

## New Adult Patient Registration Questionnaire

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

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

ETHNIC ORIGIN		Please tick one box only	
<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> White Gypsy or Irish Traveller	<input type="checkbox"/> Other White (Specify).....
<input type="checkbox"/> Arab	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Black African	<input type="checkbox"/> Black Caribbean
<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Mixed White & Asian
<input type="checkbox"/> Mixed White & Black African	<input type="checkbox"/> Mixed White & Black Caribbean	<input type="checkbox"/> Other Asian (Specify).....	<input type="checkbox"/> Other Black (Specify).....
<input type="checkbox"/> Other Mixed (Specify).....	<input type="checkbox"/> Other Ethnic (Specify).....	<input type="checkbox"/> I do not wish to answer this question	

<b>NEXT OF KIN</b>	Name:	Relationship:
	Tel:	

<b>CARERS</b>	Are you a carer for someone else? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have a carer? YES <input type="checkbox"/> NO <input type="checkbox"/> - Carer's Name:		Tel:

MEDICAL HISTORY		Please tick if you have ever suffered or been treated for any of the following:			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Cancer of:
<input type="checkbox"/> COPD	<input type="checkbox"/> Stroke	<input type="checkbox"/> High BP	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Thyroid Disorder	<input type="checkbox"/> 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					

<b>MEDICATION</b>	Any allergies to any drugs/medicines? YES <input type="checkbox"/> NO <input type="checkbox"/> Specify:
Are you taking regular medication? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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.	

<b>VACCINATIONS</b>	Please provide copies of any vaccinations you have received.
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<b>FEMALE PATIENTS ONLY</b>	Are you currently pregnant? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please book an appointment
If aged 25-64 years old, when did you last have a cervical smear test? -	
Where was it done? -	What was the result? -
Have you had a hysterectomy? YES <input type="checkbox"/> NO <input type="checkbox"/>	

<b>LIFESTYLE</b>	Height (approx.)?	Weight (approx.)?
Smoking Habits	<input type="checkbox"/> Never Smoked	<input type="checkbox"/> Ex-Smoker, Stopped (year) - Amount when gave up -
		<input type="checkbox"/> Currently Smoke Please state the amount a day and type (cigarette, cigar, pipe etc.) .....
If you would like to stop smoking, please ask reception for details of Smoking Cessation Services.		

<b>ALCOHOL</b>
Alcohol consumption is measured in units, which is explained in the diagram below.
Please use this diagram for your answers below
Do you Drink YES <input type="checkbox"/> NO <input type="checkbox"/> / If YES how many Drinks per week in Units: Beer ..... / Wine ..... / Spirits .....

**Patient Online registration form**  
**Access to GP online services**

Name:	Dob:	Email:
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If you wish to use the benefits of our online service please select the from the options below

I wish to have access to the following online services (please tick the ones that apply)

1.	Booking Appointments	<input type="checkbox"/>
2.	Requesting repeat prescriptions (this is only for repeat prescription requests)	<input type="checkbox"/>
3.	Accessing my medical record (detailed coded 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

1.	I have read and understood the information on next page of this form	<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 is not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible.	<input type="checkbox"/>

Signature		Date	
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If you wish to receive a txt message when it is ready to collect please tick this box

**THIS SERVICE IS ONLY AVAILABLE FOR ADULTS OVER THE AGE OF 16 YEARS OF AGE**

<b>For Practice Use Only</b>	
I verify that I have witnessed the patient's ID and have taken a copy for the records attached to form	
Type of ID:	
Staff Name:	
Date:	

## Important Information – Please read before signing the access to GP online services form

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 except prescriptions; these will need to be ordered personally, It's your choice.

**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 records, 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.

### **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 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.



If you would like to nominate a local pharmacy for Electronic Prescriptions, please enter in the box below

Pharmacy Name	Post Code

Please see below for further information on ETP

The Electronic Prescription Service (EPS) is an NHS service. It gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from.

### What does this mean for you?

- If you collect your repeat prescriptions from your GP you will not have to visit your GP practice to pick up your paper prescription. Instead, your GP will send it electronically to the place you choose, saving you time.
- You will have more choice about where to get your medicines from because they can be collected from a pharmacy near to where you live, work or shop.
- You may not have to wait as long at the pharmacy as there will be time for your repeat prescriptions to be ready before you arrive.

### Is this service right for you?

Yes, if you have a stable condition and you:

- don't want to go to your GP practice every time to collect your repeat prescription.
- collect your medicines from the same place most of the time or use a prescription collection service now.

It may not be if you:

- don't get prescriptions very often.
- pick up your medicines from different places.

### How can you use EPS?

You need to choose a place for your GP practice to electronically send your prescription to. This is called *nomination*. You can choose:

- a pharmacy.
- a dispensing appliance contractor (if you use one).
- your dispensing GP practice (if you are eligible).

Ask any pharmacy or dispensing appliance contractor that offers EPS or your GP practice to add your nomination for you. You don't need a computer to do this.

### Can I change my nomination or cancel it and get a paper prescription?

Yes you can. If you don't want your prescription to be sent electronically tell your GP. If you want to change or cancel your nomination speak to any pharmacist or dispensing appliance contractor that offers EPS, or your GP practice. Tell them before your next prescription is due or your prescription may be sent to the wrong place.

### Is EPS reliable, secure and confidential?

Yes. Your electronic prescription will be seen by the same people in GP practices, pharmacies and NHS prescription payment and fraud agencies that see your paper prescription now.

Sometimes dispensers may see that you have nominated another dispenser. For example, if you forget who you have nominated and ask them to check or, if you have nominated more than one dispenser. Dispensers will also see all the items on your reorder slip if you are on repeat prescriptions.

## 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 .....

## 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)	<input type="checkbox"/>
2.	Completed and Signed GMS1 Form	<input type="checkbox"/>
3.	Photo Proof of ID – e.g. Passport, Photo Driving Licence or Photo ID Card	<input type="checkbox"/>
4.	Proof of Address – This must be in your name and dated within the past 3 months <ul style="list-style-type: none"> <li>• Please use one of the following: Bank Statement, Utility Bill (Gas, Water, electric), Council Tax, Tenancy Agreement or Landlord Phone Bill (<b>MOBILE PHONE BILLS ARE NOT ACCEPTED</b>)</li> </ul>	<input type="checkbox"/>
5.	If Possible, your Immunisation Records – usually the Personal Child Health Record (Red Book)	<input type="checkbox"/>
6.	If Possible, your NHS Card – usually shows your previous GP and your NHS number	<input type="checkbox"/>
7.	If relevant, your repeat Medication Request Slip from your previous GP	<input type="checkbox"/>
8.	Optional PPG enrolment form (see last page)	<input type="checkbox"/>

**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 find more information at [www.barnabasmedicalcentre.co.uk](http://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 UNACCEPTABLE BEHAVIOUR OR VIOLENCE TOWARDS STAFF OR OTHER PATIENTS**

Signature .....

Date:     /     / 20\_\_

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

# 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 SystemOne systems
- West Middlesex University Hospital NHS Trust

This list will be updated on the website:

[www.ealingccg.nhs.uk/patientrecord](http://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](http://www.ealingccg.nhs.uk/patientrecord)



The **Patient Participation Group** (PPG) is a group of patients who meet regularly with the doctors and other Practice staff.

The aim of the PPG is to aid communication between Practice and patients so we better understand everyone's healthcare needs. This helps the Practice improve and expand the healthcare services provided and so improves the health of all patients.

PPG membership is open to all Barnabas Medical Centre patients and carers. We hold six meetings a year (some evenings, some afternoons) and there is also a private Facebook group, and email, for those who wish to take part online. All our meetings are open; sometimes we have a guest speaker and at other meetings we have more general healthcare discussions.

All members receive a monthly bulletin of PPG and topical (often local) healthcare news. Other activities include editing the Practice newsletter, *Barnabas Bulletin*; running the book exchange in the waiting area; managing the waiting area noticeboards, leaflets & magazines; and running surveys for the Practice.

If you would like to join the PPG please complete your details below and we will add you to the membership and distribution lists.

<i>Name:</i>
<i>Address:</i>
<i>Phone Number:</i>
<i>Email address:</i>
<i>What skills could you offer the PPG or the Practice?</i> (For example, languages, transport)

To help us understand how representative PPG members are of the Practice as a whole we would welcome the following additional information. ***You do not have to answer these questions.***

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Age Group:</b> <input type="checkbox"/> Under 21 <input type="checkbox"/> 21 – 40 <input type="checkbox"/> 41 – 60 <input type="checkbox"/> 61 – 75 <input type="checkbox"/> Over 75	<b>Are you a Carer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What do you consider to be your ethnic background?</b>
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*Note 1. PPG members are reminded that all information (in whatever form) held by the Practice about patients or staff is confidential. All members are required, and commit, to respect this confidentiality at all times.*

*Note 2. No medical information or questions will be responded to and the information provided above will not be linked to your medical records. The information you supply will be used lawfully in accordance with the Data Protection Act 1998. This Act gives you the right to know what information is held about you, and sets out rules to ensure the information is handled properly.*

### THANK YOU!

Please return completed forms to the Practice or email the details to [barnabas.ppg@gmail.com](mailto:barnabas.ppg@gmail.com)

## Helping the Doctors to Help You!