

REGISTERING AS A PATIENT

Welcome to Severnside Medical Practice

This practice accepts patients who have moved into, or are living in, our catchment area.

Registration forms and proof of identity and address

To register as a patient you will need to complete a registration pack and also provide identification (passport, driving licence, visa etc) and evidence that you permanently live at an address in our practice area for a settled purpose (utility bill, council letter, bank statement etc). Individuals wishing to register with the practice temporarily, whilst away from their permanent UK address will also need to provide full details of their usual doctor and surgery. We may need to contact your usual doctor as part of any treatment we provide you with and will need to forward them details afterwards, to ensure your medical records remain up-to-date.

Please provide us with a daytime contact number in addition to your home telephone number as there may be times we need to make contact with you promptly during opening hours. It is a requirement that any changes in personal details such as name, address, contact telephone numbers etc are communicated to the practice promptly.

If you move to an area outside the practice boundary you will need to register with a practice more local to your new address. Travelling distance and time for medical staff to provide home care visits for patients too ill to attend surgery must be kept to a minimum, to ensure as prompt a response as possible in meeting these needs.

Entitlement to NHS Treatment

Please note that this practice, and all Gloucestershire practices, strictly adheres to the following guidance:

Entitlement to free NHS treatment is on the basis of **residency** regardless of any previous national insurance or tax contributions and irrespective of whether you are a UK passport holder. Holding an NHS number does not indicate that NHS treatment is free of charge. **Proof of identity and address are required** (as described above).

Receptionist accepting Forms:

Date accepted:

Forms of ID seen:

WELCOME TO SEVERNSIDE MEDICAL PRACTICE
NEW PATIENT QUESTIONNAIRE

Please complete as many questions as you can. This information will help the practice to provide better medical care for you.

SURNAME SEX: MALE / FEMALE
FORENAME(S) OCCUPATION
DATE OF BIRTH MARITAL STATUS: MARRIED/SINGLE/DIVORCED/
WIDOWED/SEPARATED
ADDRESS
..... POST CODE.....
TEL NO E-MAIL
NEXT OF KIN RELATIONSHIP CONTACT TEL NO.....

Are there any other family members registered at this practice living at the same address YES / NO

MEDICAL HISTORY OF FAMILY

Has any close relative suffered from:
Blindness/Glaucoma Yes/No Diabetes Yes/No
Blood Pressure Yes/No Heart Attack Yes/No

PERSONAL MEDICAL HISTORY

Please list any significant illnesses, operations or disabilities

Year	Illness / Operation / Disability / (Women Only - Cervical Screening or Pap Test)
.....
.....
.....

Are you on treatment for:

Blindness/Glaucoma	Yes/No
Blood Pressure	Yes/No
Diabetes	Yes/No
Asthma	Yes/No
Epilepsy	Yes/No - If Yes date of last fit
Heart Disease	Yes/No
Stroke	Yes/No

DRUGS AND MEDICINES -Are you taking any drugs, medicines, tablets or inhalers? If so, which ones?

<u>NAME OF MEDICINE</u>	<u>DOSAGE</u>
.....
.....

Which Pharmacy would you like your prescriptions sent to

Are you allergic to any medication? Yes / No If so, which ones?

Are you registered disabled? NO / YES If yes please state type of disability

DO YOU HAVE A CARER YES / NO

ARE YOU A CARER YES / NO

(Caring for someone who is ill, frail, disabled or mentally ill) If you are a carer or you have a carer please ask at reception for a carer's form.

LIFESTYLE

Do you smoke? - Yes/No/Never cigarettes/pipe/cigar. If yes, how many per day? Date quit Smoking

Please answer questions below and tick the appropriate box that reflects your alcohol consumption

Questions	0	1	2	3	4	Your score
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 time a week	4 or more time a week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 to 2	3 to 4	5 to 6	7 to 9	10 or more	
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	

Do you take any regular exercise Yes/No/Never If yes, please specify light/moderate/heavy Number of times per week

Height Weight

VACCINATIONS

Have you had a Tetanus injection in the past 10 years? Yes / No When?

ETHNICITY

tick the appropriate box to indicate your ethnic group;

A	British (White)	<input type="checkbox"/>
B	Irish (White)	<input type="checkbox"/>
C	Any Other White Background (White)	<input type="checkbox"/>
D	White and Black Caribbean (Mixed)	<input type="checkbox"/>
E	White and Black African (Mixed)	<input type="checkbox"/>
F	White and Asian (Mixed)	<input type="checkbox"/>
G	Any Other Mixed Background (Mixed)	<input type="checkbox"/>
H	Indian (Asian or Asian British)	<input type="checkbox"/>
J	Pakistani (Asian or Asian British)	<input type="checkbox"/>
K	Bangladeshi (Asian or Asian British)	<input type="checkbox"/>
L	Any Other Asian Background (Asian or Asian British)	<input type="checkbox"/>
M	Caribbean (Black or Black British)	<input type="checkbox"/>
N	African (Black or Black British)	<input type="checkbox"/>
P	Any Other Black Background (Black or Black British)	<input type="checkbox"/>
R	Chinese (Other Ethnic Groups)	<input type="checkbox"/>
S	Any Other Ethnic Group	<input type="checkbox"/>
Z	Not Stated	<input type="checkbox"/>
	If other (<i>please write details in</i>)	

1st spoken language: 2nd spoken language:

Patient Participation Group

The practice is committed to improving its services to patients and giving patients the opportunity to express their views. If you are interested in becoming involved in the Patient Participation Group please tick the box and we will send you an application form and information about the group.

New patients: Sharing your health care records and information

Your patient record will be held securely and confidentially on our electronic system. If you require treatment in another NHS healthcare setting such as an Emergency Department or Minor Injury Unit, those treating you would be better able to give you appropriate care if some of the information from the GP practice were available to them. This information can now be shared electronically (with your permission) via:-

1. **SCR - NHS SUMMARY CARE RECORD (used nationally across England)**
2. **GLOUCESTERSHIRE SHARED HEALTH AND SOCIAL CARE INFORMATION (Joining up your information - JUYI) Used locally across Gloucestershire.**
3. **ENHANCED DATA SHARING MODEL in SystmOne (EDSM) (Used nationally across all healthcare providers using SystmOne.**

In all cases, the information will be used **only by authorised healthcare professionals** directly involved in your care. Your permission will be asked before the information is accessed, unless the clinician is unable to ask you and there is a clinical reason for access.

Please note that these records are **NOT CONNECTED** with the Health and Social Care Information Centre care.data project and will be used **only** for the purpose of enabling informed care to be supplied directly to you as an individual.

Parents, guardians or someone with power of attorney can ask for people in their care to be opted out, but ultimately it is the GP's decision whether to share information, or not, because of their duty of care.

If you are caring for someone and feel that they are able to understand, then you should make the information about the different methods of sharing available to them.

Please ask a member of the GP practice staff for details of where to find more information about each of the sharing methods.

Are you happy for us to share this electronic information with clinicians in other NHS organisations (and Gloucestershire County Council social care in the case of JUYI) who are involved in your care? If you would rather we didn't we will put an entry on your record which will prevent your information from being shared.

Please select **ONE** option in **ALL** the tables below and complete patient details.

1. Your Choice for SCR	Please tick <u>One</u> Box only
I would like my information shared through the Summary Care Record	
I would like a Summary Care Record with additional information added**	
I do not want my information shared through the Summary Care Record	
2. Your Choice for Gloucestershire shared health and social care information (JUJI)	Please tick <u>One</u> Box only
I would like my information shared through the Gloucestershire shared health and social care information project	
I do not want my information shared through the Gloucestershire shared health and social care information project	
3. Enhanced Data Sharing Model (SystemOne) Sharing Out	Please tick <u>One</u> Box only
I would like my information <u>shared out</u> to SystemOne healthcare providers	
I do not want my information <u>shared out</u> to SystemOne healthcare providers.	
3. Enhanced Data Sharing Model (SystemOne) Sharing In	Please tick <u>One</u> Box only
I want my GP practice to view data that is recorded at another SystemOne NHS organisation that may care for me.	
I do not want my GP practice to view data that is recorded at another SystemOne NHS organisation that may care for me.	

Patient details (please write in CAPITAL LETTERS)			
Title:		Forenames:	
Surname/Family name:			
Address:			
Phone number(s):			
Date of birth:		NHS number (if known)	
<i>If the person signing below is not the patient, please also enter the signatory's name and relationship to the patient, e.g. PARENT, GUARDIAN, ATTORNEY</i>			
Full name:		Status:	
Signature:		Date:-	

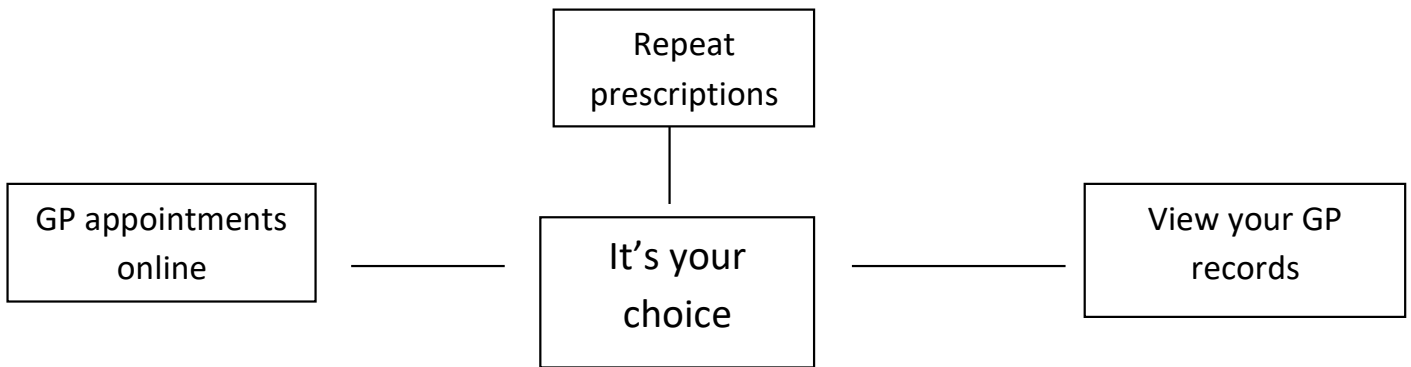
Differences between the Gloucestershire Shared Record and the Summary Care Records

	Gloucestershire shared health and social care information (JUYI)	Summary Care Record
Shared	<ul style="list-style-type: none"> • Across Gloucestershire • Across health care settings, including urgent care, community care and outpatient departments • With GPs, and with NHS clinicians employed by Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Care Services NHS Trust (Community hospitals and community-based services, such as district nursing), Together NHS Foundation Trust (mental health services), South Western Ambulance Service NHS Foundation Trust. • With Gloucestershire County Council social care. 	<ul style="list-style-type: none"> • Across England • Across health care settings, including urgent care, community care and outpatient departments • With GPs, and with clinicians employed by any NHS Trust or organisation involved in your care across England
Information source	<ul style="list-style-type: none"> • GP record • Other medical records held by different NHS organisations in Gloucestershire • Gloucestershire County Council social care 	<ul style="list-style-type: none"> • GP record
Content	<ul style="list-style-type: none"> • Your current medications • Any allergies you have • Any bad reactions you have had to medicines • Your medical history and diagnoses • Test results and X-ray reports • Your vaccination history • General health readings such as blood pressure • Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls • Care / management plans • Correspondence such as referral letters and discharge summaries. 	<ul style="list-style-type: none"> • Your current medications • Any allergies you have • Any bad reactions you have had to medicines <p>**<u>SCR with Additional information can be added (upon request to your GP practice) includes:</u></p> <ul style="list-style-type: none"> - Significant problems (past and present) - Significant procedures (past and present) - Anticipatory care information - End of life care information – as per EOLC dataset ISB 1580 - Immunisations

Severnside Medical Practice

Patient Online Services Information Sheet

Patient Online: Records Access
Patient Information leaflet 'It's your choice'



About Vision online services

We offer an online service for our patients so you can book your appointments, order your repeat prescriptions and have online access to your medication history and allergies online at your convenience.

Online appointment booking

Have the flexibility to book and cancel your appointments from home, at work or any location with internet access. You don't need to queue at the practice, wait on the telephone and you can manage your appointments outside practice opening hours.

Request your repeat prescriptions online

Request your repeat prescriptions quickly online by logging into your account and simply ticking the appropriate boxes. You can review the progress of your repeat prescriptions and any message that the practice may have sent to you.

Access to your GP record online

Take greater control of your health and wellbeing by being able to view your medication history, allergies, adverse reactions 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.

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 for anyone that doesn't use them responsibly.

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.

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 to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

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.

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 records 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

If you print our 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.

Severnside Medical Practice
SystemOnline registration form, Access to GP online services
PLEASE BRING PHOTO ID

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

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

Application for online access to my medical record

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

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. 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"/>
5. If I see information in my record that it not about me, or is inaccurate I will contact the practice as soon as possible	<input type="checkbox"/>
6. I understand that access to my child's online service will cease when they are 11 years of age.	<input type="checkbox"/>

Signature		Date	
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Completing the form on behalf of the patient?

Surname	
First Name	
Relationship to patient	
Signature	Date

For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/>	Name of verifier	Date
	Vouching with information in record <input type="checkbox"/>		
	Photo ID <input type="checkbox"/>		
	Proof of residence <input type="checkbox"/>		
Name of person who authorised (if applicable)		Date	
NHS number		Practice computer ID number	
Date account created			
Date passphrase sent			
Level of record access enabled	Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/>		

SMS Text message consent form

Sevenside Medical Practice would like to offer you the ability to receive text message reminders for your appointments booked at the surgery. We may also use it to let you know we are trying to get in touch with you and occasionally send information about special clinics we are running that you might be interested in.

The SMS service should not be relied upon, the responsibility of attending and cancelling appointments still rests with you. We hope this can just make things easier.

Messages are generated by an NHS secure service, however they are transmitted over a public network to a personal phone. **The practice will never transmit any information that would enable an individual patient to be identified.**

I **CONSENT** to the practice contacting me by text message for the purpose of health information and appointment reminders. I will ensure **that I keep the practice informed of my up to date mobile number at all times, or if the number is no longer in my possession.**

Patient name:	
Date of Birth:	
Mobile Number:	
Signature:	
Today's Date:	

We will **NOT** send out text messages unless we have received consent from the patient

Acceptable Identification Documents for Registration at the Practice

TO BE ATTACHED TO EACH REGISTRATION FORM (OR ONE FOR EACH FAMILY)

<u>Name Identification</u>	<u>Address Identification</u>
<ul style="list-style-type: none">• Current signed full passport• Current UK driving licence• Blue disabled drivers pass• Current benefits or State Pension notification letter confirming rights to benefits for the current period.• Current HMRC tax notification eg PAYE coding, statement of account (P45's & P60's are not official HMRC documents)• Shotgun or Firearms Certificate• Travel documents issued to foreign nationals granted permission to remain in the UK• Current EU/EEA driving licence• Residence permit issued by the Home Office to EU nationals• EU/EEA member state identity card	<ul style="list-style-type: none">• Recent utility bill or statement showing current address in our area.• Local Authority tax bill for current year• Bank or Building society statements• Credit/Store card statement• Mortgage Statement• Local Council rent card• Tenancy agreement• Solicitors letter confirming recent purchase of your property

Under 16's

Children under the age of 16 whose Parent/ Guardian is registered with the practice/ registering at the same time will need to provide either:

- Original Birth Certificate or a certified copy
- Passport

If you are unable to provide any of the above documents please speak to a member of the reception team who will be able to discuss alternative documents.