

Please read this important information carefully before returning your registration forms.

Registration forms need to be **completed in full** before returning to our letterbox or in the post. If there are any sections not filled out, or if both forms have not been signed, the receptionist will not be able to register you.

You are required to provide us with your NHS number.

Your NHS number can be obtained on the NHS website <https://www.nhs.uk/nhs-services/online-services/find-nhs-number/> or by contacting your previous surgery, it can also be found on repeat prescription slips. If you are unable to do this then you will need to provide us with 2 forms of ID, 1x photo ID and 1x proof of address that you are currently living at. We cannot accept forms with ID from anyone other than the patient.

We're now using Patient Triage for online consultation

We are using a new online system where you can submit your medical or administrative request to our practice online instead of queuing on the phone.

How do I use Patient Triage?

- Open the 'Contact us online' link from our practice website - (There's no need to download an app or create an account!) www.bidefordmc.com
- Select either admin or medical request
- Confirm you are not contacting us in an emergency situation
- Write the request to the practice, giving as much information as possible
- Enter your details
- Press submit!

Order your repeat prescriptions online

Ordering repeat prescriptions can be done online if you sign up to our online services. To do this, please visit our website to print and complete an online registration form, this will need to be returned to the surgery with 2 forms of ID (1x photo ID and 1x proof of address in our area). We cannot accept forms with ID from anyone other than the patient.

If you have successfully signed up to the NHS app, identity will not need to be checked at the surgery, we will only need the form to be completed and dropped in our letterbox.

If you would like to have 3rd party consent in place for someone else to communicate with us on your behalf, please collect form from our reception.

WELCOME TO BIDEFORD MEDICAL CENTRE

Please complete this New Patient Questionnaire for our records



PERSONAL DETAILS

SURNAME _____
FIRST NAME (S) _____
PREVIOUS SURNAME/MAIDEN NAME _____
DATE OF BIRTH _____

NHS NUMBER _____
If not known, please supply 2 forms of ID (driving licence/passport and utility bill)

HOME ADDRESS:

Post Code _____

TELEPHONE NUMBERS: Please indicate preferred contact number
Home telephone _____
Mobile _____
E-Mail address _____

CONSENT - I give consent to being contacted via SMS and Email YES NO

MARITAL STATUS _____

Next of kin: Name: _____ Relationship: _____
Telephone number: _____ Registered at BMC: YES NO

PREVIOUS ADDRESS: _____

PREVIOUS GP SURGERY:
GP Name: _____
Address: _____

ETHNICITY: White British - White other - Asian - Black British - Black - Other _____

1st LANGUAGE _____ COUNTRY OF BIRTH _____

Do you require an interpreter? YES NO

Do you have refugee status? YES NO

Have you ever lived Abroad YES (Please enter details below) NO

Country _____ **Dates** from _____ to _____.

Have you ever served in the UK Armed Forces - YES (Please indicate below) NO

Army / Navy / Air force - Dates from _____ to _____.

Do you consent to 'Armed Forces Veteran' being recorded in your medical records YES NO
Please complete a separate form to enable us to obtain your records from the MOD (ask at reception)

SPECIAL COMMUNICATION & MOBILITY NEEDS - Please tick all applicable boxes

Vision Normal Vision Partially sighted Registered Blind

 Wears Glasses Wears Contact Lenses Reads Braille

Hearing Normal Hearing Mild / Moderate / severe hearing loss (please indicate) _____

 Registered deaf Wears hearing aids Lip reads Uses Sign Language

Mobility Uses stick to aid mobility Uses frame to aid mobility

 Uses crutches to aid mobility Uses wheelchair indoors

 Uses wheelchair outdoors

DO YOU HAVE A DISABILITY? Details _____

DO YOU HAVE A CARER? Yes No Details _____

ARE YOU A CARER? Yes No Details _____

YOUR HEALTH:

Please use our health promotion area, at the entrance of the practice, for measuring your Blood Pressure, Height and Weight

BLOOD PRESSURE ____ / ____ / ____ **HEIGHT:** _____ (Metres) **WEIGHT** _____ (KG)

(Please take 3 readings and record the LOWEST)

DRUG ALLERGIES: Do you have any? (Please specify) _____

SMOKING: Do you smoke? Yes

 Never

 Ex-smoker Date stopped _____

IF YOU WOULD LIKE TO STOP SMOKING, PLEASE ASK THE SURGERY FOR A SMOKING CESSATION SERVICE REFERRAL

ALCOHOL SCREENING QUESTIONNAIRE

- 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 Single measure of spirit or half a pint of beer	1.5 UNITS Alcopop or can of lager	2 UNITS Pint of regular beer/lager/cider	2 UNITS Glass of wine (175ml)	9 UNITS Bottle of wine
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Questions PLEASE CIRCLE					
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 Times a month	2-3 times a week	4 or more times a week
2. How many standard alcoholic units do you have on a typical day?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

CURRENT MEDICATIONS:

Drug	Dose	How often	Why taking?

We advise patients to register at the surgery with at least a 4-week supply of medication. If you do not have this, please contact your current surgery and they will be able to send your medication to a local pharmacy electronically. We can delay registration until your medication has been arranged.

If you take regular medication, we will arrange for our onsite clinical pharmacist to review and add these to your repeat medications to allow you to order them in the usual way.

EPS -Electronic Prescription Service

If you signed up for this service at your previous surgery please indicate your new nominated - Pharmacy _____

Please speak to the receptionist for further information

Palliative Care: Are you receiving End of Life/Palliative Care Yes

YOUR PAST MEDICAL HISTORY:

Past Medical History Including Serious Illness and Operations	Approx. Date	Serious Illness/Operation

FAMILY HISTORY

Have you or a family member ever suffered from any of the following?

	Yourself	Family Member – Who? Alive or Age of Death
Diabetes (Type 1 or 2)		
Asthma or Chronic Bronchitis (Please specify)		
Heart Disease E.G Angina/Heart Attack		
High Blood Pressure		
Stroke		
Cancer – Where?		

**Thank you for taking time to complete the questionnaire.
 Your answers will be entered in your medical records and will remain confidential.**

SHARING YOUR NHS PATIENT DATA

With the development of information technology, the NHS will increasingly be sharing key information from your GP medical notes with Out of Hours GP Services, Hospital A&E Units, Community Hospitals, and Community Nurses - all of whom may at various times in your life look after you. Sharing information can improve both the quality and safety of care you receive and, in some cases, can be vital in making life-saving decisions about your treatment.

Information sharing in the NHS is subject to rigorous regulation and governance to ensure your full identifiable and personal medical data is kept confidential and only ever seen by carefully vetted doctors, nurses and administrative staff responsible for overseeing your care.

In addition this regulation and governance the majority of initiatives, however, will still require patient consent to allow the data to be shared (unless there are circumstances where a patient does not have capacity to consent and clinicians will act in the patient's best interests).

Summary Care Record (aka SCR)

If you are registered with a GP practice in England your SCR is created automatically unless you have opted out.

Summary Care Records (SCR) are an electronic record of important patient information, created from GP medical records. They can be seen and used by authorised staff in other areas of the health and care system who are involved in your care (for example Hospitals, Out of Hours services and Ambulance paramedics).

Access to SCR information means that care in other settings is safer, reducing the risk of prescribing errors. It also helps avoid delays to urgent care.

At a minimum, the SCR holds important information about your

- current medication
- allergies and details of any previous bad reactions to medicines
- your name, address, date of birth and NHS number

You can, however, also choose to include **additional information** in the SCR, such as details of long-term conditions, significant medical history, or specific communications needs. This type of Summary Care Record is known as the **Additional Summary Care Record**. (this is recommended)

Additional Summary Care Record (requires patient consent to opt in)

Benefits of using additional information in Summary Care Record

If you consent to the inclusion of **additional information** in your SCR, this will mean that more information will be available to health and care staff viewing the SCR. It will then be automatically updated when your GP record is updated. This is an effective way to:

- improve the flow of information across the health and care system
- increase safety and efficiency
- improve care
- respond to particular challenges such as winter pressures

It's particularly beneficial for patients who:

- have complex or long term conditions.
- suffer from frailty
- are eligible for flu vaccinations
- have dementia or learning disabilities
- have physical, sensory or other disabilities, who can benefit from recording any specific needs, for example communication needs, so that health and care staff can make reasonable adjustments
- are non English speakers
- patients with carers whose details they want to share or who have appointed someone to have Health and Welfare Lasting Power of Attorney
- patients with specific care preferences

ENHANCED DATA SHARING MODEL (aka EDSM) (Requires patient consent to opt in)

The database and software used by our practice to store your GP health record is called "SystemOne" it is a very secure national system used by over 2000 GP practices and 4800 NHS organisations including GP out of hours services, children's services, community services and some hospitals. Most GP Practices in the North Devon locality use this same confidential clinical computer system. The system gives your GP the facility to share your record with other NHS health providers that use the same clinical computer system and are involved in your care for example the local Community Nurses who may look after you if you when you leave hospital or become terminally ill or housebound. Allowing your GP to share your record in the "SystemOne" database helps to deliver better and safer care for you. It is the policy of all local GP practices to automatically opt registered patients into "SystemOne" sharing unless they expressly decline. Those patients who choose to decline are able to determine if their data is "shared out" and/or "shared in"

Sharing **OUT** controls whether information recorded at our GP practice can be shared with other NHS health care providers.

Sharing **IN** determines whether or not our GP practice can view information in your record that has been entered by other NHS services who are providing care for you or who may provide care for you in the future (provided that you have consented to share out).

LOCAL SHARED CARE RECORD (Requires patient consent to opt in)

This is a Devon wide service initiative and includes: - Out of hours health services, hospital wards and A&E within Devon, Community Health services such as District Nurses, Podiatrists, Occupational Therapists and SWAST (South West Ambulance Service Trust). It includes data such as recent diagnosis, test results, allergies, medications, current or past (and significant) illnesses, encounters and referrals. Access will only be granted to health care professionals on a need-to-know basis with your consent.

RESEARCH AND PLANNING

Research and planning - Information about your health and care helps the NHS 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: www.nhs.uk/your-nhs-data-matters and Your Data Matters campaign at ico.org.uk

Please complete the attached form and return it to reception at Bideford Medical Centre

SHARING YOUR NHS PATIENT DATA

Please complete and/or tick the boxes below to detail your personal decisions regarding the aspects of NHS patient data sharing.

It is very important you sign this form to say that you understand and accept the risks to your personal health care, if you do decide to opt out of SCR or EDSM.

Hand the completed form in to your GP surgery: they will scan this form into your NHS GP medical records and enter the appropriate computer codes.

Patient full NAME	
Patient DATE OF BIRTH	

1. SCR NHS SUMMARY CARE RECORD

Please tick **only one box**

- YES** Express consent for medication, allergies and adverse reactions only
- YES** Express consent for medication, allergies and adverse reactions and additional information (**recommended**)
- NO** Express dissent – patient does not want a Summary Care Record and fully understands the risks involved in this decision.

2. EDSM – ENHANCED DATA SHARING MODEL “SystemOne”.

Sharing Out – Do you consent to the sharing of data recorded by your GP practice with other NHS organisations that care for you?

- YES** Share data with other NHS organisations (**recommended**)
- NO** Do Not share any data recorded by my GP practice; I full accept the risks associated with this decision.

Sharing In – Do you consent to your GP practice viewing data that is recorded at other NHS organisations and care services that may care for you?

- Consent given (**recommended**)
- Consent refused; I full accept the risks associated with this decision.

3. Local Shared Care Record

- YES** I consent to a local Shared Care Record
- NO** I dissent to a local shared care record

Patient Signature	Date
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