

New Patient Registration Form Please complete all pages in full using block capitals

1. Background Details			
Contact Details			
NHS Number if known			
Full Name		Gender at birth	
Date of Birth		Gender I identify as (if	
Address including post code		Home Telephone	
		Work Telephone	
Mobile Telephone	I consent to be contacted* by SMS on this number:		
Email	I consent to be contacted* by email at this address:		
Next of Kin	Name:	Tel:	Relationship:
Family already registered with us?			

* It is your responsibility to keep us updated with any changes to your telephone number, email & postal address. We may contact you with appointment details, test results, health campaigns or Patient Participation Group details. If you **do not** consent to being contacted by SMS or Email, please tick here: SMS() Email ()

Other Details				
Previous GP Practice	Name:		Address:	
Country of Birth				
Ethnicity - please circle	White (UK) White (Irish) White (Other)	Black Caribbean Black African Black Other	Bangladeshi Indian Pakistani	Chinese Other Mixed Race
Religion - please circle	C of E Catholic Other Christian	Buddhist Hindu Muslim	Sikh Jewish Jehovah's Witness	No religion Other:
Housing - please circle	Own House Rented House Shared House	Nursing Home Residential Home Sheltered Home	Homeless Housebound	Asylum Seeker Refugee
Employment	Employed Self-employed	Student Unemployed	House husband House wife	Carer Retired
Overseas Visitor	Yes	European Health Insurance Card Held (please bring details with you)		
Armed Forces	Military Veteran	Family member		

Communication Needs			
Language	What is your main spoken language? Do you need an interpreter? Yes No		
Communication	Do you have any communication needs? Yes No (If Yes please specify below)		
	Hearing aid Lip reading	Large print Braille	British Sign Language Makaton Sign Language Guide dog

Carer Details			
Are you a carer?	Yes – Informal / Unpaid Carer	Yes – Occupational / Paid Carer	No
Do you have a carer?	Yes	Name*:	Tel: Relationship:

2. Medical History

Medical History

Have you suffered from any of the following conditions?

Asthma	Heart Disease	Diabetes	Depression
COPD	Heart Failure	Kidney Disease	Underactive Thyroid
Epilepsy	High Blood Pressure	Stroke	Cancer- Type:

Any other conditions, operations or hospital admission details:

If you are currently under the care of a Hospital or Consultant outside our area, please tell us here:

Family History

Please record any significant family history of close relatives with medical problems and confirm which relative e.g. mother, father, brother, sister, grandparent

Asthma.....	Heart Disease.....	Diabetes.....	Depression.....
COPD.....	Stroke.....	Kidney Disease.....	Thyroid.....
Epilepsy.....	Blood Pressure.....	Liver Disease.....	Cancer.....

Other:

Allergies

Please record any allergies or sensitivities below

Current Medication

Please check and include as much information about your current medication below

Please give us your previous repeat medication list if possible and a medication review appointment may be needed

3. Your Lifestyle

Alcohol

How many units of alcohol do you drink in an average week?

Please answer the following questions which are validated as screening tools for alcohol use:

AUDIT-C QUESTIONS	Scoring System					Your Score
	0	1	2	3	4	
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	
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+	
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	

A score of **less than 5** indicates *lower risk drinking*

TOTAL:

Scores of 5 or more requires the following 7 questions to be completed

AUDIT QUESTIONS (after completing 3 AUDIT-C questions above)	Scoring System					Your Score
	0	1	2	3	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	
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	
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	
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	
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	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in last year		Yes, during last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in last year		Yes, during last year	
TOTAL:						



3. Your Lifestyle - Continued					
Smoking					
Do you smoke?	Never smoked	Ex-smoker	Yes		
Do you use an e-Cigarette?	No	Ex-User	Yes		
How many cigarettes did/do you smoke a day?	Less than one	1-9	10-19	20-39	40+
Would you like help to quit smoking?	Yes	No			
For further information, please see: www.nhs.uk/smokefree					

Height & Weight	
Height	
Weight	
Waist Circumference	

Women Only			
Do you use any contraception	Yes	No	(if needed, please book appointment)
Are you pregnant or do you think you may be?	Yes	No	Expected due date:
Do you know when your last cervical screening was done?	Yes	No	Date:

4. Further Details

Electronic Prescribing

If you would like your prescriptions to be sent electronically, please provide details of the pharmacy you would like to use:

Pharmacy:

Patient Participation Group *We are committed to improving the services we provide. The Patient Participation Group is a mechanism for us to gain valuable feedback from our patients about their experiences, views and ideas for improving our services.*

Would you like to be involved in our Patient Participation Group?

Yes No

Signatures

Signature

I confirm that the information I have provided is true to the best of my knowledge.
() Signed on behalf of patient

Name

Date

Checklist

Please ensure the following are done and provided so that your registration can be completed successfully

Completed & Signed Above Form

Completed & Signed GMS1 Form

Photo Proof of ID *e.g. Passport, Photo Driving License or Photo ID card*

Proof of Address *e.g. Bank statement, Utility Bill or Council Tax from within the last 3 months*

Please ensure the following are done and provided so that your registration can be completed successfully

Practice Use Only

Appointment	Required	Not Required		
Photo ID	Passport	Driving licence	Identity card	Other
Proof of Address	Utility Bill	Council Tax	Bank Statement	Other

5. Sharing Your Health Record

Your Health Record & Summary Care Record (SCR)

Sharing Your Health Record

What is your health record? Your health record contains all the clinical information about the care you receive. When you need medical assistance it is essential that clinicians can securely access your health record. This allows them to have the necessary information about your medical background to help them identify the best way to help you. This information may include your medical history, medications and allergies.

Why is sharing important? Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

- Sharing your contact details will ensure you receive any medical appointments without delay
- Sharing your medical history will ensure emergency services accurately assess you if needed
- Sharing your medication list will ensure that you receive the most appropriate medication
- Sharing your allergies will prevent you being given something to which you are allergic
- Sharing your test results will prevent further unnecessary tests being required

Is my health record secure? Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

Can I decide who I share my health record with? Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

Can I change my mind? Yes. You can change your mind at any time about sharing your health record, please just let us know.

Can someone else consent on my behalf? If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made by those caring for you.

What about parental responsibility? 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.

What is your Summary Care Record? Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

How is my personal information protected? Dr Baker and Partners will always protect your personal information. For further information about this, please see our Privacy Notice on our website or please speak to a member of our team

For further information about your health records, please see: www.nhs.uk/NHSEngland/thenhs/records

For further information about how the NHS uses your data for research & planning and to opt-out, please see: www.nhs.uk/your-nhs-data-matters

Do you consent to your GP Practice sharing your health record with other organisations who care for you?

Yes (*recommended option*) / No, never

Do you consent to your GP Practice viewing your health record from other organisations that care for you?

Yes (*recommended option*) / No, never

Do you consent to having an Enhanced Summary Care Record with Additional Information?

Yes (*recommended option*) / No, never

Signature	I confirm that the information I have provided is true to the best of my knowledge. () Signed on behalf of patient
Name	
Date	

6. Online Access To Your Health Record

Important Information – Please read before completing form below

If you wish to, you can now use the internet (via computer or mobile app) to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

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 are unable to 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.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

The definition of a full medical record is all the information that is held in a patient's record; this includes letters, documents, and any free text which has been added by practice staff, usually the GP. The coded record is all the information that is in the record in coded form, such as diagnoses, signs and symptoms (such as coughing, headache etc.) but excludes letters, documents and free text.

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

Forgotten history

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

Abnormal results or bad news

If your GP has given you access to test results or letters, 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's up to you whether or not you share your information with others – perhaps family members or carers. It's 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 within your medical record may be highly technical, written by specialists and 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.

For further information, please see:

www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx

I wish to have online access to: *Please tick all that apply*

- View & book appointments
- View & request medication
- Access my coded medical record (*contains any medical codes that have been recorded*)- available from date of registration
- Access my full medical record (*contains medical codes **and** any free text that has been recorded*) – available from date of registration
- Access my Summary Care Record
- Complete online questionnaires

I wish to access my medical record & understand & agree with each statement: *Please tick all that apply*

- I have read and understood the 'Important Information' section below
- 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 that my account has been accessed by someone without my agreement
- If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible

Please bring photographic proof of your identification in order for the sign up process to be completed

Signature

Signature	
Name	
Date	

For Practice Use Only:

Identity verified through (tick all that apply & specify details)	Self Vouching Vouching with information in record Photo ID Proof of residence Professional Vouching		
Name of Verifier		Date	
Name of person who authorised and added to SystemOne		Date	

7. Medications of Dependence Compliance Form

It is our practice policy that our GPs and Clinician prescribers reserve the right to not initiate or prescribe drugs of dependence such as Opioids (Morphine derivatives), Dihydrocodeine, Pregabalin and Benzodiazepines (sleeping tablets). This rule applies even if a new patient has been on it as repeat medication from previous practices or even if it's been recommended by external specialist teams. (The only exception made is with Palliative Care patients and in those patients who agree to supported stringent and supported dose reduction regimes).

There are many other treatment options, and many people find [Live well With Pain](#) a very helpful website to support patients who struggle with pain management. There is an increasing evidence base that the best way to manage chronic pain is not through medication.

If you are a new patient to the practice:

- It may take time to get accurate medical information about your condition. It is our policy that GPs do not prescribe drugs of dependence until they have a full clinical picture.
- As your new GPs, we may decide not to continue prescribing an opioid, pregabalin or sleeping tablet previously prescribed for you. It may be determined that such a medication is not suitable.
- After assessment, we may prescribe alternatives or a reducing regime. This may be different to the drug you had prescribed at your previous GP Practice.
- If you are on Opioid type, Pregabalin or sleeping tablet medication, and the assessing Clinician feels that we need to prescribe it short term, you will be asked to complete a Medication Management Plan. This agreement details your responsibilities as a patient taking a drug of dependence; any prescriptions issues; advice on taking your medications; how we will monitor your care; and the standards of behaviors that are expected.
- We shall also be happy to refer those who struggle with addiction to these medications to into specialist services

We expect all patients to always comply with the above and not cause embarrassment. Patients are reminded that we have a strict “NHS zero tolerance policy” on all issues relating to verbal, physical or online staff abuse. Please be aware that if breached, patients shall face immediate removal (along with the entire households) and all other health and care services being formally notified. And in some cases, we shall report to the police and even prosecute.

Statement of Agreement and Compliance with above policy

I hereby agree to be fully compliant with the above practice policy if I am accepted to join the Eric Moore Partnership Medical Practice

Signature	I confirm that the information I have provided is true to the best of my knowledge. () Signed on behalf of patient
Name	
Date	

8. Acceptable Behaviour Contract

We are committed to promoting access to our services and offering choice wherever possible in the services we provide and the way we deliver them. An acceptable behaviour contract is an individual written agreement between a patient and their GP Practice.

The contract is between myself (named below) and The Eric Moore Partnership Medical Practice, and is valid from the date of application to register.

The Conditions:

I agree to the following:

1. I agree to cancel any appointments I am unable to attend with as much notice as possible.
2. I agree to The Eric Moore Partnership Medical Practice DNA (did not attend) policy - if after I have missed 2 appointments without notifying the surgery, I will be sent a final warning letter. If further missed booked appointment without cancelling, I understand I will be removed from the Practice list and will have to register with a different Practice.
3. I agree to adhere to The Eric Moore Partnership Medical Practice repeat prescription policy and agree to allow 2 working days before collecting my repeat prescription.
4. I agree to refrain from using abusive or offensive language, making threats of violence or aggressive behaviour and to treat all staff fairly and with respect, in person, on the phone, in writing or on social media.

Breach of this Contract:

If the below named patient fails to adhere to the above conditions, they will be removed from the Practice list. This contract serves as an initial warning in the event of breaches occurring.

When removal results from No 4 above, any patients for whom this person is responsible (i.e., child or cared for individual) and who live at the same address, will also be removed to avoid any risk of further abuse to clinicians undertaking home visits for said child or cared-for individual.

- The Eric Moore Partnership Medical Practice will ensure you are dealt with quickly, fairly and in a courteous and helpful manner.
- The Eric Moore Partnership Medical Practice will ensure that staff take responsibility for resolving or dealing with your query or that they refer it to an appropriate colleague

Declaration:

I confirm that I understand the meaning of this contract and that the consequences of breaking the conditions of the contract.

Signature	
Name	
Date	