

# 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

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## **NEW PATIENT REGISTRATION DOCUMENT REQUIREMENTS UNDER 16**

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.

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**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:** \_\_\_\_\_  
**Age:** \_\_\_\_\_ **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?**

<b>Ethnicity (please tick):</b>	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Indian/British Indian	<input type="checkbox"/>	Pakistani /British Pakistani	<input type="checkbox"/>
White British/Mixed British	<input type="checkbox"/>	White/Black African	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	White/Black Caribbean	<input type="checkbox"/>
Irish	<input type="checkbox"/>	White/Black Asian	<input type="checkbox"/>	Other Black background	<input type="checkbox"/>	Any Other Ethnic Group please specify	<input type="checkbox"/>

**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:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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:

**CHILDREN ONLY (UNDER 16 YEARS) - CHILDRENS IMMUNISATION HISTORY**

IMMUNISATION	YES/NO	DATE GIVEN	IMMUNISATION	YES/NO	DATE GIVEN
2 MONTH			MMR 1		
3 MONTH			MMR 2		
4 MONTH			HPV 1		
12 MONTH			HPV 2		
PRE-SCHOOL BOOSTER			HPV 3		
SCHOOL LEAVERS BOOSTER			BCG		

**NO IMMUNISATIONS CAN BE BOOKED FOR BABY CLINIC WITHOUT PRIOR DISCUSSION WITH ONE OF THE PRACTICE NURSES - PLEASE BOOK A TELEPHONE APPOINTMENT.**

**Online Access:**

For children we can register the parent/guardian with proxy access. Please see following documents.

# On Line Access for Proxy Information Leaflet & Application Form

## Proxy Access

This is where someone is given access another person's medical record. For example:

- A parent or guardian who has legal responsibility for a patient under 11.
- A parent or guardian where a patient aged 11 or over has given permission.
- A parent or guardian who has legal responsibility for a patient between 11 and 16 where GP has assessed that the patient is not capable of making their own decisions re medical health.
- A carer for a patient over the age of 16 – we would need a letter from the patient giving them permission.

The proxy does not have to be a registered patient at the practice, but must be registered for online services on the GP system and always use their own login credentials.

To be given proxy access, a patient's representative must have the informed consent of the patient or, in cases where the patient does not have capacity to consent; the GP has decided that it is in the best interests of the patient for them to have proxy access.

Patients aged 16 or above are assumed to have the capacity to consent unless there is an indication that they are not. Young patients between the ages of 11 and 16 who are judged as having capacity to consent by their GP may also consent to give proxy access to someone else.

Legitimate reasons for the practice to authorise proxy access without the patient's consent include:

- The patient has been assessed as lacking capacity to make a decision on granting proxy access and
  - The applicant has a lasting power of attorney for health and welfare registered with the Office of the Public Guardian,
  - The applicant is acting as a Court Appointed Deputy on behalf of the patient, or the GP considers it to be in the patient's interest in accordance with the Mental Capacity Act 2005 code of practice.
  - The patient is a child who has been assessed as not competent to make a decision on granting proxy access

The practice may refuse or withdraw proxy access, if they judge that it is in the patient's best interests to do so.

On a child's 11<sup>th</sup> birthday, the scope of the current proxy access will be restricted, unless the GP has already assessed the child as able to make an informed decision and the child has given explicit consent for their record to be shared. This is a national standard imposed by NHS England to protect the confidentiality rights of young people.

From 11-16, a parent with proxy access will be able to manage certain elements of the young person's record, such as demographic data, and make appointments and order repeat prescriptions, but they will not be able to see the young person's past appointments or clinical record, although they would still be able to see the current repeat prescription record.

At the child's 16<sup>th</sup> birthday the remaining proxy access will be switched off, except where the young person is competent and has given explicit consent to the parental access. If the child wants proxy access re-instated, they will need to come to the surgery in person, with proof of ID, to request it.

Parents may continue to be allowed proxy access to their child's online services, after careful discussion with the GP, if it is felt to be in the child's best interests.

### **Background information**

In UK law, a person's 18th birthday draws the line between childhood and adulthood (Children Act 1989 s105) - so in health care matters, an 18 year old enjoys as much autonomy as any other adult.

To a more limited extent, 16 and 17 year-olds can also take medical decisions independently of their parents. The right of younger children to provide independent consent is proportionate to their competence - a child's age alone is clearly an unreliable predictor of his or her competence to make decisions.

### **Gillick competence**

The 'Gillick Test' helps clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment. They must be able to demonstrate sufficient maturity and intelligence to understand the nature and implications of the proposed treatment, including the risks and alternative courses of actions

In 1983, a judgment in the High Court laid down criteria for establishing whether a child had the capacity to provide valid consent to treatment in specified circumstances, irrespective of their age. Two years later, these criteria were approved in the House of Lords and became widely acknowledged as the Gillick test. The Gillick Test was named after a mother who had challenged health service guidance that would have allowed her daughters aged under 16 to receive confidential contraceptive advice without her knowledge.

### **Fraser guidelines**

As one of the Law Lords responsible for the Gillick judgment, Lord Fraser specifically addressed the dilemma of providing contraceptive advice to girls without the knowledge of their parents. He was particularly concerned with the welfare of girls who would not abstain from intercourse whether they were given contraception or not. The summary of his judgment referring to the provision of contraceptive advice was presented as the 'Fraser guidelines'. Fraser guidelines are narrower than Gillick competencies and relate specifically contraception.

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## Consent to proxy access to GP online services

**Note:** If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patient's best interest section 1 of this form may be omitted.

### Section 1

I,..... (name of patient), give permission to my GP practice to give the following people ..... proxy access to the online services as indicated below in section 2.

I reserve the right to reverse any decision I make in granting proxy access at any time.

I understand the risks of allowing someone else to have access to my health records.

I have read and understand the information leaflet provided by the practice.

Signature of patient	Date
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### Section 2

Online appointment booking	
Online prescription management	
Accessing the medical record for	(name of patient)

### Section 3

I/we..... (names of representatives) wish to have online access to the services ticked in the box above in section 2 for ..... (name of patient).

I/we understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:

I/we have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential	
I/we will be responsible for the security of the information that I/we see or download	
I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	
If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	

Signature/s of representative/s	Date/s
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## The Patient

(This is the person whose records are being accessed)

Surname	Date of birth
First name	
Address	
Email address	
Telephone number	Mobile number

## The Representatives

(These are the people seeking proxy access to the patient's online records, appointments or repeat prescription.)

Surname	Surname
First name	First name
Date of birth	Date of birth
Address	Address (tick if both same address <input type="checkbox"/> )
Email	Email
Telephone	Telephone
Mobile	Mobile

### For Reception Use:

Identity verified by (initials)	Date	Method of verification <input type="checkbox"/> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence
The patients NHS number	The patients emis number	

### For GP Use:

Proxy access authorised by	Date
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### For Admin Use:

Date access enabled	
Date activation letter sent	
Level of record access enabled <input type="checkbox"/> Appointments & Repeats <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Other	Notes / comments on proxy access