**Registration Procedure**

**Practice Catchment Area**

The Practice only registers patient who are resident in the Practice Catchment Area. The reception staff will check your address and advise you accordingly if you are within the catchment area. Further details are available on our website: [www.winchmorehillpractice.nhs.uk](http://www.winchmorehillpractice.nhs.uk/)

**Proof of Residency**

*Recognised Documents:*

|  |  |
| --- | --- |
| * Utility bill (gas, electricity, community charge, etc.) * Phone bill stating address * Bank card/Credit card/bank statement * Rent book or tenancy agreement * Pension book * Benefit/family credit book * Home office permit to stay | * Document for university/college hall of residence * TV license with address * HM Revenue and Customs statements * Council tax/rent bill * Home insurance policy * Documentation from a reputable source, e.g. a letter from a voluntary organisation or a registered charity |

**New Patient Registration Questionnaire**

Please complete as fully as possible as this information is used to improve your care. All information is controlled under the Practice Confidentiality Policy in line with the Data Protection Act and bound by the Confidentiality: NHS Code of Practice 2003.

**Personal Information:**

Forename: . ………………….………….. Surname: ……………………………… Date of Birth: ………..………..

Address: …………………………………………………………………………………………………….………….

…………………………………… Postcode: …………………………………..

Home Tel: ………………………...….. Mobile Tel: …………………………... Work Tel: ……………………….

Occupation: …………………………….. *Are you:* Married / Widowed / Cohabiting / Single / Divorced / Separated

**Next of Kin:**

Name ……………………………………………………………. Contact telephone/s:……………………………….

Relationship to you/patient: (e.g. wife/husband/mother/father/son, etc.): ……………………………………………

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Are you a carer? (do you look after a friend or relative who is sick, disabled, elderly, who has mental health problems or for any other reason) Yes / No…If yes, who ……………………………………………………………

Do you yourself have a carer? (as defined above) Yes / No.. If yes Name & Contact No:…………………………….

**Smoking;-**

Are you a non-smoker Smoker No. per day? ……. Cigarettes Cigars

Ex-Smoker No per day? ……. Date stopped? ………….No of years smoked?..............

**Do you have any needs for communication support? Yes / No**

**If yes , How would you like us to support you? Language Sign Language Large format printout**

**Language(s) Spoken:**………………………………………………………….

Is an interpreter required? Yes / No

Do you speak English …….. Well Poorly 2nd Language

**HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN**

**Family History;-**

Has any of your family (not yourself), suffered from any of the following illnesses and if yes, state who and at what age they were diagnosed, if known for each one.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | If Yes  Age diagnosed |  |  | If Yes  Age diagnosed |
| **Stroke** | **Yes / No** |  | **Angina** | **Yes / No** |  |
| **Heart Attack** | **Yes /No** |  | **Diabetes** | **Yes / No** |  |
| **Osteoporosis** | **Yes / No** |  | **High Blood Pressure** | **Yes / No** |  |
| **Epilepsy** | **Yes / No** |  | **Breast Cancer** | **Yes / No** |  |
| **Asthma** | **Yes / No** |  | **Eczema** | **Yes / No** |  |
| **Hay Fever** | **Yes / No** |  | **Migraine** | **Yes / No** |  |

**Lifestyle;-**

Amount of exercise taken each week (moderate aerobic for at least 30 minutes in duration)……………………………

**Diet;-**

For example are you a Vegetarian? Vegan ?. please state ……………………………………………………………….

**Alcohol;- Please also see attached Alcohol questionnaire..**

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

(For example;- 1 glass of wine = 1unit, 1 pint of beer = 2 units, 1 measure of spirits = 1 unit)…………….Units

Please state 0 if Tea Total)

**Your Height …………………………. Your Weight …………………………**

**Waist measurement (measure halfway between lowest rib and top of hip bone) ………………………………..**

**Do you have any allergies? (for example, Penicillin etc)…………………………………**

**Are you on any medication?**

**Yes / No (including the contraceptive pill, prescribed or bought) If yes please specify below;-**

**NAME OF MEDICATION DOSAGE**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |

alcohol Questionnaire

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pint of Regular  Beer/Lager/Cider  2  Units | Alcopop or  Can of Lager  1.5  Units | Glass of Wine  (175 ml)  2  Units | Single Measure  of Spirits  1  Units | Bottle of  Wine  9  Units |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **QUESTIONS**  **(Please circle)** | **RESPONSES**  **(If your response to Question 1 is ‘never’, please do not proceed)** | | | | |  |
| 1. How often do you have a drink that contains alcohol? | Never | Monthly  or less | 2 – 4 times  per month | 2 – 3 times per week | 4+ times  per week |  |
| 2.How many standard alcoholic drinks do you have on a typical day when you are drinking? | 1 – 2 | 3 – 4 | 5 – 6 | 7 – 8 | 10+ |  |
| 3. How often do you have 6 or more standard drinks on one occasion | Never | Less than  monthly | Monthly | Weekly | Daily or  almost daily |  |
| How often in the last year have you found you were not able to stop drinking once you had started? | Never | Less than  monthly | Monthly | Weekly | Daily or  almost daily |  |
| How often in the last year have you failed to do what was expected of you because of drinking? | Never | Less than  monthly | Monthly | Weekly | Daily or  almost daily |  |
| How often in the last year have you had a feeling of guilt or regret after drinking? | Never | Less than  monthly | Monthly | Weekly | Daily or  almost daily |  |
| How often in the last year have you not been able to remember what happened when drinking the night before? | Never | Less than  monthly | Monthly | Weekly | Daily or  almost daily |  |
| Have you or someone else been injured as a result of your drinking? | No |  | Yes, but not in the last year |  | Yes, during  the last year |  |
| Has a relative/friend/doctor/  healthworker been concerned about your drinking or advised you to cut down? | No |  | Yes, but not in the last year |  | Yes, during  the last year |  |
| How often in the last year have you needed an alcoholic drink in the morning to get you going? | Never | Less than  monthly | Monthly | Weekly | Daily or  almost daily |  |

**Scoring:** 0-7=sensible drinking, 8-15=hazardous drinking, 16-19=harmful drinking, 20+=possible dependence

**FORENAME** …………………… **SURNAME** ……………………………… **DOB: ……………………….**

**Please tick whichever applies to you:**

|  |  |  |  |
| --- | --- | --- | --- |
| **White British** |  | **Asian or Asian British –Indian** |  |
| **White Irish** |  | **Asian or Asian British – Pakistani** |  |
| **Other White Background** |  | **Asian or Asian British – Bangladeshi** |  |
| **Greek** |  | **Other Asian Background** |  |
| **Turkish** |  | **Black or black British – Caribbean** |  |
| **Mixed-white &black Caribbean** |  | **Black or Black British - African** |  |
| **Mixed –white & black African** |  | **Other Black background** |  |
| **Mixed –white Asan** |  | **Other ethnic background** |  |
| **Other mixed background** |  | **Information refused** |  |

**TB Screening:**

There is emerging evidence that offering screening and treatment for latent TB infection (LTBI), in new or recent migrants from countries where TB is endemic, can reduce the chance of these individuals contracting active TB disease in the future.

Please answer the following questions to identify whether you would benefit from having latent TB screening.

**What is the country of your origin? …………………………………………………………………………………………**

**When did you enter UK? …………………………………………………………………………………………………….**

**Winchmore Hill Practice**

**Online Service Records Access**

**Patient information leaflet ‘It’s your choice**

For more information please check

our website: [www.winchmorehillpractice.co.uk](http://www.winchmorehillpractice.co.uk/) or NHS choices [www.nhs.uk](http://www.nhs.uk/)

|  |  |
| --- | --- |
| If you wish to, you can now use the internet 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.  The parts of your records which will be viewable to you are the coded data entries for; laboratory reports, immunisations, problem list and consultations (*free text entries are not viewable*).  Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.  You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.  **The practice has the right to remove online access to services. This is rarely necessary but may be the best option if you do not use them responsibly or if there is evidence that access may be harmful to you. This may occur if someone else is forcing you to give them access to your record or if the record may contain something that may be upsetting or harmful to you. The practice will explain the reason for withdrawing access to you and will re-instate access as quickly as possible** | 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 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 information that you can see online may be misleading if you rely on it alone to complete insurance, employment or legal reports or forms.  Be careful that nobody can see your records on screen when you are using Patient Online and be especially careful if you use a public computer to shut down the browser and switch off the computer after you have finished. |

|  |
| --- |
| **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. |

|  |  |
| --- | --- |
| **Things to consider** | |
|  | **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. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them. If this happens please contact your surgery as soon as possible. The practice may set your record so that certain details are not displayed online. For example, they may do this with test results that you might find worrying until they have had an opportunity to discuss the information with you. |
| **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. If it would be helpful to you, you can ask the practice to provide another set of login details to your Online services for another person to act on your behalf. They would be able to book appointments or order repeat prescriptions. They may be able to see your record to help with your healthcare if you wish. Tell your practice what access you would like them to have. |
| **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. |

|  |
| --- |
| **More information**  For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:  Keeping your online health and social care records safe and secure <http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf> |

**Winchmore Hill Practice**

**Application for online access to my medical record**

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address  Postcode | |
| Email address | |
| Telephone number | Mobile number |

**I wish to have access to the following online services (please tick all that apply):**

|  |  |
| --- | --- |
| 1. Booking appointments |  |
| 2. Requesting repeat prescriptions |  |
| 3. Accessing my medical record |  |

**I wish to access my medical record online and understand and agree with each statement (tick)**

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice |  |
| 2. I will be responsible for the security of the information that I see or download |  |
| 3. If I choose to share my information with anyone else, this is at my own risk |  |
| 4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible |  |
| 5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible |  |
| 6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible. |  |
| Patient Signature: ………………………………………. Date: …………………………….. | |

**For practice use only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient NHS number | | | Practice computer ID number | |
| Identity verified by (initials) | Date | | Method  Vouching   Vouching with information in record   Photo ID and proof of residence  | |
| Authorised by | | | | Date |
| Date account created | | | | |
| Date passphrase sent | | | | |
| Level of record access enabled  All   Prospective  Retrospective   Detailed coded record   Limited parts  | | Notes / explanation | | |

V5 27 January 2016

**Your emergency care summary**

**Dear Patient**

**Summary Care Record – your emergency care summary**

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad

reactions to medicines you have had to ensure those caring for you have enough information to treat you

safely. Also, if you specifically choose to do so, your Summary Care Record can hold other information you

have agreed with your GP Practice to have included.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in

England, but they will ask your permission before they look at it. This means that if you have an accident or

become ill, the doctors treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

• **YES I would like a Summary Care Record containing details of my medications, allergies and any bad**

**reactions to medications I have had**

• **YES I would like a Summary Care Record containing details of my medications, allergies and any bad**

**reactions to medications I have had AND any other information that I have agreed with my GP Practice**

**to have included in my Summary Care Records**

• **NO I do not want a Summary Care Record**

• **I DON’T KNOW and need more time to decide - (If you do this we will record your preference as not**

**wanting a Summary Care Record and contact you again at a later date to confirm your decision)**

**A form is provided overleaf for you to record your choice. Please complete this form and return it with**

**your New Patient Registration form**. If you know that a Summary Care Record was created for you by your

previous GP Practice, we would still be grateful if you could complete this form to confirm your current choice.

For more information talk to our Patient Advice and Liaison Service (PALS) **(0800 587 4132),** GP practice staff,

visit the website **www.nhscarerecords.nhs.uk** or telephone the dedicated NHS Summary Care Record

Information Line on 0845 603 8510.

Additional copies of the opt out form can be collected from the GP practice, printed from the website

**www.nhscarerecords.nhs.uk** or requested from the dedicated NHS Summary Care Record Information Line

on 0845 603 8510.

**You can choose not to have a Summary Care Record and you can change your mind at any time by**

**informing your GP practice.**

Children under 16 will automatically have a Summary Care Record containing details of medications, allergies

and bad reactions created for them unless their parent or guardian chooses either to notify us that they would

like their child to have an enriched Summary Care Record (with other information agreed with the GP Practice

to be included) or to opt them out. If you are the parent or guardian of a child under 16 and feel that they are

old enough to understand, then you should make this information available to them.

Yours sincerely

Practice Manager

**Your emergency care summary**

My Summary Care Record Choice

A. Please complete in BLOCK CAPITALS

Title..................................................................Surname / Family name....................................................

Forename(s)................................................................................................................................................

Address.......................................................................................................................................................

Postcode .......................................... Phone No.............................................. Date of birth.......................

NHS Number (if known)..............................................................................................................................

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this

request. Please ensure you fill out their details in section A and your details in section B

Your name........................................................................... Your signature..............................................

Relationship to patient ............................................................................... Date ......................................

**Summary Care Record Options**

**Please**

**Tick**

**YES** I would like a Summary Care Record containing details of my medications, allergies and

any bad reactions to medications I have had

**YES** I would like a Summary Care Record containing details of my medications, allergies and

any bad reactions to medications I have had **AND** any other information that I have agreed with my

GP Practice to have included in my Summary Care Records

**NO** I do not want a Summary Care Record

**I DON’T KNOW** if I would like a Summary Care Record and need more time to decide

(If you do this we will record your preference as not wanting a Summary Care Record and contact

you again at a later date to confirm your decision)

**What does it mean if I DO NOT have a Summary Care Record?**

NHS healthcare staff caring for you

may not be aware of your current

medications, allergies you suffer

from and any bad reactions to

medicines you

have had, in order to treat you

safely in an emergency.

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:

• phone the Summary Care Record

Information Line on 0300 123 3020;

• contact your local Patient Advice

Liaison Service (PALS); or

• contact your GP practice.

**DO YOU WANT TO RECEIVE TEXT**

**REMINDERS ON YOUR MOBILE PHONE?**



**SIGN UP AT YOUR GP PRACTICE TODAY!**

**FILL IN YOUR DETAILS BELOW AND HAND THEM INTO RECEPTION**

**NAME ………………………………………………………………………………..**

**DATE OF BIRTH……………………………………………………………………**

**POST CODE ………………………………………………………………………..**

**MOBILE ……………………………………………………………………………..**

**HOME TELEPHONE……………………………………………………………….**

**Help Us to Help You**

**Get the Most Out of Your GP Appointment**

**Know What Type of Appointment You Have**

**Routine appointments** are for non-urgent problems or to follow up a pre-existing condition. In order to provide continuity of care, it is generally best to book with the GP you saw originally. These appointments may be booked in advance but you may need to wait to see your preferred GP.

**Urgent or Extra appointments** are designed to cater for **one urgent condition** only. Do not use these to discuss non-urgent conditions, please make a routine appointment.

**Telephone appointments** can be pre-booked to discuss test results, medication queries or simple medical queries.

**Extended Hours (late evening)** appointments are for one problem only

**Prepare a Summary**

Help us to help you - prepare a concise summary

* your symptoms
* when they started
* what makes them better or worse

**During Consultation**

If you have 2 items to discuss list them at the beginning, this enables your GP to plan out the consultation effectively.

If you have 4 items it’ll probably take you 6 to 8 minutes to talk about them all. The GP then has to think about each problem, examine you and prescribe the right treatment – all in a couple of minutes which is not ideal for both the doctor and the patient.

It might not be feasible to solve everything in one visit.

We live in a convenience culture world but medicine can be a complex business. Most GPs see people with multiple chronic problems, which need monitoring. Occasionally you will need to wait for a specialist referral or try a treatment to see how you get on.

**Please be patient**

Your GP is running late… sound familiar? More and more, GP’s are expected to do administrative work. In between appointments they will be dealing with home visit requests, calls from the hospital or coroner, pharmacist queries and urgent letters. Emergencies can arise and we hope you will understand if your GP or nurses are called out during a surgery. Also some problems require more of your GP’s time and therefore surgeries may run late.

***Remember, one day it may be you who needs that extra time*.**

**The practice welcomes suggestion from the patients.**