**THE EDEN SURGERIES – Broomfields, Hatfield Heath CM22 7EH, 01279 730616. 17 Cannons Lane, Hatfield Broad oak CM22 7HX, 01279 718245**

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**CONFIDENTIAL MEDICAL REGISTRATION FORM**

**Pa**

**All patients registering at The Eden Surgeries will be allocated a named General Practitioner. Patients are however free to see any doctor of their choice for each consultation although we would encourage you to see the same doctor for the duration of each problem to ensure continuity of care. As you have recently joined our practice it may be some time before we receive your medical records, therefore we ask you to complete this questionnaire so that we can provide you with appropriate medical care. Please arrange to see the nurse as soon as possible for a blood pressure reading and urine sample so that we can complete your registration.**

**Please complete all pages in FULL using BLOCK capitals**

Surname

First Names (in full)

Previous Surnames

**Title**: 🞏 Mr 🞏 Mrs 🞏 Miss 🞏 Ms 🞏 Other ………………….. . 🞏 Male 🞏 Female

Date of Birth (day/month/year) NHS Number 🞏🞏🞏 🞏🞏🞏 🞏🞏🞏🞏

Town & country of Birth

Post Code:

Address

Telephone number: Mobile number:

**Reminders for appointments will be sent by SMS text messaging to the mobile number provided unless you advise us that you do not want to use this service.**

Email address:

**Please help us trace your previous medical records by providing the following information:**

Your previous address in UK

Post Code:

Name of previous Doctor

while at that address

Post Code:

Address of previous Doctor

Where did you last receive Date:

treatment?

*ie GP, Walk in Centre, MIU, Emergency Department etc*

What was the outcome of

this visit? ie prescription

**If you are from abroad:**

Your first UK address where

Post Code:

Registered with a GP

If previously resident in UK Date you first

date of leaving came to UK

**Dispensing - If you live more than 1 mile in a straight line from the nearest chemist:**

* I live more than 1 mile in a straight line from the nearest chemist and would like to collect my dispensed medications from the Dispensary at The Eden Surgeries.

**Non - Dispensing - If you live less than 1 mile in a straight line from the nearest chemist:**

* I would like my prescriptions to be sent to Yogi Pharmacy for collection if you’re a Hatfield Broad Oak Surgery patient.

**If you are returning from the Armed Forces:**

Addresss before enlisting

Post Code:

Enlistment date Service/

Personnel number

**NHS Organ Donor registration:**

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

🞏 Any of my organs and tissue or

🞏 Kidneys 🞏 Heart 🞏 Liver 🞏 Corneas 🞏 Lungs 🞏 Pancreas 🞏 Any part of my body

Signature to confirm agreement to organ/tissue donation is at the bottom of this form.

For more *information please ask at reception for an information leaflet or visit the website* [*www.uktransplant.org.uk*](http://www.uktransplant.org.uk) *or call 0300 123 23 23*

**NHS Blood Donor registration:**

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years 🞏

Signature to confirm consent to inclusion on the NHS Blood Donor Register at the bottom of this form.

*(For more information, please ask for the leaflet on joining the NHS Blood Donor Register. My preferred address for donation is (only if different from above eg your place of work))*

……………………..………………………………………………………………… Post code: ………………….

**Please tell us about yourself:**

Are you a carer? 🞏 Yes 🞏 No Do you have a carer? 🞏 Yes 🞏 No

If yes, please tell us the name & address of your

Carer:

Are you happy for us to contact your carer 🞏 Yes 🞏 No

about you?

Do you have any special communication needs? 🞏 Yes 🞏 No

If Yes: 🞏 Sign Language 🞏 Large Print 🞏 Other ………………………………………………….

**For patients aged 85 or over: (these are to help us assess if you may need additional clinical input)**

In general, do you have any health problems that require you to limit your activities?  🞏 Yes 🞏 No

In general, do you have any health problems that require you to stay at home?   🞏 Yes 🞏 No

Do you regularly use a stick, walker or wheelchair to get about?     🞏 Yes 🞏 No

In case of need, can you count on someone close to you?    🞏 Yes 🞏 No

Do you need someone to help you on a regular basis?    🞏 Yes 🞏 No

Please provide details if the person is different

From the information you have provided as your carer.

**Personal Medical History…..**

Have you ever suffered from any important medical illness, operation or admission to hospital? If so please enter details below:

|  |  |  |
| --- | --- | --- |
| **Condition** | **Year diagnosed** | **Ongoing** |
|  |  | Yes/No |
|  |  | Yes/No |
|  |  | Yes/No |

**Family History…..**

Have any close relatives (*father, mother, sister, brother only*) ever suffered from any of the following: (please indicate who in the boxes)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Heart attack | Stroke | Diabetes | High blood pressure | Asthma | Glaucoma | Cancer |
|  |  |  |  |  |  |  |
| Hay fever/eczema | Epilepsy/fits | Stomach/duodenal ulcer | Thyroid disease | Died before the age of 60 | Other |  |
|  |  |  |  |  |  |  |

**Immunisations/Vaccinations**

|  |  |  |  |
| --- | --- | --- | --- |
| **Immunisation** | **Year** | **Immunisation** | **Year** |
| Tetanus |  | Polio |  |
| Typhoid |  | Yellow Fever |  |
| Hepatitis A |  | Hepatitis B |  |
| Pneumonia |  | Flu |  |
| Meningitis |  | Diptheria |  |
| Any other (inc travel) |  |  |  |

**Allergies ……**

Please list any allergies you have to any drugs/medication:

|  |  |
| --- | --- |
| **Name of medication** | **What was the problem or upset?** |
|  |  |

If you have a copy of your repeat medications, please pass to Reception to copy

**List of current medication ……**

|  |  |
| --- | --- |
| **Name of medication** | **Dosage** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Lifestyle ……**

**Please enter your height & weight:**

|  |  |
| --- | --- |
| Height: | Weight: |

**Lifestyle smoking ……**

Do you smoke: 🞏 Yes 🞏 No If yes, do you

Smoke: 🞏 Cigarette 🞏 Cigars 🞏 Pipe

Are you an ex-smoker? 🞏 Yes 🞏 No When did you give up?

How many cigarettes/ 🞏 <1/day 🞏 1-9/day 🞏 10-19/day 🞏 20-39/day 🞏 40+/day

cigars do you smoke

daily?

If you smoke a pipe Would you like help 🞏 Yes (please make

how many ounces a to quit smoking an appointment with the

week? Smoke Stop Nurse)

🞏 No

**Lifestyle alcohol ……**

Do you drink alcohol: 🞏 Yes 🞏 No If yes, please answer the following questions:

0 1 2 3 4 Score

How often do you have a drink 🞏 Never 🞏 Monthly 🞏 2-4 times 🞏 2-3 times 🞏 4+ times

That contains alcohol? Or less per month per week per week

How many standard alcoholic 🞏 1-2 🞏 3-4 🞏 5-6 🞏 7-8 🞏 10+

Drinks do you have on a typical

Day when you are drinking?

How often do you have 6 or 🞏 Never 🞏 Less than 🞏 Monthly 🞏 Weekly 🞏 Daily or

More standard drinks on one Monthly almost daily

Occasion?

**Lifestyle exercise ……**

Do you exercise: 🞏 Yes 🞏 No If yes, please answer the following questions

What exercise do you do?

How often do you exercise?

**Blood Pressure monitoring ……**

If you record your own blood pressure on

a monitor at home please give us the

latest recording and date it was taken.

**Female patients only ……**

**vej**

Are you currently, or think you may be 🞏 Yes 🞏 No

pregnant?

Do you have any children? 🞏 Yes 🞏 No If yes, how many?

Which method of contraception (if any) are

You using at present?

Have you ever had a breast scan ?

If yes what was the result ? 🞏 Yes 🞏 No Date:

Have you ever had a cervical smear test ?

If yes what was the result ? 🞏 Yes 🞏 No Date:

**Ethnicity/Ethnic Group Codes**

**vej**

Please indicate your ethnic origin:

|  |  |  |  |
| --- | --- | --- | --- |
| **White British** XaQEa |  | **White Irish** XaQEb |  |
| **Any other white background** XAJQx |  | **Mixed White & Black Carribean** XaJQy |  |
| **Mixed White & Black african** XaJQz |  | **Mixed White & Asian** XaJRO |  |
| **Any other mixed background – please specify** XaJR1 |  | **Indian (Asian or Asian British)** XaJR2 |  |
| **Pakistani (Asian or British Asian)** XaJR3 |  | **Bangladeshi (Asian or Asian British)** XaJR4 |  |
| **Chinese** XaJR9 |  | **Carribean (Black or Black British)** XaJR6 |  |
| **African (Black or Black British)** XaJR7 |  | **Any other Black background – please specify** XaJR8 |  |
| **Any other Asian background –**  **please specify** ZaJR5 |  | **Any other ethnic group – please specify** XaJRA |  |

**Next of kin ……**

**vej**

Name: Tel. contact

number:

Relationship:

**Data sharing consent choices ……**

**vej**

To maintain continuity of clinical care, we upload **certain** medical information so that it is available to other healthcare organisations (eg Emergency Departments). Please read the accompanying leaflet which details what part of your record is extracted and how it is used to help other NHS organisations.

If you wish to **OPT OUT** please complete the form found with this leaflet.

Where you have provided information on how to contact you, can you confirm you are happy for Eden Surgeries to contact you by the following:

By SMS text messaging 🞏 Yes 🞏 No This will send you reminders of

appointments via text

**Signature ……**

**vej**

I confirm that the information I have provided is true to the best of my knowledge.

Signed: Date:

Signature of patient 🞏 Signature on behalf of patient 🞏

**Updated 26/01/2018**

Data Sharing

Please complete the information below with your choices on sharing your data and hand to Reception

**Name: ………………………………………………………………. Date of Birth: …………………………………**

**Address: ……………………………………………………………………………………………………………………….**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Data for research**

I am happy for identifiable data about me to be used for research ☐

I do not wish identifiable data about me to leave the practice ☐

I do not wish data about me to be shared by HSCIC ☐

**Summary care Record**

I am happy for a Summary Care Record to be held for me ☐

I do not wish to have a Summary Care Record ☐

(N.B. this will mean NHS Healthcare staff caring for you may not be aware of your current medications, any allergies or reactions to previous medication.)

**TPP SystmOne**

I agree to information about me being shared with ☐

Other services using TPP medical systems

I do not agree to information about me being shared with ☐

Other services using TPP medical systems

I agree to the practice seeing information recorded at ☐

Other services using TPP systems.

I do not agree to the practice seeing information recorded ☐

At other services using TPP systems.

Signed: …………………………………………………………………… Date: …………………………..

**Patient Information Leaflet**

THE EDEN SURGERIES

**Telephone: 01279 730616/01279 718245 Fax: 01279 730408/718270**

Website: www.edensurgeries.co.uk

**Data Sharing**

**Introduction**

This leaflet explains **why** information is collected about you, the **ways** in which this information may be used and who will be collecting it. Please keep this for future reference.

**Data Share**

NHS England aims to link information from all the different places where you receive care, such as hospital, community service and us your GP Surgery. This will allow them to compare the care you received in one area against the care you received in another.

Information will be held in a secure environment called the Health and Social Care Information Centre (HSCIC). The role of the HSCIC is to ensure that high quality data is used appropriately to improve patient care. The HSCIC has legal powers to collect and analyse data from all providers of NHS care. They are committed, and legally bound, to the very highest standards of privacy and confidentiality to ensure that your confidential information is protected at all times.

This data can also be used, with permission, for research purposes. If you do not wish to share data for research, you can opt out:

* You can object to information containing data that identifies you from leaving the Practice. This will prevent identifiable information held in your record from being sent to the HSCIC secure environment. It will also prevent those who have gained special legal approval from using your health information for research.
* You can also object to any information containing data that identifies you from leaving the HSCIC secure environment. This includes information from all places you receive NHS care, such as hospitals. If you object, confidential information will not leave the HSCIC and will not be used, except in very rare circumstances for example in the event of a public health emergency.

For more information visit: [www.england.nhs.uk/caredata](http://www.england.nhs.uk/caredata)

The law requires Doctors to provide some very limited information about certain things. The law says, for example, that Doctors must provide information to local authorities about some infectious diseases, e.g. if you had food poisoning. Very rarely, Doctors may be required to disclose information in order to detect a serious crime. Likewise, a court order can require Doctors to disclose certain information during a court case.

**Summary Care Record (SCR)**

If you decide to have a SCR, it will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. This does not include diagnosis or procedures.

Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed. Your Summary Care Record will also include your name, address, date of birth and your unique NHS Number to help identify you correctly. If you and your GP decide to include more information it can be added, but only with your express permission.

For more information: Phone 0300 123 3020 or visit [**www.nhscarerecords.nhs.uk**](http://www.nhscarerecords.nhs.uk/)

**SystmOne Data Sharing**

The practice uses a clinical computer system called SystmOne to store your medical information. The system is also used by other GP practices, Child Health Services, Community Services, Hospitals, Out of Hours, Palliative Care services and many more. This means your information can be shared with other clinicians so that everyone caring for you is fully informed about your medical history including medication and allergies. You can control how your medical information is shared with other organisations that use this system.

1. **Sharing Out -** *This controls whether your information stored in the practice can be shared with other NHS services (i.e. made shareable)*
2. **Sharing In -** *This controls whether information made shareable at other NHS care services can be viewed by us, your GP practice, or not. (i.e. shared in)*

**Health Check Programme**

To ensure you receive the best possible care, we may contact you to invite you to participate in health improvement programmes, for example the NHS Health Check, a cardiovascular disease prevention programme for people aged 40-74 not previously diagnosed with cardiovascular disease. We may invite you for an appointment using a data processor who works entirely under our direction. Nobody outside the healthcare team in the practice will see confidential information about you during the invitation process.

We maintain our legal duty of confidentiality to you at all times. We will only ever use or pass on information about you if others involved in your care have a genuine need for it. We will not disclose your information to third parties without your permission unless there are exceptional circumstances, such as when the health or safety of others is at risk or where the law requires information to be passed on.

You have a right under the Data Protection Act 1998 to find out what information we hold about you. This is known as ‘the right of subject access’. If you would like to make a subject access request, please do so in writing to the practice manager. If you would like to know more about how we use your information, or if you do not want us to use your information in this way, please contact the practice manager.

**Benefits of sharing information**

Sharing information can help improve understanding, responses to different treatments and potential solutions. Information will also help to:

* Provide better information to out of hours and emergency services
* Prevent Prescribing of medication to which you may already have an allergy
* Make more informed prescribing decisions about drugs and dosages Avoid unnecessary duplication in prescribing
* Increase clinician confidence when providing care
* Results of investigations, such as X-rays and laboratory tests
* Reduce referrals, ambulance journey admissions, tests, time wastage and visits to healthcare premises
* Find out basic details about you, such as address and next of kind

**Do I have a choice?**

Yes. You have the right to prevent confidential information about you from being shared or used for any purpose other than providing your care, except in special circumstances. If you do not want information that identifies you to be shared outside this Practice, complete the sheet enclosed in this leaflet. This will prevent your confidential information being used other than where necessary by law.

**Objecting on behalf of others**

If you are a carer and have a ***Lasting Power of Attorney for health and welfare*** then you can object on behalf of the patient who lacks capacity. If you do not hold a ***Lasting Power of Attorney*** then you can raise your specific concerns with the patient’s GP.

If you have parental responsibility and your child is not able to make an in- formed 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.

**Do I need to do anything?**

Note your decisions on the enclosed form and return to Reception. You can change your mind at any time, just complete another form.