Welcome to our Practice

Thank you for registering with us. Our aim is to provide services and facilities that will contribute towards a healthy future for you. As part of the registration process we ask you complete the enclosed pack – this will give us all of the information we need to ensure we have everything we need to provide you with the care you want and need.

Once you have completed all of the enclosed documents, please return this to the Practice along with two forms of identification (at least one of which must have a photo **and** current address – like a driving license – and the other must be either Photo ID or Address verification – a passport or recent utility bill).

Please complete all sections in **BLOCK CAPITALS**.

(Please be aware that this document is "double-sided")

1.	**Personal Details**		
First Name		Sex	☐ Male
Middle Name(s)			☐ Female
Surname		Date of Birth	
Address			Postcode

Marital Status	Single ☐	Divorced ☐	Widow / Widower ☐
	Married ☐	Cohabiting ☐	Common Law Partnership ☐

If you are a Widow or Widower, do you wish to have more information on our Widows and Widowers community events?	Yes ☐	No ☐	N/A ☐

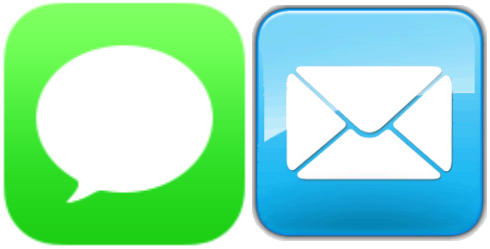
Relationship Information		
Next of Kin	Full Name	
	Relationship to you	
	Telephone Number	
Immediate Family	Please list all family members with whom you live (spouse / partner / children / parents)	

Full Name	Relationship	DOB	Patient of Practice?
			☐
			☐
			☐
			☐

Please continue on a separate sheet of paper if necessary

2. Communication Preferences

Guidance Note – SMS / Email Consent



The Three Chequers Medical Practice offers the complimentary service of providing SMS and email messages to all of our patients.

These messages might be relating to test results, appointment reminders or information about upcoming health campaigns and other information relating to your health or our services.

Although all text messages and emails are generated using a secure facility, they are transferred over a public network onto a personal telephone and, as a result of this, may not be secure. Messages sent via SMS or email will not contain "identifiable" information to ensure the preservation of your identity under the Data Protection Act 2018 (incorporating GDPR). As such, patients are encouraged **not to provide** consent for their number to be used for more than one record as this may lead to confusion regarding the identity of the intended recipient.

The Three Chequers Medical Practice **will never** share your personal information, including contact details, with a third party that is not involved with providing care to you.

It is important to note that patients who consent for SMS / email messaging can withdraw this consent at any time by informing a member of staff of their wish to do so.

Contact information given by a patient for their own records will **only** be used for information regarding them. The practice will never use these details to provide information about another family member.

These services are provided as a courtesy to our patients and as such, no guarantee can be made that reminders and messages about test results will be sent on all occasions; it remains the responsibility of the patient to attend, cancel or amend any appointment they have and to obtain the results of their tests.

Communication Type	Telephone Number	Main Number	Consent for SMS / Email
Mobile Telephone		☐	☐
Nursing Home Telephone		☐	☐
Email Address			☐

Please select your **preferred** method to receive communications via: (only select **one** option)

Landline ☐	Mobile ☐	Email ☐

To reduce the use of paper, the practice will only send letters to patients where an alternative method (email, call or text) would be unsuitable.

Communication via letter will always be sent to your registered address.

Declaration	
The above contact information is mine, or I have consent from the individual whose details I have given	☐
I accept that SMS / Email messaging is an additional service and may not be sent on all occasions	☐
I acknowledge that responsibility for attending / cancelling my appointments rests solely with me	☐
I take responsibility to ensure that my contact information is kept up to date with the Practice	☐
I give my permission for Answerphone Messages to be left on my Mobile / Landline telephone	☐

Full Name		Date	
Signature		Tick if you signed on patient's behalf	☐

3.	Background Information
Previous GP Name	
Previous GP address:	
Country of Birth	

Ethnic Origin	White (British) ☐	Chinese ☐	Black (African) ☐	Black (Caribbean) ☐
	White (Other) ☐	Indian ☐	Bangladeshi ☐	Pakistani ☐
	Arabic ☐	Prefer not to say ☐	Other (specify)	

Religion	C of E ☐	Buddhist ☐	Sikh ☐	Atheist ☐
	Catholic ☐	Muslim ☐	Jewish ☐	Hindu ☐
	Jehovah's Witness ☐	Other Christian ☐	Other (please specify)	

Living Accommodation	House ☐	Bungalow ☐	Ground Floor Flat ☐	
	Mobile Home ☐	Bedsit ☐	Upper Floor Flat ☐	
	Lodging ☐	Temporary ☐	Residential Home ☐	
	Homeless ☐	Nursing Home ☐	Warden-attended ☐	
With whom do you live?	Spouse ☐	Partner ☐	Family ☐	Friends ☐
	Alone ☐	If you selected "Alone", are there friends / family nearby who can help you if needed?	Yes ☐	No ☐

Are you able to walk independently?	Yes ☐	Walk without difficulty ☐	Walk with Mobility Aids ☐
	Aid(s) used ☐	Walking Stick ☐	Zimmer Frame ☐
		Crutches ☐	Walking Frame ☐
	No ☐	Walk with assistance ☐	Confined to chair ☐
		Unable to walk at all ☐	Bed-ridden ☐
Do you use a Wheelchair?	Yes ☐	If yes, what type of Wheelchair do you use?	Self-propelled Wheelchair ☐
			Wheelchair pushed by another ☐
	No ☐		Motorised Wheelchair ☐

Employment	Employed ☐	Self-employed ☐	Student ☐
	Unemployed ☐	Carer ☐	Retired ☐
	Housewife ☐	Househusband ☐	Other ☐
Occupation – if you selected "Employed" or "Self-employed", please enter your occupation below			

Are you a Military Veteran?	Yes ☐	Family Member ☐	No ☐

4.	Language & Communication			
Language	First Language			
	Second Language(s)			
Communicating with you We want to communicate with you effectively, regardless of any difficulties you have in understanding how our letters, leaflets and other material is provided.				
When we write to you or contact you, do you need us to communicate in a particular way?		Yes ☐	No ☐	
If your answer is “Yes”, please tell us how using the boxes below. You may tick more than one box, but please make your preference clear.				
Communication	Hearing Loop ☐	Large Print ☐	Makaton Sign Language ☐	
	“Easy-Read” ☐	Braille ☐	British Sign Language ☐	
	Translation ☐	From English to:		
If you have selected a hearing-related communication need, please describe your hearing-loss		Mild ☐	Moderate ☐	Severe ☐
		Profound ☐	Registered Deaf ☐	

5.	Medical History				
Have you ever suffered from any of the following conditions?					
Asthma	☐	Cancer (information below)	☐	COPD	☐
Depression	☐	Diabetes	☐	Epilepsy	☐
Heart Disease	☐	Heart Failure	☐	High-Blood Pressure	☐
Kidney Disease	☐	Stroke	☐	Underactive Thyroid	☐
Any other conditions, operations or hospital admissions or furhter information should be recorded below:					

Family History – please record any significant family history of close relatives with medical problems and confirm which relative it refers to (Mother, Father, Sibling etc)					
Asthma	☐	Cancer (information below)	☐	COPD	☐
Depression	☐	Diabetes	☐	Epilepsy	☐
Heart Disease	☐	Heart Failure	☐	High-Blood Pressure	☐
Kidney Disease	☐	Stroke	☐	Underactive Thyroid	☐
Use this space to record which relatives any medical problem relates to and give further information:					

Allergies – Please record known allergies or sensitivities below:

Current Medication – please provide a list of medication in the space below. If possible, please attach a copy of your most recent prescription

If you suffer from a Long-Term Medical Condition, then you will have to have an annual review of your medical conditions (with a Clinician from the Surgery), to check that you are receiving the correct treatment.

This includes patients who are also registered privately elsewhere.

Tick here to confirm your understand this ☐

6.	**Lifestyle**

Alochol – please answer the following questions which are validated as screening tools for alcohol use (see the guidance note – “Alcohol Unit Guide” (overleaf) to assist completion of the questionnaire)

Question	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
How many units of alcohol do you consume on a typical day when you are drinking?	1 to 2	3 to 4	5 to 6	7 to 9	10+	
How often have you had 6 or more units (female); 8 or more units (male) on a single occasion in the past year	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Please add your scores. A score of **less than 5** indicates “low-risk” drinking – do not complete the following section. If you scored **5 or more**, please complete the next section				**Total**		

Question	Scoring System					Your Score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected of your because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of regret or guilt 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 – more than 12 months ago		Yes – within last 12 months	
Has a relative / friend or health worker been concerned about your drinking or advised you to cut down?	No		Yes – more than 12 months ago		Yes – within last 12 months	
Please add your score from the orginal questions to the score from this set of questions					**Total**	

Guidance Note – Alcohol Unit Guide

One Unit of Alcohol is:

Half a pint of standard Lager, Beer or Cider

A small glass (125ml) of wine

A single shot of spirit

A small glass of Sherry

A single measure of Aperitif

Each of these is more than one unit:

A pint of 3.5% Lager, Beer or Cider

2 units

A pint of 5% Lager, Beer or Cider

3 units

330ml bottle of 4.5% Alcopop or Lager

1.5 units

A medium glass (175ml) of wine

2 units

A bottle of wine

9 units

500ml can of 4% Lager, Beer or Cider

2 units

500ml can of 8% Lager, Beer or Cider

4 units

125ml glass of Prosecco / Champagne

1.5 units

Long-Island Iced Tea Cocktail

4 units

Espresso Martini Cocktail

2.5 units

Mental Health – in the past 2 weeks, how often have you been bothere by any of the following problems?				
Question	Not at all (0)	Several Occasions (1)	More than half the time (2)	Nearly always (3)
Little pleasure or interest in doing things	☐	☐	☐	☐
Feeling down, depressed or hopeless	☐	☐	☐	☐
Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
Feeling tired or having little energy	☐	☐	☐	☐
Poor appetite or overeating	☐	☐	☐	☐
Feeling bad about yourself, that you are a failure or have let yourself or your family down	☐	☐	☐	☐
Trouble concentrating on things, such as reading the newspaper or watching TV	☐	☐	☐	☐
Moving or speaking so slowly that other people have noticed or being fidgety and restless a lot more than usual	☐	☐	☐	☐
Thought about deliberately hurting yourseld in some way	☐	☐	☐	☐

Smoking					
Do you Smoke?	Never ☐		Ex-Smoker ☐		Yes ☐
If you smoke or are an ex-smoker, how many do (did) you smoke per day	1 or less	2 to 9	10 to 19	20 to 39	40+
Do you Vape or e-Cigarette?	Never ☐		Ex-Smoker ☐		Yes ☐
Would you like help giving up smoking?			No ☐		Yes ☐

Height & Weight	
Height	Cm / Feet & Inches (delete as appropriate)
Weight	Stones & Pounds / Kg (delete as appropriate)

Women only			
Do you use any contraception?	Yes ☐	No ☐	If required, please book an appointment
Are you currently pregnant or think you may be?		No ☐	Yes ☐ Due date:

7.	Further Details		
Patient Participation Group (PPG) We are committed to continually improving our services; the PPG is a mechanism for us to gain valuable feedback from our patients about their experiences, views and ideas for improving our services.			
Would you like to be involved in our PPG?		Yes ☐	No ☐

Organ Donor Register
From Spring 2020, legislation changed so that everyone in England is automatically registered as an Organ Donor. Please be aware that the Practice can not register you decision to opt out of organ donation. If you wish to, you can "Opt-out" by going to: www.organdonation.nhs.uk

8.	Sharing Consent		
The Practice takes its responsibility under the Data Protection Act 2018 very seriously and wants you to make informed decisions about how your details are shared. Please take a few moments to read the guidance "Sharing your Health Record" before continuing to provide consent. After you have read the guidance note and understood the information, you will be asked to provide consent for sharing your information			
I have read and understood the guidance (following page) entitled "Sharing your Health Record" ☐			
Do you consent to your GP Practice sharing your Health Record with other organisations who care for you? Yes (this is the recommended option) ☐ No (not recommended, please discuss this with a GP before deciding) ☐			
Do you consent to your GP practice viewing your Health Record from other organisations that care for you? Yes (this is the recommended option) ☐ No (not recommended, please discuss this with a GP before deciding) ☐			
Full Name (print)			
Signature		Date	

Guidance Note – Sharing your Health Record

The Three Chequers Medical Practice takes its responsibility under the Data Protection Act 2018 (incorporating GDPR) very seriously. Please read this information very carefully to understand why, how and when the Practice might wish to share your information with selected other organisations and why we ask for your consent to other organisations sharing your health record with us.

What is your health record?

Your health record contains all of the information about the care you receive. When you need medical assistance, it is essential to that the Clinician(s) involved in your care can securely access your health record, in order to provide treatment that is tailored to you, based on your medical background. This may include your medical history, medication and allergies.

Why is sharing important?

By sharing your health record, you receive the best possible care and treatment – wherever and whenever you need it. Choosing not to share your health record could have implications on the quality of care and treatment you receive in the future.

Some examples of how you can benefit from the sharing of your record are:

- Sharing your contact details ensures you received medical appointments without delay
- Sharing your medical history ensures emergency services accurately assess you if needed
- Sharing your medication list will ensure that you receive the most appropriate medication
- Sharing your allergies prevents you from being given something to which you are allergic
- Sharing your test results will prevent you from having to repeat tests more than required

Furthermore, it is important that we can see information that other organisations have added to your health record to ensure that you are receiving the best treatment possible.

Is my health record secure?

Yes. There are numerous safeguards in place to make sure that only organisation authorised to view your record can do so. You can request information regarding who has accessed your information at any time.

Can I decide who I share my health record with?

Yes, we will always ask for consent to share your health record unless it is an emergency – if you are unconscious for example.

Can I change my mind?

Yes – at any time, just let us know.

Can someone consent on my behalf?

If you do not have capacity to consent, then a Lasting Power of Attorney (LPA) may be able to consent on your behalf. If you do not have an LPA, then a “best interest” decision can be made on your behalf 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, then you can make a decision about information sharing on behalf of your child. If your child is deemed “competent” (to make an informed decision) then the decision is theirs.

What is a Summary Care Record?

A Summary Care Record (SCR) contains basic information about you (contact details, NHS number, medications and allergies etc). GP Practices, Hospitals and emergency services can view this. If you do not want an SCR, then ask the Practice for an “opt-out” form. You can provide consent for an “enhanced” SCR which will include information such as care plans, which will help ensure that you receive the care you require in the future. Further information can be found at:
https://digital.nhs.uk/services/summary-care-records-scr/summary-care-records-scr-information-for-patients

9. Accessing Online Services

Important Information Please read before completing the form

Patients who wish to, can use the internet to book appointments with a GP, request repeat prescriptions for any medications taken regularly and look at their medical record online. This is in addition to contact through traditional means for all of these services.

It is a patient's responsibility to keep their login details secure. If you suspect that your record has been accessed by someone who does not have permission to do so, then you should change your password immediately. If you are unable to do this, we recommend that you contact the practice so that online access can be revoked until the issue is resolved.

Any information printed from a patient's record, by a patient or their representative, is the responsibility of the patient (or representative) to keep secure. If you are worried about securely storing copies, we recommend that you do not make copies.

In the process of carrying out their normal duties, Practice staff have to input data to your record; this could be attaching a document received or something similar – you may notice administrator or reception staff names alongside some medical information – this is normal and not a cause for concern.

The definition of "Full Medical Record" is all of the information that is held in a patient's record, including; letters documents and free text added by staff, usually the GP. The coded record is all the information that is in coded form, like diagnosis, signs and symptoms – but excludes letters, documents and text. ***You must request this separately once your registration is complete.***

Before applying for online access to your record, there are some things to consider. Although the chances of these circumstances are low, you will be asked to confirm that you have understood the following:

Forgotten History
There may be something that you have forgotten about in your record that you might find upsetting

Abnormal results or bad news
If you have access to test results or letters, you may see something that you find upsetting to you. This may occur before you have had a chance to speak to a Doctor or while the surgery is closed and unavailable for contacting

Choosing to share your information with someone
This is your choice to make, and may be very helpful for you – however, it is your responsibility to ensure that your information remains secure.

Coercion
If you think that you may be pressured into revealing details of your record to someone against your will, it is best that you do not register for online access.

Misunderstood Information
Your medical record is designed to be interpreted by clinical professionals to ensure you receive the best possible care; therefore some of the information within your medical record may be highly technical, written by specialists and not easily understood. Please contact the Surgery for clarification and explanation of your records.

Information about someone else
If you spot something in the record that is not about your, or there are other errors, please log out of the system immediately and contact the practice as soon as possible.

More information can be found at: www.nhs.uk/nhsengland/aboutnhsservices/doctors/pages/gp-online-services.aspx

Before your request for online access can be processed, we will need to see photographic proof of your identity. In order to ensure that we can complete this request in a timely manner, please ensure that you have brought two forms of Identification (Photo & Address)

I wish to have online access to: (tick all that apply)	
View and book appointments	☐
View and request medication	☐
Access my Summary Care Record	☐
Complete online questionnaires	☐

I wish to access my medical record and understand and agree with the statements below: (tick)	
I have read and understood the “Important Information” on the previous page	☐
I accept that I am responsible for all information I see or download	☐
If I share my information with anyone else, I accept that it is done at my own risk	☐
I will contact the practice immediately if I suspect that my account has been accessed by someone without my agreement	☐
I will log out and contact the practice immediately if I see information in my record that is not about me or is inaccurate.	☐

Full Name			
Signature		Date	

For Practice use only:

Identity verified by	Self-Vouching ☐	Vouching through Information - Check ☐	
	Photo ID ☐	Proof of Residence ☐	Professional Vouching ☐
Name of Verifier		Date	
Name of Authoriser		Date	
Photocopied this page ☐ (name)			
Sent for Scanning ☐ (name)			

Registration Checklist

Please ensure you have completed and returned the following sections of the New Patient Registration Pack

Section Number & Title	Patient use Tick to confirm completion	Practice use Tick to confirm receipt and preferences
NHS Registration Form (GMS1) – ***without this we cannot register you***		
1. Personal Details		
2. Communication Preferences		Verification message sent?
3. Background Information		
4. Language and Communication		
5. Medical History		Medical information coded? ☐
6. Your Lifestyle		Smoker / Coded ☐
7. Further Details		
8. Sharing Consent		Consent to share (out) ☐ Consent for organisations to share with us (in) ☐
9. Accessing Online Services		
2 forms of identification provided: (documents of a person with Parental Responsibility are accepted)		
Passport	☐	☐
Driving License (with current address)	☐	☐
Utility Bill (with current address)	☐	☐
Birth Certificate (or court order stating date of birth of child and parental responsibility)	☐	☐