DR J E MORRIS, DR H E IREDALE, DR P A EVANS & DR S E WATSON
MILLFIELD SURGERY, MILLFIELD LANE, EASINGWOLD, YORK YO61 3JR
Tel. 01347 821557 - Fax. 01347 823456
www.millfieldsurgery.co.uk

FAMILY DOCTOR REGISTRATION FORM

Please complete in **BLOCK CAPITALS** and ✓ as appropriate

Mr □ Mrs □ Miss □ Ms □ Other ……. Male □ Female □

Surname..…….... Previous Surnames..……

First Names …… Calling Name ...…….…

Date of Birth ……

Town and Country of Birth ……...

NHS Number										

Home Address ……..

……

Post Code …….. Home Number ……

Mobile Number …… Work Number ……...

E.Mail Address: ……...

□ **Please tick the box if you agree** to be contacted from time to time via email with advice about your health and/or appointment reminders.

□ **Please tick the box if you agree** to be contacted from time to time via SMS text message with advice about your health and/or appointment reminders.

If you live more than 1 mile from the local chemist then we will dispense medicines and appliances from the surgery for you.

Previous GP Details

Please help us trace your previous medical records by providing the following information:

Your previous address in the UK ……...

……..

Name and address of your previous doctor……...

……..

If you are returning from abroad:

If you were **previously** a **resident in the UK**, please fill in the previous GP details section above so that the Health Authority can search for your records and also fill in the dates below.

Date of Leaving the UK …… Date of Return to the UK ……

Which country have you been living in? ……

If you are returning from the Armed Forces:

Address before enlisting ……

……..

Service Number …….

Enlistment date …… Discharge date ……..

Carer

Do you have anyone who looks after you or your daily needs as a carer? □ Yes □ No
If yes, we need written or verbal consent from you for them to be able to deal with your health records here, the receptionist can help with these arrangements.

Do you care for anyone else? □ Yes □ No
If so who …….....
If yes, please ask at reception for information on the Carers Association, who can provide you with information and advice on local support services

Communication Needs

Do you have any communication/information needs relating to a disability, impairment or sensory loss if so please provide details

……

ETHNIC ORIGIN QUESTIONNAIRE

First Language

- □ English
- □ Other (please specify) …….

Is English spoken as a second language? YES/NO

Religion (please specify) …….

Due to Department of Health guidelines we are required to request the ethnicity of our new patients.

Please ✓ which ethnic group you feel you belong to:

White

- □ British
- □ Irish
- □ Any other white background

Mixed

- □ White & Black Caribbean
- □ White & Black African
- □ White & Asian
- □ Any other mixed background

Asian or British Asian

- □ Indian
- □ Pakistani
- □ Bangladeshi
- □ Any other Asian background

Black or Black British

- □ Caribbean
- □ African
- □ Any other black background

Any Other Ethnic Group

- □ Chinese
- □ Any other, please describe

- □ **Do not wish to state**

OVER 15s ONLY

Smoking status

□ Never Smoked □ Smoker No per day…….. □ Ex-smoker Year stopped ……

Alcohol consumption

How often do you have a drink that contains alcohol?

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

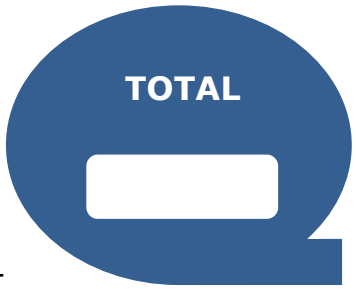
TOTAL SCORE

If your score totals 5 or above please complete the remaining below.

Remaining AUDIT questions

Questions	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 from you 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 after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk,
16 – 19 Higher risk, 20+ Possible dependence



TOTAL Score equals
AUDIT C Score (above) +
Score of remaining questions

ALL PATIENTS:
PLEASE ALSO PROVIDE ONE FORM OF PHOTOGRAPHIC ID (OVER 16'S)
(i.e. Current Passport/Current Driving Licence)

☐ Signature of the Patient …….

☐ Signature on behalf of the patient ……

DATE …….

Information for new patients: about your Summary Care Record

Dear patient,
If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.
Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.
Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice
You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

Express consent for medication, allergies and adverse reactions only. You wish to share information about medication, allergies for adverse reactions only.

Express consent for medication, allergies, adverse reactions and additional information. You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.

Express dissent for Summary Care Record (opt out). Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

Summary Care Record patient consent form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP practice:

Yes – I would like a Summary Care Record

☐ Express consent for medication, allergies and adverse reactions only.

☐ Express consent for medication, allergies, adverse reactions and additional information.

No – I would not like a Summary Care Record

☐ Express dissent for Summary Care Record (opt out).

Please also fill in and sign the section below to confirm your choice

Name of patient: ……..….....

Date of birth: …… Patient's postcode: ……

NHS number (if known): ……..…….....

Signature: ……. Date: ……

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name: ----------

Please tick one box below:

Parent	Legal Guardian	Lasting power of attorney for health and welfare

For more information, please visit https://www.digital.nhs.uk/summary-care-records/patients Call NHS Digital on 0300 303 5678

For GP practice use only

To update the patient's consent status, use the SCR consent preference dialogue box and select the relevant option to add the read code to the medical record

Summary Care Record consent preference	Read Code
The patient wants a core Summary Care Record - Medication, allergies and adverse reactions only.	9Ndm
The patient wants a Summary Care Record with core additional information - Medication, allergies, adverse reactions and additional information.	9Ndn
The patient does not want to have a Summary Care Record – Dissent opt out	9Ndo
Form not completed – implied consent	9Ndl

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Online Services Records Access
Patient information leaflet 'It's your choice'

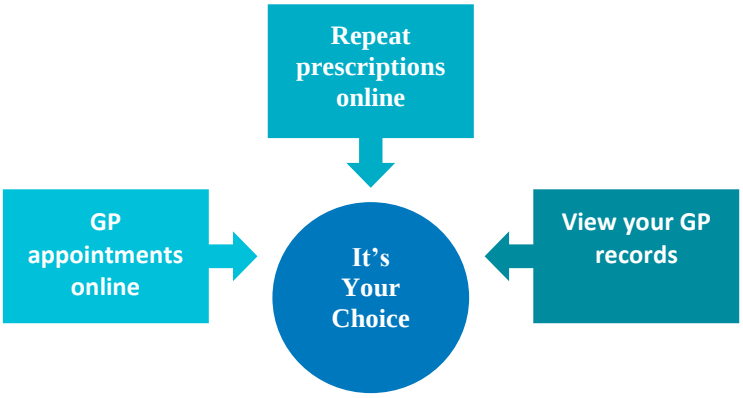
If you wish to, you can now use the internet to book appointments with a GP and look at your medical record online. You can also still use the telephone or call in to the surgery for these services as well. It's your choice. You can also request repeat prescriptions for any medications you take regularly; we do not take request for these on the telephone.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

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.

Please note that photographic identification is required before access is granted.

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 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.

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
http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf

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Application for online access to my medical record

Surname	Date of birth
First Name	
NHS Number	
Address Postcode	
Email address	
Telephone number	
Mobile number	

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

1. I have read and understood the information leaflet provided by the practice	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
5. If I see information in my record that is not about me or is inaccurate, I will contact Millfield Surgery as soon as possible. I will treat any information which is not about me as being strictly confidential and I will not disclose this information to anyone outside of Millfield Surgery.	☐
Signature Date	

YOU WILL ALSO NEED TO PROVIDE ONE FORM OF PHOTOGRAPHIC ID (OVER 16'S) with your DOB or Address on. (i.e. Current Passport/Current Driving Licence)

For practice use only

Identity verified by (initials)	Date	Method Vouching ☐ Vouching with information in record ☐ Photo ID or proof of residence ☐
Account created by		Date
Account created ☐		
Internet access sent ☐		