HOLMES CHAPEL HEALTH CENTRE
London Road, Holmes Chapel, Cheshire, CW4 7BB

Tel: (01477) 533100 Fax: (01477) 532563

Dr Stephen R Tate • Dr Robert A F Thorburn • Dr Paul J Bailey • Dr Clare J Taylor • Dr Nicola Hulme • Dr Dinesh Bailoor

Salaried GP - Dr Naomi Wakefield **Practice Manager - Paul Carroll**

NEW PATIENT REGISTRATION DOCUMENT REQUIREMENTS

Thank you for asking to register at our medical practice. Before we can continue with your registration, please complete the attached registration.

Incomplete forms can cause a delay and will result in you being refused registration.

Please allow ten working days for your registration to be processed

To prevent miss use of NHS resources, we must ask you to provide the following original documentation when you register. Please note that we are required to register patients in accordance with the details as stated on the legal documentation provided e.g. passport/visa/driving licence.

This applies to **ALL APPLICANTS**

1: Photographic identification(please provide photocopy) Passport, Home Office Registration Card, Driving Licence or ID card which has an up-to-date photograph.

2: Proof of address(please provide photocopy) Utility bill, lease document or similar which confirms your residence. This must be less than three months old

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As a reminder – NO MEDICATION can be issued by the practice until you are accepted by the practice.

For administrative use only

I confirm that I have checked the documentation is correct and that the questionnaire has been filled in completely.

Staff Name: **Signed:** **Date:**

New Patient Questionnaire

Our doctors and staff would like to welcome you to the practice. Once you have registered, it can take up to three months before your medical records arrive from your previous doctor. This questionnaire will assist your new doctor to help you if you have occasion to visit the health centre in the near future.
**Please note that patients under the age of 16 are not required to complete this questionnaire but the practice will require details of immunisations to date for all children.*

Personal Particulars

Title: **Country of Birth:**

Surname: **Nationality:**

Forenames: **Date of Birth:**

Marital Status: **Age:**

Occupation: **Sex:**

Home Telephone:

Mobile Telephone: **Email Address:**

We send text messages to you to help your care, this can be appointment reminders, asking you to book appointments, make you aware of health care initiatives in the practice or simply inviting you to practice events. WE WILL NOT BOMBARD YOU WITH MESSAGES.

I consent to receive healthcare text messages ☐
I do not consent to receive health care text messages ☐
I consent to receive healthcare messages by Email when available ☐
I do not consent to receive health care message by Email when available ☐

Next of Kin and relationship to you:

Next of Kin contact number(s):

What is your main spoken language?

Ethnicity (please tick):		Chinese		Indian/British Indian		Pakistani /British Pakistani	
White British/Mixed British		White/Black African		Other Asian		White/Black Caribbean	
Irish		White/Black Asian		Other Black background		Any Other Ethnic Group please specify	

Are you a Carer? (Someone who looks after a sick/elderly person) Yes/No
Who do you care for? (Mum, Dad, Son, Daughter, Other)

Do you have any Allergies? Yes/No
If yes - please list:

Height: **Weight:**

Consent to discuss my care

I give my consent for the following person(s) to obtain any medical information on my behalf:

Personal Habits

Smoking:

Do you currently smoke tobacco?	Yes/No	How many per day?
Have you ever been a regular smoker?	Yes/No	
Do you currently use an electronic cigarette?	Yes/No	
Are you an ex-smoker?	Yes/No	Date Stopped:

For stop smoking advice contact:
One You Cheshire East
Tel: 0800 1643 202 Email: OneYou.CheshireEast@nhs.net Website: http://www.oneyoucheshireeast.org/
Rowlands Pharmacy (Middlewich)
Tel: 01606837604
Giving up Smoking
Website: www.givingupsmoking.co.uk
Quitline
Tel: 0800 00 22 00 Website: www.quit.org.uk

Please circle Yes to confirm you have read this smoking information. Yes

Alcohol:

Do you drink ANY alcohol Yes No
If yes, how much alcohol do you consume in a week? ……Units

BMA advice suggests an upper limit of 14 units/per week for women 21 units/per week for men

AUDIT QUESTIONS	Scoring System 0	1	2	3	4	Your Score
How often do you have an alcoholic drink?	Never	Less than monthly	2 – 4 times per month	2-3 times per week	4+ times a week	
Using the conversion chart, how many alcohol units do you drink on a typical day?	1-2 units	3-4 units	5 – 6 units	7 – 8 units	10+ units	
How often do you have 6 or more units on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Stopped drinking	Date Stopped					

Medical History:

Do you have an existing illness? Yes/No

Please write any illness you have which you feel the doctor should know about.

Medication:

If you are taking any regular medication, please attach your most recent repeat prescription slip or list below:

Online appointments and Prescriptions – We register all patients for our online access to allow you to book appointments and requests prescriptions online. Please complete the form on the following page tick if you **DO** wish to benefit from this service. ☐

Holmes Chapel Health Centre
Request forinitial access to Patient Facing (Online) Services

- This initial form will provide patients with online access for:
    - Booking of appointments online;
    - Requesting repeat medication online;
    - Updating your contact details online;
    - Viewing key information from your GP Medical Record online (current medication, immunisation, allergies, laboratory test results);
- Please note that this service is not available for patients aged 11-15 due to NHS safeguarding and confidentiality guidelines.
- Once registered for online access patients can, if they wish, request access to viewadditional information from their GP Medical Record online (clinical problems and a summary of consultation entries).
- Please attend the Health Centre in person, bringing with you this completed form and two forms of identification (one photo ID and one address ID). Please contact the Health Centre for further details.

Section 1 – to be completed by the patient

Name:	
Date of birth:	
Address:	
Mobile Number:	
Email Address:	

I wish to have detailed access to my medical online and I understand and agree with each statements listed below:

1. **I have read and understood the patient information leaflet available from the Health Centre reception and website.**
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. **If I suspect that my account has been accessed by someone without my agreement, I will contact the Health Centre as soon as possible.**
5. **If I see information in my record that is not about me or is inaccurate, I will contact the Health Centre as soon as possible.**
6. **If I think that I may come under pressure to give access to someone else unwillingly, I will contact the Health Centre as soon as possible.**

Signature:	or parent's signature for patients aged 0-10
Date:	

Section 2 – to be completed by Receptionist

Photo ID seen			
Address ID seen			
Patient's EMIS Registration settings updated for Patient Facing (Online) Services			
Patient Access Registration Information letter printed and passed to the patient			
Completed By:		Date:	

Section 3 – to be completed by second Receptionist (SAME DAY)

Patient's settings for Patient Facing (Online) Services checked in EMIS Registration			
Completed By:		Date:	

Completed form to be scanned into patient's record.

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 that 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.

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

b) **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies and adverse reactions and further medical information that includes: Your significant 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.

c) **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.

Please note that it is not compulsory for you to complete this consent form. If you choose not to complete this form, a Summary Care Record containing information about your medication, allergies and adverse reactions and additional further medical information will be created for you as described in point b) above.

The sharing of this additional information during the pandemic period will assist healthcare professionals involved in your direct care and has been directed via the Control of Patient Information (COPI) Covid-19 – Notice under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002.

If you choose to complete the consent form overleaf, 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.

Or

☐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).

Name of Patient:……..…..

Address:
……

Postcode: …… **Date of Birth:** ……..

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 circle one: Parent Legal Guardian Lasting power of attorney for health and welfare

If you require any more information, please visit http://digital.nhs.uk/scr/patients or phone NHS Digital on 0300 303 5678.

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Cheshire Care Record – Opt Out Form

What is a Cheshire Care Record?
The local Cheshire NHS has created the facility for local NHS health and social organisations (e.g. local hospital doctors, social services) to share a brief summary of your records. This can help local clinicians and practitioners in your treatment.

Why have a local scheme if there is a national scheme in place?
It was felt that some patients would be happy to have a summary made available locally but would not want this clinical information made available to the NHS nationally. A local scheme can also be more easily tailored to the needs of the local community.

Will clinicians only view my Cheshire Care Record after obtaining my permission?
Yes, when a local clinician wishes to view your Cheshire Care Record, they would need to gain your consent before accessing your local summary record.

Do I have to let my GP Practice know if I want a Cheshire Care Record?
No, by default a Cheshire Care Record will be created for you. If you have previously opted out of having a Cheshire Care Record then you will need to inform your GP Practice if you now want to have one.

If I do not want a Cheshire Care Record, how do I opt out?
If you do not want to have a Cheshire Care Record please complete the opt-out form below and hand this into your GP Practice.

Patient Name	
Date of birth	
Address	
Signature	
Date	