

EVERGREEN OAK AND CREEKMOOR SURGERIES

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CONFIDENTIAL MEDICAL REGISTRATION FORM

Please complete all pages in FULL using BLOCK capitals

Surname	<input type="text"/>		
First Names (in full)	<input type="text"/>		
Previous Surnames	<input type="text"/>		
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of Birth (day/month/year)	<input type="text"/>	NHS Number (If known)	<input type="text"/>
Town & country of Birth	<input type="text"/>		
Address	<input type="text"/>		
		Post Code:	<input type="text"/>
Telephone number:	<input type="text"/>	Mobile number:	<input type="text"/>
Email address:	<input type="text"/>		

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

Your previous address in UK	<input type="text"/>		
		Post Code:	<input type="text"/>
Name of previous Doctor while at that address	<input type="text"/>		
Address of previous Doctor	<input type="text"/>		
		Post Code:	<input type="text"/>
Where did you last receive treatment?	<input type="text"/>	Date:	<input type="text"/>
	<i>ie GP, Walk in Centre, MIU, Emergency Department etc</i>		
What was the outcome of this visit? i.e. prescription	<input type="text"/>		

If you are from abroad:

Your first UK address where Registered with a GP	<input type="text"/>		
		Post Code:	<input type="text"/>
If previously resident in UK date of leaving	<input type="text"/>	Date you first came to UK	<input type="text"/>

If you are returning from the Armed Forces:

Address 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

Signed:

Date:

For more information, please visit the website 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

Signed:

Date:

For more information on joining the NHS Blood Donor Register, please visit www.blood.co.uk or call 0300 123 23 23

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 about you? Yes No

Special Communication Needs:

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 named 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

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

Immunisations ...

Immunsation	Year	Immunisation	Year
Tetanus		Polio	
Typhoid		Yellow Fever	
Hepatitis A		Hepatitis B	

Allergies ...

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

Name of medication	What was the problem or upset?

List of Current Medication ...

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

Name of medication	Dosage

Lifestyle: ...

Please enter your height & weight:

Height:

Weight:

Lifestyle smoking ...

Do you smoke: Yes No

If yes, do you smoke:

Cigarettes Cigars Pipe

Are you an ex-smoker? Yes No

When did you give up?

How many cigarettes/
cigars do you smoke
daily? <1/day 1-9/day 10-19/day
 20-39/day 40+/day

If you smoke a pipe
how many ounces a
week?

Would you like help Yes No
to quit smoking?

Lifestyle alcohol ...

This is one unit of alcohol...



Half pint of
regular beer,
lager or cider



1 small
glass
of wine



1 single
measure
of spirits



1 small
glass
of sherry



1 single
measure
of aperitifs

... and each of these is more than one unit



Pint of regular
Beer/Lager/
Cider



Pint of Premium
Beer/Lager/
Cider



Alcopop or
can/bottle of
regular Lager



Can of Premium
Lager or
Strong Beer



Can of Super
Strength
Lager



Glass of
Wine
(175ml)



Bottle
of Wine

Do you drink alcohol: Yes No

If yes, please answer the following questions:

How often do you have a drink that contains alcohol? Never Monthly 2-4 times 2-3 times 4+ times
Or less per month per week per week

How many standard alcoholic drinks do you have on a typical day when you are drinking? 1-2 3-4 5-6 7-8 10+

How often do you have 6 or more standard drinks on one occasion? Never Less than Monthly Monthly Weekly Daily or almost daily

Lifestyle exercise ...

How often do you exercise? No exercise: Yes No
Light exercise: 1-3 times per week Yes No
Moderate exercise: 3-5 times per week Yes No
Heavy exercise: 5+ times per week Yes No

Female patients only ...

Which method of contraception (if any) are you using at present?

Have you had a cervical smear test? Yes No Date (if known)

Have you ever had any abnormal smears? Yes No Date (if known)

Have you had a hysterectomy? Yes No Date (if known)

Have you had a mammogram? Yes No Date (if known)

Was it normal? Yes No

Ethnicity ...

Please indicate your ethnic origin:

British or mixed British Irish African Caribbean Indian Pakistani
 Bangladeshi Chinese Other (please state):
 Decline to state

Next of Kin ...

Name: Tel. contact number:

Relationship:

Data Sharing - consent choices ... Please read, this is IMPORTANT information

Introduction

The following explains **why** information is collected about you, the **ways** in which this information may be used and who will be collecting it.

Care.Data

NHS England aims to link information from all the different places where you may receive care, such as hospital, a community service and us, your GP Surgery. This will allow them to give you continuity in your care.

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: (See page 7)**

- 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, please visit www.england.nhs.uk/caredata or call 0300 311 22 33

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, please visit www.nhscarerecords.nhs.uk or call 0300 303 5678

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 wish to share data, you can opt out: (See page 7).** 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 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.

Do I need to do anything?

Note your decisions in the Opt Out section below. You can change your mind at any time.

OPT OUT ...

If you wish to **OPT OUT** please complete:

Data for research

I do not wish identifiable data about me to leave the practice (9Nu0)

I do not wish data about me to be shared by HSCIC (9Nu4)

Summary care Record

I do not wish to have a Summary care Record. ((N.B. this will mean NHS Healthcare staff (eg. A&E) caring for you may not be aware of your current medications, any allergies or reactions to previous medication.))(9Ndo)

Where you have provided information on how to contact you, can you confirm you are happy for us, Evergreen Oak and Creekmoor Surgeries to contact you by the following:

By email Yes No This will be to send you letters, newsletters etc

By text Yes No This will be to send you reminders for appointments

Signature ...

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

Thank you for taking the time to complete this registration form. Please hand to Reception staff when completed.