Three Chequers Medical Practice

Welcome to our Practice

Thank you for registering your child 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 a completed PRF-1 form.

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

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

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

Parental Responsibility – please provide birth certificate or court order to confirm			
Mother		Father	
Full Name		Full Name	
Date of Birth		Date of Birth	
Address		Address	
Next of Kin?		Next of Kin?	
Telephone No		Telephone No	

Relationships	
Residents at address (above)	Please list all individuals who share your home. Please include relatives, friends and lodgers (including part-time or temporary)

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

Please continue on a separate sheet of paper if necessary

Childcare	Will any individual (not named as a joint resident of the address above) be providing childcare to the patient? (Nanny / Au Pair / friends etc) You do not need to provide information about a Nursey, Ofsted registered childminder or school in this section.	
	Yes – list full name(s) ☐	
	No ☐	

2.	**Communication Preferences**

Important Information

It is practice policy to only record mobile telephone numbers and email addresses for patients over the age of 16.

Parent's (& those with parental responsibility's) contact details will only be added as emergency contacts.

Generally, children over the age of 13 will be asked to provide consent for a clinician to speak to a parent regarding their health; this consent is only valid for that contact and will be repeated for all subsequent appointments. Where the clinician deems it appropriate or necessary, they may also request this for children as young as 11.

Communication Type	Telephone Number	Consent for contact
Landline Telephone		☐

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	☐

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

3.	**Background Information**			
Religion	C of E ☐	Buddhist ☐	Sikh ☐	Atheist ☐
	Catholic ☐	Muslim ☐	Jewish ☐	Hindu ☐
	Jehovah's Witness ☐	Other Christian ☐	Other (specify)	Prefer not to say ☐

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?	Family ☐	Other Relatives ☐	Carer ☐	Guardian ☐

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	Student ☐	Other (specify)

4.	**Family History**	
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:		

Immunisation History

Age Due	Immunisation	Comments	Batch #	Date given
2 months	Diptheria / Tetanus / Polio / Whooping Cough / HiB/ Hep B			
	Rotavirus			
	Meningitis B			
3 months	Diptheria / Tetanus / Polio / Whooping Cough / HiB/ Hep B			
	2nd Dose Diptheria / Tetanus / Whooping Cough			
	Rotavirus			
	Pneumococcal			
4 months	Diptheria / Tetanus / Polio / Whooping Cough / HiB/ Hep B			
	Meningitis B			
12 to 13 months	HiB / Meningitis C			
	Measles, Mumps & Reubella (MMR)			

	Pneumococcal			
	Meningitis B			
3 years 4 months	Measles, Mumps & Reubella (MMR)			
	Diptheria / Tetanus / Polio / Whooping Cough			
Teenage Vaccines	HPV (2 doses, 6 to 24 months apart) – Females only			
	Diptheria / Tetanus / Polio			
	Meningitis ACWY			
Please give details of any other immunisations given (BCG etc)				

5.	**Lifestyle**				
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 ☐

6.	**Prescriptions**		
Please read the guidance note “Dispensing Medicine” for more information (Appedix 1)			
Are you eligible to receive prescriptions dispensed by the Practice?		Yes ☐	No ☐
If yes, would you like the Practice to dispense your prescriptions		Yes ☐	No ☐
If yes, which surgery would you like to collect your medicine from?	Porton & Old Sarum Surgery ☐	Winterslow Surgery ☐	Endless Street Surgery ☐
Electrionic Prescribing			
If you are not eligible for Practice Dispensing, would you like the Practice to send your prescriptions electronically?		Yes ☐	No ☐

Pharmacy Name & Location	
I understand that I will have to undertake annual reviews of all Medicine I take ☐	

7.	**Further Details**
Organ Donor Register	
From Spring 2020, legislation changed so that everyone in England is automatically registered as an Organ Donor for patients over 18 years of age. 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 child's 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 child's information			
I have read and understood the guidance (following page) entitled "Sharing your Health Record" ☐			
Do you consent to your GP Practice sharing your child's Health Record with other organisations who care for them? 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 child's Health Record from other organisations that care for them? Yes (this is the recommended option) ☐ No (not recommended, please discuss this with a GP before deciding) ☐			
Do you consent to your child having an Enhanced Summary Care Record (SCR) with additional information? Yes (this is the recommended option) ☐ No (not recommended, please discuss this with a GP before deciding) ☐			
Full Name (print)			
Signature		Date	

9.	**Parent / Guardian's declaration** – a person with parental responsibility must complete this section
I have completed this form to the best of my knowledge ☐	
First Name	
Surname	
Signature	
Date	

For Practice use only:

Staff member adding information		Date	
Sent for Scanning ☐ (name)			

Appendix 1

Guidance Note – Dispensing Medicines

We are a Dispensing Practice – this means we can dispense medication to some of our patients, depending on the reason or where they live.

Our main dispensary is in Winterslow, with a secondary dispensary located in Porton to serve the communities of these villages. We also have a small dispensary in our Endless Street branch for urgent prescription fulfilment.

Our dispensers receive excellent training and work exceptionally hard, ensuring that repeat-prescriptions and urgent prescriptions are dealt with in a timely manner.

If you normally pay for your prescriptions, you will still have to do so, prior to collecting your prescription. We take card and cash at all of our dispensaries.

As a general rule of thumb, if you live in one of the following villages, we are able to dispense medicine to you:

Alderbury	Firsdown	Netton	Upper Woodford
Bodenham	Gomeldon	Nunton	Whaddon
Coombe Bissett	Homington	Odstock	Winterbourne Dauntsey
Durnford	Hurdcott	Pitton	Winterbourne Earls
East / West Grimstead	Lower Woodford	Porton	Winterbourne Gunner
Farley	Middle Woodford	Salterton	Winterslow

For patients living in these areas there are a few options on how you collect your medication; you can pop into your chosen Dispensary to collect your medicine; collect from one of our nominated “Collection Points” (Pitton Post Office / Alderbury Shop / Whaddon Post Office / Coombe Bissett Stores / ‘The Bridge Inn’ in the Woodford valley); or, if you’re housebound, we can deliver the medicine to your door.

We aim to have all repeat prescriptions dispensed within 4 working days of receipt during peak times.

Our Dispensary relies on the support of the village communities in order to survive, please use our service if you are eligible. Eligible prescriptions sent to a Pharmacy or online service threatens the long-term viability of our Dispensaries and your support is greatly appreciated.

If you are not eligible, or if you wish to, you can opt to have your prescriptions sent to another Pharmacy. Please give details of this in Section 9 of the Application Pack.

All patients of the Practice suffering from a Long-Term Medical Condition or receiving a repeat prescription must undertake an annual review of the Medical Condition(s) and medication with the Practice. This is to ensure that you are receiving the appropriate care.

Appendix 2

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

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
1. Personal Details		
2. Communication Preferences		
3. Background Information		Coded? ☐
4. Family History		Family History information coded? ☐
5. Your Lifestyle		Smoker / Coded ☐
6. Prescriptions		Dispensing Patient? ☐
7. Further Details		☐
8. Sharing Consent		Consent to share (out) ☐
9. Parent / Guardian's declaration		Consent for organisations to share with us (in) ☐ Enhanced SCR with additional info? ☐