



# SLEIGHTS & SANDSEND MEDICAL PRACTICE

## NEW PATIENT HEALTH QUESTIONNAIRE

**Office use only**

Emis no .....

HCA apt

Apt date .....  
please book 4 weeks  
from date of registration

Identity documents seen:

- Passport
- Driving licence
- Bank statement
- Utility bill
- Other, please state

.....

- GMS1
- EHIC /S1 card holder  
Collect details and send  
to  
EHIC -  
NHSDigital-EHIC@nhs.net  
S1 -  
overseas.healthcare@dw  
p.gsi.giv.uk

Add Clinical code 9Ny

**IMPORTANT INFORMATION**

Thank you for applying to join Sleights and Sandsend Medical Practice please complete the enclosed details and return to the Practice. Please note that before we can formally register you with the Practice you will need to attend a new patient health check and we will need to see photographic identification and at least one proof of address document.

*Photographic identification includes a passport, a UK photocard driving licence or nationally recognised photo ID. Proof of address includes utility bills or recent bank statements. If you are unsure please speak with a receptionist*

**PERSONAL DETAILS**

Surname: ..... Forename(s): .....

Date of Birth: ..... Mobile No.: .....

Email address: .....

If you are of school age, are you home schooled?  YES  NO

Are you allergic to any substances or foods?  YES  NO

If yes, please give details: .....

Ethnicity: .....

**NEXT OF KIN**

Surname: ..... Forename(s): .....

Date of Birth: ..... Relationship to you .....

Address .....

..... Postcode .....

Contact telephone numbers .....

.....

Emergency contact  YES  NO

Can discuss record  YES  NO

*This relates to discussing your medical record in the event of an emergency if required. It does NOT include routine sharing of information. If you would like to nominate a person to have permission to discuss your medical record please supply a separate letter of consent*

Under Primary - Care  
CCG information select  
appropriate text

Add Clinical code 918F

Add Clinical code  
918G

Add Clinical code  
13VC  
Physical disability 13VM  
Learning disability  
HNG0625  
Add alert

Complete notification  
preference in  
registration box

## LIVING IN A RESIDENTIAL INSTITUTION

Do you live in a care or residential home  YES  NO

Are you a student residing at local school or university ?  YES  NO

## IF YOU HAVE A CARER

Are you dependent on someone for some or all of the time?  YES  NO

If yes name of person.....

Relationship to you ..... Contact tel: .....

## IF YOU ARE A CARER

Do you look after someone who is dependent on you for some or all of the time?  
 YES  NO

If yes name of person.....

Relationship to you ..... Contact tel: .....

Are they a patient at Sleights & Sandsend Medical Practice?  YES  NO

## DISABILITY

Do you have a disability  YES  NO

Type of disability .....

You do not have to provide this information but it will help us to help you. We have an additional bell on the front door at Churchfield surgery which may be used if you require assistance with entering the building.

## COMMUNICATING WITH YOU

Do you have any information and/or communication support needs e.g. interpreter, information or letters in larger type or use braille.  YES  NO

If "Yes" please let us know what support you need. *For example – hearing difficulties require a hearing loop; visually impaired require large print*

.....

.....

Do you give permission for this information to be shared with other healthcare organisations as and when required?  YES  NO

You will be automatically registered to receive messages by email, mobile phone & SMS text message. This includes appointment reminders, messages to remind you about important information such as flu clinics, closures of the Practice and the friends and family test.

If you do NOT want to be registered please tick here

Process on line registration using ID supplied for registration. Provide on line access information leaflet and registration document.

if yes add code 9NS9

add code 9NuB

add code 9Ndm

add code 9Ndo

Summary care record opt out form completed

You will also be registered to use on line patient access. Please note you must have an individual email address to ensure you can use this service. It allows you to book appointments/order repeat medication and access your medical records  
If you do NOT want to be registered please tick here

**SLEIGHTS & SANDSEND MEDICAL PRACTICE PATIENT PARTICIPATION GROUP**

Would you like to join our Patient Participation Group? Your participation and feedback help to ensure we offer the best possible service.  YES  NO

If YES would you like to attend meetings  YES  NO  
or be on the virtual group and only be contacted by email  YES  NO

**SUMMARY CARE RECORD**

If you are registered with a GP practice in England you will already have a 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 that 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 SCR 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 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 tick and sign below

**Express consent for medication, allergies and adverse reactions only.** *Shares information about medication, allergies for adverse reactions only.*

**Express consent for medication, allergies, adverse reactions and additional information.** *Shares information about medication, allergies for adverse reactions and further medical information that includes: Your illnesses and health problems, operations and vaccinations you have had, how you would like to be treated (eg: where you 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.

You can find further information at:

<http://systems.digital.nhs.uk/scr/patients> or phone NHS Digital on 0300 303 5678

Signature: ..... Date: .....

## YOUR DATA MATTERS AND OUR PRIVACY NOTICE

Please read carefully the enclosed leaflet regarding the way the NHS uses your data. It is your responsibility to decide how your data can be used and if you do not want your confidential patient information to be used for research and planning you can opt out. To find out further information or to opt out follow the information provided on the leaflet.

Our Privacy Notice may be viewed on our website and in the practice waiting room

## PARENTS

If you are registering a child under 5 please note the Child health surveillance programme is more correctly termed the Healthy Child programme and aims to help parents develop a strong bond with children; encourage care that keeps children healthy and safe; protect children from serious diseases, through screening and immunisation; reduce childhood obesity by promoting healthy eating and physical activity; encourage mothers to breast-feed; identify problems in children's health and development and safety so that they can get help with their problems as early as possible; make sure children are prepared for school and identify and help children with problems that might affect their chances later in life.

You may also use patient access on behalf of your child(ren) up to the age of 11. At which time we will contact the young person to see if they still wish to allow their parent or guardian access to this service. If not we will deactivate the access. Irrespective of this decision once the young person reaches 13 they can register for themselves and they will be issued with a new personal access and password. We have a duty to patients to protect their confidentiality and ensure information is only available to the appropriate person.

## MEDICATION

Please provide a list of medication from your previous surgery. If you do not have this information the Receptionist will make you an appointment with a GP so that the medication can be added to your record.

## PATIENT DECLARATION

By signing below you are declaring that the information contained within this patient registration form is accurate to the best of your knowledge.

Signature ..... Date .....

If registering on behalf of someone else

Signature ..... Date .....

Relationship to patient.....

*Parent /legal guardian/lasting power of attorney*

**Thank you for completing this information. Your named GP at the Practice will be**

.....

list received or

GP apt made

Apt date .....

add clinical code 67DJ

Informed patient of accountable GP

add clinical code

9nn60 allocated accountable GP