

Emsworth Medical Practice

North Street, Emsworth PO10 7DD
Tel 01243 378812

www.emsworthmedical.co.uk



New Patient Registration Pack

New patients must provide a copy of two documents from the following list: (one item of photo ID and one document containing the patient's address)

Birth Certificate
Driving Licence
Bank Statement
P45

Marriage Certificate
Passport
Payslip
Home Office papers

Utility Bills
Letters from benefits agency
National Insurance Card

Photo ID Checked by: Including online services	
Proof of Address Checked by:	
Reception Manager Check by:	
Date:	

Due to the expansion of our Practice, we are now able to accept registrations from outside our boundary area. Each registration will be assessed individually. We do also reserve the right to ask you to register somewhere else if we feel your care needs are better suited at a Practice closer to your home address.

NEW PATIENT QUESTIONNAIRE

Your Contact Details

Title (Mr, Mrs, Miss etc)		Date of Birth	
Surname		Forename	
Previous Surname		Marital status	
Home address			
Tel number		Work No	
Mobile		Voice mail consent	YES / NO
Email Address		Consent to contact you by email?	YES / NO
Occupation		Consent to contact You by text?	YES / NO
Name of Childs School			

Are you a military veteran?	YES / NO
Are you a member of a military veteran family?	YES / NO
If you answered YES to either of the above questions help and support is available by contacting the Veterans Gateway at https://www.veteransgateway.org.uk/ . Funded by the Armed Forces Covenant this is the first time a group of this kind has come together formally to deliver a service to help the Armed Forces Community.	

Have you ever previously been registered with Emsworth Medical Practice?	YES / NO
If Yes, who was your registered GP?	

Next of Kin details

Name	Contact Telephone details:	Relationship

INFORMATION ABOUT YOU

Height		Weight	
Ethnicity		First Language	

Do you think of yourself as?

- Heterosexual
- Lesbian, Gay, or homosexual
- Bisexual
- Don't know

What sex were you assigned at birth

- Male
- Female
- Decline

What is your current gender identity?

- Male
- Female
- Female to Male FTM
- Male to Female MTF

Smoking Status

- Never smoked
- Ex- smoker
- Current smoker

If you are a current smoker, what do you smoke and how many



Half pint of regular beer, lager or cider



1 small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs

Questions	Scoring system					Your score
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
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	

Total Score:

Do you have any of the following long-term conditions?

Please tick all that apply

- Diabetes
- Asthma
- COPD
- High blood Pressure
- Heart Disease
- Stroke
- Significant Mental Health
- Cancer

Do you have a family history of any of the following long-term conditions?

Please tick all that apply

- Diabetes
- Asthma
- COPD
- High blood Pressure
- Heart Disease
- Stroke
- Significant Mental Health
- Cancer

Are you registered disabled?

Yes / no

Do you have mobility problems?

Yes / no

Do you have any communication / information needs relating to a disability or sensory loss and if so, what are they?

- Blind or have some visual loss
- Deaf or have some hearing loss
- Deafblind
- Learning Disability
- Aphasia
- Mental health condition which affects your ability to communicate
- Autism

The Emsworth Medical Practice is committed to delivering the best health care services for all in a dignified and respectful way by a workforce which is equally respected. We recognise that all patients are individuals, and we will strive to meet their needs. As an organisation we will endeavour to ensure that no one is discriminated against or treated unfairly due to age, disability, race, religion or belief, gender, sexual orientation, gender reassignment, marriage/civil partnership.

MEDICATION

Please attach a copy of your repeat prescription or complete table below giving details of all prescribed medication you are currently taking:

	Name of Drug	Dosage
1.		
2.		
3.		
4.		
5.		

Are you allergic to anything? i.e., food, medication etc. **YES / NO**

If yes, please specify

Repeat Prescription Collection Service for Patients at Emsworth Medical Practice

If you collect your repeat prescriptions from your GP, you will not have to visit your GP Practice to pick up your paper prescription. Instead, your GP will send it electronically to the pharmacy of your choice saving you time.

If you would like your prescription to be sent directly to the pharmacy please nominate your preferred pharmacy below by ticking the appropriate box. This will be marked on your records.

The Old Pharmacy (Preddys)	
Emsworth Chemist (West Street)	
Westbourne Pharmacy	
Boots Southbourne	
Boots Havant	
Davies Havant	
Other	

EMSWORTH MEDICAL PRACTICE OPT OUT FORM

Sharing Your Health Record

The National Data Opt Out

The national data opt-out allows a patient to choose if they do not want their confidential patient information to be used for purposes beyond their individual care and treatment, such as for planning and research. You can do this via www.nhs.uk/your-nhs-data-matters
Unfortunately the surgery cannot do this for you.

Your Health Record

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

- Yes *(recommended option)*
 No, except in an emergency
 No, never *(not recommended, please discuss this with your GP before ticking this option)*

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

- Yes *(recommended option)*
 No

Your Summary Care Record (SCR)

Your Summary Care Record contains information about any medicines you are taking, any allergies you suffer from and any bad reactions to medicines that you have previously experienced.

- Express consent for Summary Care Record
 Express Dissent (Opted Out) – Patient does not want a Summary Care Record

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

- Yes *(recommended option)*
 No

EDSM Enhanced Data sharing Model

Do you consent to your GP having an Enhanced Data Sharing Model?

- Yes *(recommended option)*
 No

Signature:

Date:

Signed on behalf of Patient: Yes / No

For further information, please see:

www.nhs.uk/NHSEngland/thenhs/records

Or ask reception for more information.

<https://digital.nhs.uk/summary-care-records/patient>

CARERS IDENTIFICATION AND REFERRAL FORM

DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, DISABLED OR MENTALLY ILL?

If so, you are a carer, and we would like to support you. Please complete this form with as much information as possible.

If you are agreeable, we will pass your details to the Carers Service, which is a countrywide organisation providing relevant information and advice, local support services, newsletters, and telephone link line for carers.

We will also:

- Add your details to the medical records of the person you care for
- Add the status of carer to your medical records if you are registered with us

YOUR DETAILS:

Name	
Date of Birth	
Address	
Post Code	
Telephone Number	
Any relevant information	

DETAILS OF THE PERSON YOU LOOK AFTER:

Name	
Date of Birth	
Address (if different)	
Post Code	
Telephone Number (if different)	
GP Details (If different from your own)	

- Please pass my details onto the Carers Service
- Please alter medical records accordingly

Patient Signature _____

Date _____

CONSENT FOR A CARER TO HAVE ACCESS TO A PATIENT'S PERSONAL DETAILS AND/OR COPIES OF CORRESPONDENCE

Patient's Name	
Address	

To: Emsworth Medical Practice

I give permission for my carer
to have access to my medical records and personal details held by the Practice.

This permission relates to ALL my record / PART of my record / SPECIFIC condition only
(delete as appropriate).

Where the permission is restricted to part of the record only, please specify below the
precise limits of this permission, and any areas of the record which are excluded.

I understand that the doctor may override this authority at any time, and that this
permission will remain in force until cancelled by me in writing.

Signed _____ **(Patient)**

Date _____

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

SCRs improve care, but if you don't want to have one you can opt out.

EDSM= Enhanced data sharing "SYSTEMONE"

The database and software used to store your GP health record is called "SystemOne" it is a secure national system used by over 2000 GP practices and 4800 NHS organisations including GP out of hour's services, children's services, community services and some hospitals. The GP system provides your GP the facility to share your records with other NHS health care providers that use the same clinical computer system and are directly 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 "SystemOne" sharing, unless they expressly decline. 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 service who are providing care for you or who may provide care for you in the future (that you have consented to share out).

CHIE (previously Hampshire Health Record HHR) patient identifiable data.

Many areas of the country are now starting to establish their own local databases of patient information, to try to improve communication between different services (such as the Health Service & Social Services) and to help plan local care. Hampshire has one of these, called the Care and Health Information Exchange (CHIE).

CHIE contains information extracted from your GP and Hospital records and makes it available to clinical staff if you require treatment outside your GP surgery. It gives the people taking care of you the right information at the right time and provides health professionals with the information to make informed decisions about your treatment more quickly. It reduces the time wasted waiting for information meaning you can be treated sooner.

Your record is kept on a secure database that is maintained by the NHS in Hampshire. The data is never sent to other areas or companies outside the local NHS. Access to the records is restricted to registered clinicians treating Hampshire patients and is only accessed through the secure NHS network. Viewing the record is only allowed with explicit consent from you

**For further information, please see: www.nhs.uk/NHSEngland/thenhs/records
<https://digital.nhs.uk/summary-care-records/patient>**

CONSENT TO RECEIVE TEXT MESSAGES AND EMAILS

We offer a text message and email service to our patients which enables us to communicate with you efficiently regarding appointment confirmations and reminders, especially when it's difficult to make contact by telephone. The service is never used for medical emergencies and does not contain and specific clinical information about you.

If you have agreed to share your personal email address with the Practice, we may send out Practice newsletters, information about flu campaigns, details of Practice opening times or events that the Practice is running.

These are emails that contain information about the person to whom the email is addressed. We do not send emails to any patient under 18 years old or to anyone with a shared email address.

You can withdraw your consent at any time by notifying the Practice.

To utilise this service simply let us have your mobile phone number and sign the following consent form.

Declaration

I consent to the Practice contacting me by text message or email for the purposes of health promotion and for appointment reminders.

I acknowledge that appointment reminders by text or emails are an additional service and that these may not take place on all / or on any occasion and that the responsibility of attending appointments or cancelling them still rests with me.

I can cancel the text message or email facility at any time.

The Practice does not offer a reply facility to enable the patient to respond to texts or emails directly unless stated in the message.

Text messages and emails are generated using a secure facility, however I understand they are transmitted over a public network onto a personal telephone and as such may not be secure, however the Practice will not transmit any information which would enable an individual patient to be identified.

Patient Signature: _____

Date: _____

PATIENT ACCESS TO CLINICAL SYSTEM/ONLINE SERVICES

INTRODUCTION

The following Terms and Conditions are an agreement for patients who access the clinical systems direct on-line facilities, such as prescription ordering and appointment booking.

Terms and Conditions

Before accessing the online services, patients must agree with the points listed below.

- Applications are “one per patient”. Acceptance of one member of a family does not imply acceptance of other / further family members.
- Applications for online access for patients who are between the ages of 11 and 16 will not be granted under any circumstance, either to the patient or the patient’s parents.
- In relation to patients aged between 16-18 years old, where access is granted, passwords will only be released direct to the patient and not to a parent or other third party. Where a parent or other person requires access to the system to book an appointment or deal with the affairs of the minor, it is at the discretion of the minor, the Practice will not provide access detail directly under any circumstances.
- Where access is refused this will be in writing. A reason will only be given at the discretion of the GP Partners.
- If patients develop a history of non-attendance at pre-booked web appointments (without cancelling) access to online appointment booking may be removed. This will be at the discretion of the Partners.
- An online appointment that is booked but no longer required is to be cancelled by the patient as soon as it is determined that it is no longer needed.
- Repeat medication may only be ordered where it appears on the patient’s repeat medication list. This is the same as the tear-off portion of the last paper prescription issued. The request must match the repeat list exactly and must be due for re-issue. Other items ordered or requested using this facility will be sent to the doctor for authorisation, with no guarantee of it being issued.
- The Practice will not allow misuse of the online system and will monitor usage by individual patients. Where it is considered that a patient is misusing the system or is acting in a way detrimental to the availability of the appointment system, or other facilities, a warning letter will be issued. Where the situation does not improve, or recurs, access will be removed permanently and without further notice, at the discretion of the GP Partners.

Registration for Access to GP Online Services

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

- | |
|--|
| <input type="checkbox"/> View & book appointments |
| <input type="checkbox"/> View & request medication |
| <input type="checkbox"/> Access my <u>coded</u> medical record (<i>contains any medical codes that have been recorded</i>) |
| <input type="checkbox"/> Access my Summary Care Record |
| <input type="checkbox"/> Complete online questionnaires |

I wish to access my medical record & understand & agree with each statement:

Please tick all

- | |
|---|
| <input type="checkbox"/> I have read and understood the 'Important Information' section below |
| <input type="checkbox"/> I will be responsible for the security of the information that I see or download |
| <input type="checkbox"/> If I choose to share my information with anyone else, this is at my own risk |
| <input type="checkbox"/> I will contact the Practice as soon as possible if I suspect that my account has been accessed by someone without my agreement |
| <input type="checkbox"/> 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 read before returning completing form

Once provided with log-in details you can 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.

It will be your responsibility to keep your log-in 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 can't 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.

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.

For further information, please see:

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

Signature		Date	
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