**Dr Baxter and Partners (page 1)**

**New Patient Registration Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** | **First Name(s):** | | | | | | | **Surname:** | | | | | |
| **Date of birth:** |  | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Ethnic Origin (please select one):** | | | | | **White (UK):** | **White (Irish):** | **White (Other):** | **Caribbean:** | | **African:** | **Asian:** | **Other Mixed:** | **Chinese:** | | **Indian / Brit Indian:** | **Pakistani / Brit Pakistani:** | **Bangladeshi / Brit Bangladeshi:** | **Other Asian Background:** | | **Other Black Background:** | **Other:** | **Ethnic category not stated:** |  |   **Contact Details:**  *(By providing the numbers below you are giving consent for Dr Baxter and Partners to contact you via this method).*  **IT IS YOU RESPONSIBILITY TO KEEP CONTACT NUMBERS UP TO DATE.** | | | | | | | | | | | | | |
| **Mobile:** | | | | **Home:** | | | | | | **Work:** | | | |
| **Email Address:** *(By providing this you are giving consent for Dr Baxter and Partners to contact you via this method).* | | | | | | | | | | | | | |
| **CONSENTS**   1. **Text messaging and Emails:**   *Do you consent to receiving text messages and / or emails regarding (but not limited to) appointments, results, targeted health campaigns (like flu vaccines / asthma events)etc.*  **YES NO** | | | | | | | | | | | | | |
| 1. **Record sharing:**   An informed patient can choose to permit or restrict access to the information held on their medical record at each organisation that can access that record.  ***Sharing out –***  *Do you consent to the sharing of data recorded here (Dr Baxter and Partners) with any other organisations that may care for you (the patient)?*    ***Yes – share data with other organisations***  ***No – do not share any data recorded here***  ***Sharing In –***  *Do you (the patient) consent to the viewing of data by this organisation (Dr Baxter and Partners) that has been recorded by other care services?*  ***Yes – share data with other organisations***  ***No – do not share any data recorded here***  More information about data security can be found on: [www.gov.uk](http://www.gov.uk) | | | | | | | | | | | | | |
| **Smoking Status:** | | | SMOKER | | | | EX - SMOKER | | | | NEVER SMOKED TOBACCO | | |
| ***Please tick:*** | | |  | | | |  | | | |  | | |
| **NHS STOP SMOKING PROGRAMME**  *Please indicate if you would like a member of the Stop Smoking team to contact you to arrange an appointment to come in and discuss smoking cessation.*  **YES NO** | | | | | | | | | | | | | |
| **Your Medical History:** *Before your full medical notes arrive (this can take several weeks), please provide any key pieces of information that will help us care for you.* | | | | | | | | | | | | | |
| **Details of previous illness and when:** |  | | | | | | | | | | | | |
| **Details of previous operations you’ve had and when:** |  | | | | | | | | | | | | |
| **Current medical**  **problems:** | **Please tick if you have any of the below conditions.**   |  |  |  | | --- | --- | --- | | **DIABETES** | **ASTHMA** | **COPD** | | **CHD** | **PRE-DIABETES** | **COELIAC** | | | | | | | | | | | | | |
| **Any Other Notes:**  **Medication Required:** *Your previous Doctors Surgery has a duty of care for you for 30 days after you notified them that you were leaving. Please ensure that you have one month supply of medication before you register with Dr Baxter and Partners because a routine Doctors appointment for us to set up your repeat medication is likely to be at least three weeks ahead. (Continue on separate sheet if necessary).*  **(PLEASE ATTACH CURRENT REPEAT PRESCRIPTION IF POSSIBLE)** | | | | | | | | | | | | | |
| **Exact name of drug:** | | | **Dose:** | | | **Frequency:** | | | | | | | **Required on repeat? Yes or No** |
|  | | |  | | |  | | | | | | |  |
|  | | |  | | |  | | | | | | |  |
|  | | |  | | |  | | | | | | |  |
|  | | |  | | |  | | | | | | |  |
|  | | |  | | |  | | | | | | |  |
|  | | |  | | |  | | | | | | |  |
|  | | |  | | |  | | | | | | |  |
|  | | |  | | |  | | | | | | |  |
| **Nominated Pharmacy:** *Prescriptions can be sent to a Pharmacy of your choice or be collected directly from Reception. Prescriptions for repeat medications need to be ordered at least four days ahead.* ***THIS CAN BE DONE ONLINE VIA SYSTMONE.***  *Please tick appropriate box* | | | | | | | | | | | | | |
| **PLEASE SELECT** | | | Shefford Pharmacy | | | | Jardines Pharmacy (Shefford) | | | | Other *(please specify)* | | |
| **Immunisations:** *Please tick any that you have had and provide date given*  ***(If from military background please include a copy of your childs immunisations or a copy of their red book)*** | | | | | | | | | | | | | |
| Influenza vaccine | | Influenza Nasal Spray | | | Pneumococcal | | | | Shingles | | | Whooping Cough | |
| Diphtheria | | Measles | | | German Measles | | | | Tetanus | | | Polio | |
| MMR | | Pre-school Booster | | |  | | | | | | | | |
| **Carers:** *Dr Baxter and Partners are committed to ensuring our patients that undertake regular caring activities / roles for others should be able to access healthcare that fits around their already busy schedules. If you provide additional support to either elderly or disabled relatives, friends or neighbours please let us know so we can ensure your medical record reflects this.*  **YES NO**  If yes, more information on support for Carers can be found on: [www.carersinbeds.org.uk](http://www.carersinbeds.org.uk)  *Regular Carers meetings are held here – please ask Reception for more details.* | | | | | | | | | | | | | |
| **Sharing of Medical Records with a Third Party:**  *It may be that you would like to share your medical record with a third party, for example your husband or wife; or If you have a Carer.*  *It is important that you make an informed decision about this and that your Doctor is satisfied you have capacity to make this decision. Giving this type of consent will allow the named individual to access your medical record in its entirety; this includes appointments, results, referrals and screening outcomes.*  *If you would like more information or a Consent Form, please ask Reception.* | | | | | | | | | | | | | |
| **Summary Care Record (SCR)**  *The SCR is an electronic record of important patient information, created from GP medical records. It can be seen and used by authorised staff in other areas of the health and care system involved in the patient's direct care.*  *Access to SCR information means that care in other settings is safer, reducing the risk of prescribing errors. It also helps avoid delays to urgent care.*  At a minimum, the SCR holds important information about;   * current medication * allergies and details of any previous bad reactions to medicines * the name, address, date of birth and NHS number of the patient   You can also choose to include [additional information in the SCR](https://digital.nhs.uk/summary-care-records/additional-information), such as details of long-term conditions, significant medical history, or specific communications needs.  ***Please tick appropriate box*** | | | | | | | | | | | | | |
| **OPT OUT (do not want a SCR)** | | | | **Standard Summary Care Record (medication, allergies)** | | | | | | **Enriched Summary Care Record (with additional information)** | | | |
| **Patient Participation Group (PPG):**  Dr Baxter and Partners is committed to improving the services we provide to our patients. We have an active PPG that meets approximately six times per year to discuss the local health care provision and ensure that patient voices are heard in respect of any proposed change.    PPGs can play a number of roles, including:   * Advising the practice on the patient perspective * Organising health promotion events * Communicating with the wider patient body * Running volunteer services and support groups to meet local needs * Carrying out research into the views of those who use the practice (and their carers) * Influencing the practice or the wider NHS to improve commissioning * Fundraising to improve the services provided by the practice   *http://www.napp.org.uk/ppgintro.html*  Would like to become involved with the Patient Participation Group?  **YES NO**  **Online Access:**  Dr Baxter and Partners offers patients online access which can enable appointment booking, prescription requests and viewing of your medical record.  Please ask a receptionist for the application forms if you would like to register for this service.   |  |  | | --- | --- | | **Please tick here if you wish to decline online access or believe you could be at risk of coercion** |  | | | | | | | | | | | | | | |

***Thank you for completing this form.***

If you need repeat medication organising, please book a routine appointment for a New Patient Check with the Doctor. Do not forget to order a further 30 day supply of medication from your previous Doctor.

Dr Baxter and Partners **Appointments: 01462 810034**

Robert Lucas Drive,

Hitchin Road, General Enquiries: 01462 818620

Shefford, Beds.

SG17 5FS

Patient Name: Date of Birth:

**Re: GDPR and Data Security**

Your personal and health information is really important. So we are making some changes to how we collect and use that data. They all reflect the rights and protection you are entitled to under the new General Protection Regulation (GDPR). This comes into effect on 25th May 2018.

Our fair processing notice, which explains what information we hold about you, how and why we use that information, how we retain and secure this information, who we share this information with and for what purposes can be found in the surgery and on our website: <https://sheffordhealthcentre.gpsurgery.net/>

In order for us to communicate effectively with you we need you to actively opt in to receive certain communications from us, please tick each box that you give your consent to be contacted via this method:

|  |  |  |
| --- | --- | --- |
| **CONTACT METHOD** | **Please confirm number / email address we are to use:**  NOTE:  THIS IS YOUR RESPONSIBILITY TO KEEP THIS UPDATED. | **CONSENT**  (Tick below if you are happy for us to contact you via this method AND for the reasons stated) |
| **PREFERRED CONTACT METHOD** | TEXT MESSAGE  EMAIL  LETTER  TELEPHONE | **PLEASE CIRCLE/TICK THE PREFERRED CONTACT METHOD** |
|  | **Please confirm number / email address we are to use:**  NOTE:  THIS IS YOUR RESPONSIBILITY TO KEEP THIS UPDATED. | **CONSENT**  (Tick below if you are happy for us to contact you via this method AND for the reasons stated) |
| **Mobile – phone call only** |  |  |
| **Mobile – Text or Data Messaging Services**  We may text or data message you about:  Appointments  Appointment Reminders  Results  Health Campaigns, like flu vaccines  NOTE: WE WILL NEVER TEXT YOU ABOUT SENSITIVE INFORMATION |  |  |
| **E-MAIL**  We may email you about:  Appointments  Appointment Reminders  Results  Health Campaigns, like flu vaccines  NOTE: WE WILL NEVER EMAIL YOU ABOUT SENSITIVE INFORMATION |  |  |

**PRESCRIPTIONS**

Under the GDPR we will also need to gain your consent to allow other people to collect your repeat prescriptions. If you would like to nominate somebody else to collect your prescriptions on your behalf please use the box below to name this person(s). Remember this person(s) will need to be able to confirm your full address, including the post code and your date of birth in order to collect the prescription.

|  |  |
| --- | --- |
| **Name** | **Relationship to you** |
|  |  |
|  |  |
|  |  |
|  |  |

**LETTERS / SICK CERTIFICATES / REFERRAL PAPERWORK**

Under the GDPR we will also need to gain your consent to allow other people to collect any paperwork on your behalf. This would only be something that you have requested such as Sick Certificate or private letter, it could also be paperwork relating to a referral. If you would like to nominate somebody else to collect any paperwork or on your behalf please use the box below to name this person(s). Remember this person(s) will need to be able to confirm your full address, including the post code and your date of birth in order to collect the paperwork.

|  |  |
| --- | --- |
| **Name** | **Relationship to you** |
|  |  |
|  |  |
|  |  |

The GDPR sets a high standard for consent. Consent means offering people genuine choice and control over how their data is used. When consent is used properly, it helps you build trust and enhance reputation. However consent is only one potential lawful basis for processing information. Therefore we may not need to seek your explicit consent for every instance of processing and sharing your information, on the condition that the processing is carried out in accordance with our fair processing notice.

**LEARNING DISABILITIES**

**Do you consider that you have a learning disability?**

|  |  |
| --- | --- |
| **YES** –*please request our learning disabilities screening tool* | **NO** |

**SIGNATURE OF PATIENT:**

**DATE:**