

Correspondence to your usual branch

Danbury Medical Centre
52 Maldon Road
Danbury
Essex CM3 4QL

Mountbatten House Surgery
1 Montgomery Close
Chelmsford
Essex CM1 6FF

Moulsham Lodge Surgery
158 Gloucester Avenue
Chelmsford
Essex CM2 9LG

Telephone Number: 01245 221777

New Patient Registration Form - Adult

Please complete all pages in full using block capitals

<i>For practice use only when requiring online services</i>			
Photo ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving licence	<input type="checkbox"/> Other
Seen by (Receptionists name)			

1. Patient Details			
NHS Number (if known)		Title	
Forename(s)			
Surname			
Previous Surname		Date of Birth	
Address			
Previous Address			
Mobile Telephone Number		Home Telephone Number	
Work Telephone Number		Email Address	
Do you consent to receiving SMS messages? <small>Please note: The practice's preferred method of recall is by letter, and when appropriate, by text</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Next of Kin	Name	Address and Telephone Number	Relationship
Has the patient been registered within the NHS before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no please state date entered UK
Country of Birth			



Previous GP	Name:	Address:	
Ethnicity	<input type="checkbox"/> White (UK)	<input type="checkbox"/> White (Irish)	
	<input type="checkbox"/> White (Other)	<input type="checkbox"/> Black Caribbean	
	<input type="checkbox"/> Black African	<input type="checkbox"/> Black Other	
	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Indian	
	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Chinese	
	<input type="checkbox"/> Other – Please state:		
Which of the following options best describes you?	<input type="checkbox"/> Heterosexual/Straight	<input type="checkbox"/> Lesbian/Gay	
	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Unsure	
	<input type="checkbox"/> Other – Please state:		
Which of the following best describes how you think of yourself?	<input type="checkbox"/> Woman (including Trans Women)	<input type="checkbox"/> Man (including Trans Men)	
	<input type="checkbox"/> Non-Binary	<input type="checkbox"/> Unsure	
	<input type="checkbox"/> Other – Please state:		
Is your gender identity the same as the gender you were given at birth?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Housing	<input type="checkbox"/> Own House	<input type="checkbox"/> Shared House	
	<input type="checkbox"/> Rented House	<input type="checkbox"/> Nursing Home	
	<input type="checkbox"/> Residential Home	<input type="checkbox"/> Sheltered Home	
	<input type="checkbox"/> Homeless	<input type="checkbox"/> Asylum Seeker	
	<input type="checkbox"/> Refugee	<input type="checkbox"/> Other – Please state:	
Employment	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-employed	
	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed	
	<input type="checkbox"/> House husband	<input type="checkbox"/> House wife	
	<input type="checkbox"/> Carer	<input type="checkbox"/> Retired	
Occupation			
Overseas Visitor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Armed Forces	<input type="checkbox"/> Military Veteran	<input type="checkbox"/> Family member	
Communication Needs			
What is your main spoken language?			
Do you need an interpreter?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any communication needs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Hearing aid	<input type="checkbox"/> Lip reading		
<input type="checkbox"/> Braille	<input type="checkbox"/> British Sign Language		
<input type="checkbox"/> Makaton Sign Language	<input type="checkbox"/> Guide dog		
Do you have a Learning Disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



Carer Details			
Are you a carer?	<input type="checkbox"/> Yes – Informal / Unpaid Carer	<input type="checkbox"/> Yes – Occupational / Paid Carer	<input type="checkbox"/> No
Do you have a carer? * Only add carer's details if they give their consent to have these details stored on your medical record	<input type="checkbox"/> Yes	*Name of carer	Address and Telephone Number
			Relationship
2. Medical History			
Have you suffered from any of the following conditions?			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Disease		
<input type="checkbox"/> Stroke	<input type="checkbox"/> Heart Failure		
<input type="checkbox"/> Depression	<input type="checkbox"/> Underactive Thyroid		
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> COPD		
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Cancer – Type:		
Any other conditions, operations or hospital admission please provide details			
If you are currently under the care of a Hospital or Consultant outside our area, please provide details			
Allergies			
Please record any allergies or sensitivities			
Please record any significant family history of close relatives with medical problems and confirm which relative e.g. mother, father, brother, sister, grandparent			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Disease		
<input type="checkbox"/> Heart Failure	<input type="checkbox"/> High Blood Pressure		
<input type="checkbox"/> Thyroid	<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Depression	<input type="checkbox"/> Stroke		
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> COPD		
<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Epilepsy		
<input type="checkbox"/> Cancer- Type:			
Current Medication			
Please provide us with a copy of your previous repeat medication list if possible			
Electronic Prescribing			
If you would like your prescriptions to be sent electronically, please provide details of the pharmacy you would like to use			



Alcohol						
	Scoring Systems					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	1+	
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	
A score of less than 5 indicates <i>lower risk drinking</i>					<i>Total Score:</i>	

Scores of 5 or more requires the following 7 questions to be completed

	Scoring Systems					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 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 last year	
					<i>Total Score:</i>	

One unit is:



Half a pint of regular beer, lager or cider



A small glass of wine



A single measure of spirits



A small glass of sherry



A single measure of aperitifs

Each of these is more than one unit:



A pint of 3.5% beer, lager or cider



A pint of 5% beer, lager or cider



A 330ml bottle or can of 4.5% alcopop or lager



A 500ml can of 4% lager or strong beer



A 500ml can of 8% lager



A medium (175ml) glass of 11% wine



A bottle of 12% wine



Smoking				
Do you smoke?	<input type="checkbox"/> Never smoked	<input type="checkbox"/> Ex-smoker	<input type="checkbox"/> Yes	
Do you use an e-Cigarette?	<input type="checkbox"/> No	<input type="checkbox"/> Ex-User	<input type="checkbox"/> Yes	
How many cigarettes did/do you smoke a day?	<input type="checkbox"/> 0-1	<input type="checkbox"/> 1-9	<input type="checkbox"/> 10-19	<input type="checkbox"/> 20-39 <input type="checkbox"/> 40+
Would you like help to quit smoking?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Height and Weight				
Height (m)				
Weight (kg)				
Contraception				
Do you use any contraception?	<input type="checkbox"/> Yes If needed, please book appointment		<input type="checkbox"/> No	
Are you currently pregnant or think you may be?	<input type="checkbox"/> Yes Expected due date:		<input type="checkbox"/> No	
5. Sharing Your Health Record				
Your Health Record				
Do you consent to your GP Practice sharing your health record with other organisations who care for you?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Do you consent to your GP Practice viewing your health record from other organisations that care for you?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Your Summary Care Record (SCR)				
Do you consent to having an Enhanced Summary Care Record with additional information?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
6. Online Access				
I wish to have online access to: Please tick all that apply				
<input type="checkbox"/> View & book appointments <input type="checkbox"/> View & request medication <input type="checkbox"/> Access my coded medical record (contains any medical codes that have been recorded) <input type="checkbox"/> Access my full medical record (contains medical codes and any free text that has been recorded) <input type="checkbox"/> Access my Summary Care Record <input type="checkbox"/> I consent to my username and password for online access being sent to me by post				
7. Signature				
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				



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.

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?

The Beacon Health Group 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

Access to GP Online Services

If you wish to, you can now use the internet (via computer or mobile app) to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

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 are unable to 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.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

The definition of a full medical record is all the information that is held in a patient's record; this includes letters, documents, and any free text which has been added by practice staff, usually the GP. The coded record is all the information that is in the record in coded form, such as diagnoses, signs and symptoms (such as coughing, headache etc.) but excludes letters, documents and free text.

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.

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.

For further information, please see:

www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx

