

Northiam Surgery – Register with our practice

To register with our practice please complete the following details.

NHS Number

To register you will need your NHS number. If you do not know your NHS number there is an online service to help you find it: www.nhs.uk/nhs-services/online-services/find-nhs-number/

Patients Name

Title

First

Middle

Last

Date of Birth

Place of Birth

Country of Birth

Patients Address

First Line of your address

Second Line of your address

Post Code

Home Phone

Mobile Phone

Email address

Are you registering on behalf of:

☐ Yourself ☐ Child ☐ Relative ☐ Friend ☐ Other

If you are **registering on behalf of someone else** please provide the following:

Your Name

Title

First

Middle

Last

Relationship to patient

Contact details

Home Phone

Mobile Phone

Email address

Ethnicity:

☐ British or mixed British

☐ Irish

Other White background, e.g

☐ White & Asian

☐ White & Black African

☐ White and Black Caribbean

☐ Caribbean

☐ Indian or British Indian

☐ Pakistani or British Pakistani

☐ Bangladeshi or British Bangladeshi

☐ Chinese

☐ African

☐ Other Asian background

☐ Other black background

☐ Other mixed background

Main Language

If you were born before 1997 have you ever had a blood transfusion? (For example as a result of an accident, following childbirth, or surgery)

☐ Yes

☐ No

Previous Address

Please provide details of ***your previous address*** and the GP with whom you were registered. This allows us to ensure your records are transferred on registration

Address

First Line of previous address

Second Line of previous address

Town

Post Code

Name of Previous GP Practice

Are you joining the surgery from abroad?

☐ Yes ☐ No

If **yes**, please complete the following:

Date you first came to the UK

If previously resident in the UK, date of leaving

If a *previous* UK resident, the address at which you last registered with a GP

First Line of address

Second Line of address

Town

Post Code

Are you from the armed forces?

☐ Yes ☐ No

If **yes**, please complete the following:

If a previous UK resident, the address at which you first registered with a GP

First Line of address

Second Line of address

Town

Post Code

If yes, please complete the following:

Enlistment Date

Discharge Date

Service Number

Are you happy to receive text messages?

☐ **Yes** ☐ **No**

Note: We use text messaging to remind you about your appointments and the availability of services such as flu vaccinations results, reviews etc?

**For online access please download the NHS APP
(<https://www.nhs.uk/nhs-app/>)**

Do you have a Lasting Power of Attorney?

☐ **Yes** ☐ **No**

If **'Yes'** please provide a copy of your Power of Attorney

Do you grant permission for family members or others to speak to the doctor on your behalf?

☐ **Yes** ☐ **No**

If **yes**, then please provide the following:

Name or permitted person:

Title	First	Middle	Last

Relationship to patient

Contact details

Home Phone	Mobile Phone	Email address

Summary Care Record

The summary care record consists of basic information such as your date of birth and address, details of allergies, current prescriptions and bad reactions to medicines.

It allows services such as Hospitals, A&E, the Out of Hours Services and the Ambulance Services to understand key information about you when you call upon their services.

The Summary Care Records is only accessed with your direct consent. 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.

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.

For further information about your health records, please see:

<https://www.nhs.uk/using-the-nhs/about-the-nhs/your-health-records> and www.nhs.uk/NHSEngland/thenhs/records.

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

☐ **Yes** ☐ **No**

If you answered 'No and wish to opt-out of having a Summary Care Record please also tick the box below:

☐ **I wish to opt-out of having a Summary Care Record**

What does it mean if I **DO NOT** have a Summary Care Record? NHS healthcare staff caring for you safely in an emergency may not be aware of your current medications, the allergies you suffer from or any bad reactions to medicines you have had in the past. 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 ask at reception.

Enhanced Summary Care Record

Additional information can be included to your SCR with your permission. It will include

- Your long term health conditions – such as asthma, diabetes, heart problems or rare medical conditions
- Your relevant medical history – clinical procedures that you have had, why you need a particular medicine, the care you are currently receiving and clinical advice to support your future care
- Your healthcare needs and personal preferences – you may have particular communication needs, a long term condition that needs to be managed in a particular way, or you may have made legal decisions or have preferences about your care that you would like to be known
- Immunisations – details of previous vaccinations, such as tetanus and routine childhood jabs

Please note: specific sensitive information such as any **fertility treatments, sexually transmitted infections, pregnancy terminations or gender reassignment** will not be included, unless you specifically ask for any of these items to be included.

Do you consent to having additional information included in your Summary Care Record with Additional Information?

☐ **Yes** ☐ **No**

Patient Identification (for patients 18 or over)

Which two forms of ID are you providing?

☐ **Passport** ☐ **Driving Licence** ☐ **Utility Bill** ☐ **Other**

.....
Signature:

.....
Date: