Barnabas Medical Centre

New Child Patient Registration Questionnaire

Welcome to Barnabas Medical Centre. Thank you for taking time to complete this questionnaire in **BLOCK CAPITALS**

PERSONAL DETAILS	Have you previously been registered at this practice before? YES ☐ NO ☐
Name: Mr / Mrs / Miss / Ms /Dr /Other:	
Address: Postcode:	Date of Birth: / / Occupation:
Home Tel:	Mobile:
Email:	NHS No. (if known):
Main Language (if not English):	Do you need an interpreter? YES ☐ NO ☐
Town of Birth:	Country of Birth:
Preferred method of contact? Telephone Home ☐ Mobile ☐ Letter ☐ Email ☐	
Do you consent to us contacting you by SMS text message YES ☐ NO ☐	

ETHNIC ORIGIN	**Please tick one box only**		
☐ White British	☐ White Irish	☐ White Gypsy or Irish Traveller	☐ Other White (Specify)……
☐ Arab	☐ Bangladeshi	☐ Black African	☐ Black Caribbean
☐ Chinese	☐ Indian	☐ Pakistani	☐ Mixed White & Asian
☐ Mixed White & Black African	☐ Mixed White & Black Caribbean	☐ Other Asian (Specify)……	☐ Other Black (Specify)……
☐ Other Mixed (Specify)……	☐ Other Ethnic (Specify)……	☐ I do not wish to answer this question	

NEXT OF KIN	Name: Tel: Relationship:

CARERS	Are you a carer for someone else? YES ☐ NO ☐
Do you have a carer? YES ☐ NO ☐ - Carer's Name:	Tel:

MEDICAL HISTORY	**Please tick if you have ever suffered or been treated for any of the following:**				
☐ Asthma ☐ COPD	☐ Epilepsy ☐ Stroke	☐ Diabetes ☐ High BP	☐ High Cholesterol ☐ Heart Disease	☐ Mental Illness ☐ Thyroid Disorder	☐ Cancer of: ☐ Other:

FAMILY HISTORY	**Please state if any family member has suffered from any of the conditions listed above:**				
Illness/Condition	1.	2.	3.	4.	5.
Family Member					
Aged diagnosed					

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MEDICATION	Any allergies to any drugs/medicines? YES ☐ NO ☐ Specify:	
Are you taking regular medication? YES ☐ NO ☐ If Yes, please book a New Patient Registration appointment. Please bring to this appointment all your medication (with packaging) and/or your repeat medication request slip from your previous GP (if applicable)		
Please list any medication you are currently on below.		

VACCINATIONS	**Please provide the Personal Child Health Record ("Red Book") or Immunisation records. You can also record any immunisations in the space below**		
Date	Immunisation	Date	Immunisation

LIFESTYLE	Height (approx.)?	Weight (approx.)?
Smoking Habits ☐ Never Smoked	☐ Ex-Smoker, Stopped (year) - Amount when gave up -	☐ Currently Smoke Please state the amount a day and type (cigarette, cigar, pipe etc.) ……

Only Children over the age of 14 need to complete the above section on smoking

SCHOOL	Please can you provide the current school attended
Name of School:	
Address:	Post Code:

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RECORD SHARING

An informed patient, in consultation with a Health Care Professional, can choose to permit or restrict access to the information entered into their clinical record at each SystmOne organisation at which they receive care. The patients consent can be changed at any time.

SHARING OUT

Does the patient consent to the sharing of data recorded here with any other organisation that may care for the patient?

☐ YES – share data with other organisations

☐ NO – do not share any data recorded here

SHARING IN

Does the patient consent to viewing of data by this organisation that is recorded at other care services that may care for the patient where the patient agreed to make the data shareable?

☐ CONSENT GIVEN

☐ CONSENT REFUSED

Name …….. Signature …… Date ……

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CHECKLIST		
Thank you for completing this form. Please check you have completed all sections where possible. Please ensure that you bring the following with you to the surgery to complete your registration.		
1.	Completed & Signed New Patient Registration Questionnaire (this form)	☐
2.	Completed and Signed GMS1 Form	☐
3.	Photo Proof of ID – e.g. Passport, Photo Driving Licence or Photo ID Card	☐
4.	Proof of Address – This must be in your name and dated within the past 3 months • Please use one of the following: Bank Statement, Utility Bill (Gas, Water, electric), Council Tax, Tenancy Agreement or Landlord Phone Bill (**MOBILE PHONE BILLS ARE NOT ACCEPTED**)	☐
5.	If Possible, your Immunisation Records – usually the Personal Child Health Record (Red Book)	☐
6.	If Possible, your NHS Card – usually shows your previous GP and your NHS number	☐
7.	If relevant, your repeat Medication Request Slip from your previous GP	☐

Please book a New Patient appointment if you are on any regular medication or have any chronic or significant medical condition.

Please request a copy of the Practice Booklet if you have not already received it.

Alternatively you can also fine more information at www.barnabasmedicalcentre.co.uk

I confirm that I have completed this form as accurately and honestly as possible and would like to apply to be registered as a patient at this practice

WE MAINTAIN THE RIGHT TO REMOVE PATIENTS FROM OUR LIST WHO DISPLAY UNACEPTABLE BEHAVIOUR OR VIOLENCE TOWARDS STAFF OR OTHER PATIENTS

Signature …….. Date: / / 20____

OFFICIAL USE ONLY	Does the patient need an appointment? YES ☐ NO ☐ **Staff Initials:**			
Photo ID	☐ Passport	☐ Driving Licence	☐ Identity Card	☐ Other
Proof of Address	☐ Utility Bill	☐ Tenancy Agreement	☐ Bank Statement	☐ Other
Was Patient previously registered at this Practice? (Check EMIS for NHS Number)? YES ☐ NO ☐				
Comments:				

NHS Ealing Clinical Commissioning Group

How and why we keep information about you and how you can choose who sees it

In order to support your care, NHS healthcare professionals maintain records about you. We take great care to ensure your information is kept securely and used appropriately. Our staff are fully trained to understand their legal and professional obligations to protect your information.

What information do we hold about you?

- Your age, contact details and next of kin
- Details of your appointments, clinic visits etc.
- Records about your health, illness, treatment and care
- Results of investigations, like laboratory tests, x-rays, etc.

Information from other health professionals

When is your information shared?

We will only use or pass on identifiable information about you with health professionals who are treating you to support the direct provision of your care. They will ask your permission to see your information when they see you. We will not disclose your identifiable information to anyone else without your permission unless in exceptional circumstances (i.e. life or death situations), or where the law requires it.

You have the choice to share or not to share

You can ask for all or some of your information not to be shared outside of the practice. If you decide not to share at all this will not affect your entitlement to care. However, it may result in the delivery of your care being less efficient as clinicians will not see your full medical history. If you have any concerns about how your information is shared or held, please contact the Practice Manager.

Access to your health information

You have a right under the Data Protection Act 1998 to access or view information the practice holds about you, and to have it amended or removed should it be inaccurate. We will:

- describe the information we hold about you
- tell you why we are holding that information
- tell you who it might be shared with
- at your request, provide a copy of the information in an intelligible form

If you would like to make a *'subject access request'*, please contact the practice manager.

Who can see your information with your permission?

In order to provide you with health care services, trained clinicians in the following organisations will be able to see your health care records – but only with your permission.

- Central and North West London NHS Foundation Trust
- Chelsea & Westminster Hospital NHS Foundation Trust
- Hounslow and Richmond Community Healthcare Trust
- Imperial College Healthcare NHS Trust
- London North West Healthcare NHS Trust
- NHS Healthcare organisations linking to or using SystmOne systems
- West Middlesex University Hospital NHS Trust

This list will be updated on the website:

www.ealingccg.nhs.uk/patientrecord

Health and Social care teams providing you with integrated care and support may also access your care plans with your permission

How is anonymous information used?

The NHS currently uses your information in an anonymous and safe way to:

- protect the health of the public
- help us anticipate, plan and provide care
- audit and monitor the quality of services provided
- save lives by supporting medical research

If you would like further information about how we use your information, or if you do not want us to use your information in this way, please contact the Practice Manager.

www.ealingccg.nhs.uk/patientrecord