

Dr. J Greaves
 Dr. M Slattery
 Dr M Constable
 Dr B Whitt



Dr. C Milne
 Dr. A Hodson
 Dr. L Hodson
 Dr S Phadnis

PRESTON PARK SURGERY
 2a Florence Road, Brighton BN1 6DP

Telephone: 01273 559601
 E-mail: Sxicb-bh.prestonparksurgery@nhs.net

New Patient Registration Form – Under 16

Please complete all pages in full using block capitals

1. Background Details

Contact Details			
NHS Number		Date of Birth	
First Name		Known As	
Surname		Previous Surname	
Address		Previous Address (if applicable)	
Mobile	I consent to be contacted* by SMS on this number:		
Email	I consent to be contacted* by email at this address:		
Home Number			
Preferred Contact Method	<input type="checkbox"/> SMS/Text Message <input type="checkbox"/> Email		
Have you been registered with a GP in the NHS before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no please state date entered UK: ____/____/____			
Parent or Guardian Details (at least one MUST be a registered patient at this practice and residing at the same address)			
Parent/Guardian One		Mobile Telephone*	
Parent/Guardian Two		Mobile Telephone*	
Address		Home Telephone	
		Work Telephone	
Email*			

**It is your responsibility to keep us updated with any changes to your telephone number, email & postal address. We may contact you with appointment details, test results, health campaigns or Patient Participation Group details. We will never contact you for any other purpose and we will never pass your details onto other organisations.*

Other Details	
Previous GP	Surgery Name: _____ Address: _____
Country of Birth	
Ethnicity	<p>White <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Other White Background (please state)</p> <p>Mixed/Multiple Ethnic Groups <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other Mixed/Multiple Background (please state)</p> <p>Asian/Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian Background (please state)</p> <p>Black/African/Caribbean/Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black/African/Caribbean Background (please state)</p> <p>Other Ethnic Group <input type="checkbox"/> Arab <input type="checkbox"/> Any Other Ethnic Group (please state)</p>
Religion	<input type="checkbox"/> C of E <input type="checkbox"/> Buddhist <input type="checkbox"/> Sikh <input type="checkbox"/> No religion <input type="checkbox"/> Catholic <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Other: <input type="checkbox"/> Other Christian <input type="checkbox"/> Muslim <input type="checkbox"/> Jehovah's Witness
Sexual Orientation	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Bi-Sexual <input type="checkbox"/> Other (please state) <input type="checkbox"/> Gay <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Lesbian <input type="checkbox"/> Not Known
Housing	<input type="checkbox"/> Own House <input type="checkbox"/> Nursing Home <input type="checkbox"/> Homeless <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Rented House <input type="checkbox"/> Residential Home <input type="checkbox"/> Housebound <input type="checkbox"/> Refugee <input type="checkbox"/> Shared House <input type="checkbox"/> Sheltered Home
Employment	<input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> House husband <input type="checkbox"/> Carer <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> House wife <input type="checkbox"/> Retired
Overseas Visitor	<input type="checkbox"/> Yes <input type="checkbox"/> European Health Insurance Card Held (please bring details with you)
Armed Forces	<input type="checkbox"/> Military Veteran <input type="checkbox"/> Family member

Communication Needs	
Language	What is your main spoken language? Do you need an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No
Communication	Do you have any communication needs? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes please specify below) <input type="checkbox"/> Hearing aid <input type="checkbox"/> Large print <input type="checkbox"/> British Sign Language <input type="checkbox"/> Lip reading <input type="checkbox"/> Braille <input type="checkbox"/> Makaton Sign Language <input type="checkbox"/> Guide dog

Carer Details	
Are you a carer?	<input type="checkbox"/> Yes – Informal / Unpaid Carer <input type="checkbox"/> Yes – Occupational / Paid Carer <input type="checkbox"/> No
Who do you care for?	<input type="checkbox"/> Parent/Relative <input type="checkbox"/> Partner/Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Child
Do you have a carer?	<input type="checkbox"/> Yes Name*: _____ Tel: _____ Relationship: _____

* Only add carer's details if they give their consent to have these details stored on your medical record

2. Medical History

Disability

Do you consider yourself to have a disability or long term condition?

Yes No Prefer not to say

If you have answered yes, please state the type of impairment that applies to you. You may tick as many boxes as you need. If your condition is not listed, please mark other.

Learning Disability Sensory Impairment
 Mental Health Condition Other (please state)
 Physical Impairment

Medical History

Have you suffered from any of the following conditions?

Asthma Heart Disease Diabetes Depression
 COPD Heart Failure Kidney Disease Underactive Thyroid
 Epilepsy High Blood Pressure Stroke Cancer- Type:

Any other conditions, operations or hospital admission details:

If you are currently under the care of a Hospital or Consultant outside our area, please tell us here:

Family History

Please record any significant family history of close relatives with medical problems and confirm which relative e.g. mother, father, brother, sister, grandparent

Asthma..... Heart Disease..... Diabetes..... Depression.....
 COPD..... Stroke..... Kidney Disease..... Thyroid.....
 Epilepsy..... Blood Pressure..... Liver Disease..... Cancer.....

Other:

Allergies

Please record any allergies or sensitivities below:

Current Medication

Please provide us with a list of your current medication and a copy of your most recent repeat slip:

Height & Weight

Height	
Weight	
BP Reading	_____/____

*If you do not know these details, please ask reception for access to our scales and BP machine.

Electronic Prescribing

Your prescriptions will be sent electronically, please nominate your preferred pharmacy.	Pharmacy:
--	-----------

**If you do not wish to have your prescriptions sent electronically please speak to a receptionist. If a pharmacy is not nominated we will default to Kamsons Beaconsfield Road (next door to the surgery)*

Signatures

Signature	I confirm that the information I have provided is true to the best of my knowledge. <input type="checkbox"/> Signed on behalf of patient		
Name		Date	

3. Sharing Your Health Record

What is your health record?

Your health record contains all the clinical information about the care you receive. When you need medical assistance it is essential that clinicians can securely access your health record. This allows them to have the necessary information about your medical background to help them identify the best way to help you. This information may include your medical history, medications and allergies.

Why is sharing important?

Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

- Sharing your contact details This will ensure you receive any medical appointments without delay
- Sharing your medical history This will ensure emergency services accurately assess you if needed
- Sharing your medication list This will ensure that you receive the most appropriate medication
- Sharing your allergies This will prevent you being given something to which you are allergic
- Sharing your test results This will prevent further unnecessary tests being required

Is my health record secure?

Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

Can I decide who I share my health record with?

Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

Can I change my mind?

Yes. You can change your mind at any time about sharing your health record, please just let us know.

Can someone else consent on my behalf?

If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made 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 for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

What is your Summary Care Record?

Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

How is my personal information protected?

Preston Park Surgery will always protect your personal information. For further information about this, please see our Privacy Notice on our website or please speak to a member of our team

For further information about your health records, please see: www.nhs.uk/NHSEngland/thenhs/records

For further information about how the NHS uses your data for research & planning and to opt-out, please see: www.nhs.uk/your-nhs-data-matters

3. Sharing Your Health Record (cont)

Do you consent to your GP Practice sharing your health record (please see document attached for more info) with other organisations who care for you?

- Yes (*recommended option*)
 No, never

Do you consent to your GP Practice viewing your health record from other organisations that care for you?

- Yes (*recommended option*)
 No

Signature

Signature

Signed on behalf of patient

Name

Date

4. Summary Care Record (SCR) Summary Care Record with Additional Information (SCRAI)

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 **only** contains information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

A **Summary Care Record with Additional Information (SCRAI)** contains significantly much more useful information.

It can include information about medication, allergies, adverse reactions, your illnesses and health problems, operations, vaccinations, 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.

Having a **SCR** or **SCRAI** helps by providing the NHS healthcare staff that are treating you with vital information from your health record. This will help the staff (especially if they do not know you) make better and safer decisions about how best to treat you.

You have the choice of what information you would like to share and with whom. Please note only authorised NHS healthcare staff can only view your **SCR** or **SCRAI** with your permission and using an auditable means of access. The information shared will solely be used for the benefit of your care and remains confidential.

At Preston Park Surgery we strongly encourage you to consider opting to have a **Summary Care Record with Additional Information (SCRAI)**, as it contains so much more information and is therefore significantly more useful both to you and the NHS staff treating you.

You have a choice

Having read the above information regarding your choices, please choose **one** of the options below

Your Health Record

Do you consent to your GP Practice sharing your health record (please see document attached for more info) with other organisations who care for you?

- Express consent for medication and allergies, adverse reactions and additional information (SCRAI)
- Express consent for medication and allergies, adverse reactions (SCR)
- I would not like a Summary Care Record

Signature

Signature	<input type="checkbox"/> Signed on behalf of patient
Name	
Date	