary Care Record (express dissent for Summary Care Record - opt out) 9Ndo.

FOR OFFICE USE ONLY - Please tick when completed:			
GMS1 <input type="checkbox"/>	ID <input type="checkbox"/>	Registration form checked <input type="checkbox"/>	Practice leaflet <input type="checkbox"/>
Staff member taking registration:			
Date:			
Access to Medical Records Authorised by:	PRINT:		SIGN:

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 GP practice while at that address

Address of previous GP practice

If you are from abroad

Your first UK address where registered with a

If previously resident in UK, date of leaving

Date you first came to live in UK

Were you ever registered with an Armed Forces GP

 Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: Regular Reservist Veteran Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting:

Postcode

Service or Personnel number: Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

*Not all doctors are authorised to dispense medicines

 I live more than 1.6km 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 ____/____/____

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

White: British Irish Irish Traveller Traveller Gypsy/Romany Polish

 Any other white background (please write in):

Mixed White and Black Caribbean White and Black African White and Asian

 Any other Mixed background (please write in):

Asian or Asian British: Indian Pakistani Bangladeshi

 Any other Asian background (please write in):

Black or Black British: Caribbean African Somali Nigerian

 Any other Black background (please write in):

Other ethnic group: Chinese Filipino

 Any other ethnic group (please write in):

Not stated:

Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

NHS England use only

 Patient registered for GMS Dispensing

To be completed by the GP Practice

Practice Name

Practice Code

I have accepted this patient for general medical services on behalf of the practice

I will dispense medicines/appliances to this patient subject to NHS England approval.

I declare to the best of my belief this information is correct

Practice Stamp

Authorised Signature

Name

Date ____ / ____ / ____

SUPPLEMENTARY QUESTIONS - These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

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:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

Complete this section if you live in an EU 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: <input type="text"/>	
	3: Name	<input type="text"/>
	4: Given Names	<input type="text"/>
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	<input type="text"/>
	7: Identification number of the institution	<input type="text"/>
	8: Identification number of the card	<input type="text"/>
	9: Expiry Date	DD MM YYYY
	PRC validity period (a) From:	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 Business Service Authority for the purpose of recovering your NHS costs from your home country.

Patient Online Access

It is your choice

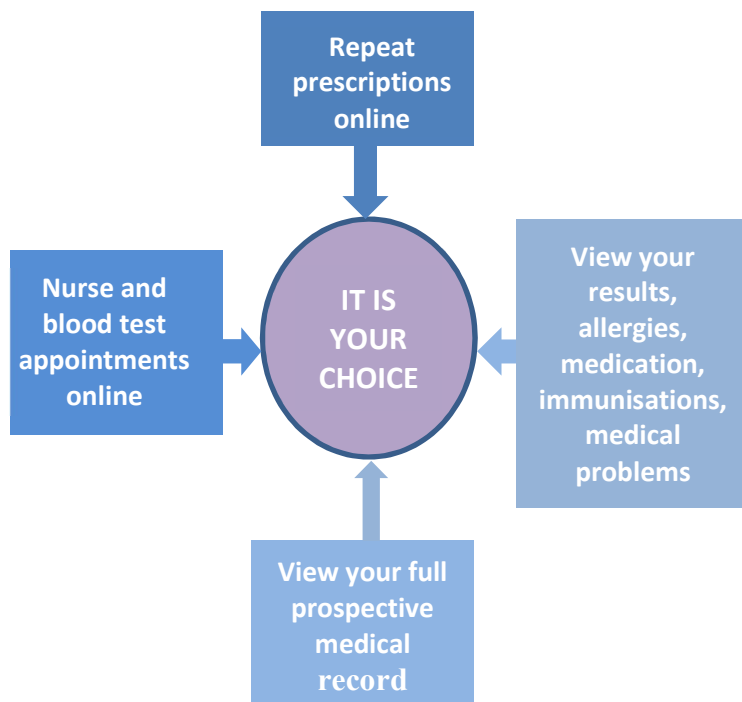
If you wish to, you can now use the internet to view your prospective medical record, book appointments with a nurse or for a blood test, request repeat prescriptions for any medications you take regularly and look at the results of your blood tests or your immunisation records online. You can also still use the telephone or call in to the surgery for any of these services as well. It is your choice.

Being able to see your results online might help you to manage your medical conditions. It also means that you can even access them from anywhere in the world should you require medical treatment on holiday. If you decide not to join 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 login details, so you will need to think of a password, which is 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.

The practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is a reference to third parties.

The practice has the right to remove online access to services for anyone they feel it could harm or put at risk.



It will be your responsibility to keep your login details and password safe and secure. If you know 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 cannot 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 copies at all.

**PLEASE READ THE BACK OF THIS
INFORMATION LEAFLET FOR
IMPORTANT THINGS TO CONSIDER**

Before you apply for online access to your record, there are some other important 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 login details.

Things to consider

Forgotten history

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

Abnormal results

If you have been given access to test results, 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 you cannot contact them.

Choosing to share your information with someone

It is up to you whether or not you share your information with others - perhaps family members or carers. It is your choice, but also your responsibility to keep the 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 may be not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

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

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>