

NEW PATIENT REGISTRATION AND DATA SHARING CONSENTS

Surname	
Forename	
Date of Birth	
Home Telephone	
Mobile Telephone	
Email Address	
Main Language	

Ethnicity	<input type="checkbox"/> British <input type="checkbox"/> African <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Caribbean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Irish <input type="checkbox"/> Other White <input type="checkbox"/> Other Asian <input type="checkbox"/> Other Black <input type="checkbox"/> Other Mixed <input type="checkbox"/> White Asian <input type="checkbox"/> Pakistani <input type="checkbox"/> W&B African <input type="checkbox"/> W&B Caribbean <input type="checkbox"/> Refuse to Divulge
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Interpreter Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please state language _____
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- I understand that I should inform you as soon as possible if I change my address or telephone number as the surgery may need to contact me urgently.

MEDICAL HISTORY:

Please list all current or past illnesses/operations including dates where possible:

<input type="checkbox"/> Heart Disease / Angina	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Stroke/TIA	<input type="checkbox"/> COPD
<input type="checkbox"/> Asthma	<input type="checkbox"/> Cancer	<input type="checkbox"/> Hypothyroidism
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> Dementia
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Other (please state):	

Do you have any Allergies?(e.g. antibiotics, food, bee sting, latex,)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If Yes please state:

LADIES: Are you currently Pregnant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If you are pregnant please provide estimated delivery date:

Accessible Information: Do you have any difficulties with your hearing, sight or a learning disability. If yes, please let us know as we can arrange our leaflets in larger print or easy read formats, and we also have a hearing loop system in place.

Please state:

CURRENT MEDICATION:

If you have a repeat medication slip from your previous GP please attach to this form (or a list of your repeat medications), please continue on another sheet if necessary.

Medication Name	Strength	Directions

CARER:

If you are a Carer would you like to be added to the Practice's register to receive regular information and meeting dates	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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(If yes) I care for (name):

Relationship to you:

The person I care for has:	<input type="checkbox"/> Dementia <input type="checkbox"/> Physical Disability <input type="checkbox"/> Mental Illness <input type="checkbox"/> Chronic Disease
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Electronic Prescription Service:**Electronic Prescription Service:**

The practice can now send any prescriptions to your preferred pharmacy electronically. If you have previously nominated a pharmacy in another area and you now wish to change to a local pharmacy, please inform us of your preferred pharmacy:

Nominated Pharmacy _____

RECORD SHARING

This Surgery uses a secure computerised records system, which allows us to share information in your record to ensure the best care can be provided to you. Information can be shared by us regarding your care here and also shared in to us by other locations at which you may be treated.

A facility is now available in this system which allows you to have control over how your record is shared between the different teams of clinical staff treating you both now and in the future.

You will be asked at each location where you are treated to agree to make your clinical record shareable with other NHS staff that you are under the care of.

At any time in the future you can request that this is changed. Please ask at reception if you would like more information about this. Please tick the appropriate box.

- I consent for Seaton Surgery to share data out and receive data in from other system users involved in my care
- I do not consent for Seaton Surgery to share information out and received data in from other system users involved in my care.

SUMMARY CARE RECORD

This will be used for your emergency care. The record will contain essential information about any current medications you take and allergies and adverse reactions you suffer from to ensure those caring for you have enough information to treat you safely.

- I would like a Summary Care Record. Healthcare staff will ask your permission before they look at your record, except in certain circumstances, for example if you are unconscious and they need to treat you quickly.
- I do not want a Summary Care Record

Text Message reminders

We will contact you by text message to remind you of appointments or to invite you for routine health checks. We will never send medical information by text message. If you prefer us not to contact you in this way, please tick the box below.

By completing and signing this form you are also agreeing to abide by the details in the Seaton Surgery Zero tolerance Policy (copies of which can be found on the practice website or requested from Reception).

- I consent for the Seaton Surgery to send me text message reminders.**
- I do not consent for the Practice to send me Text message reminders.**

Signed:

Date:

From May 2018 Europe's data protection rules will undergo their biggest changes in decades. The amount of digital information we create, capture, and store has vastly increased. To simplify, the old regime was no longer fit for purpose. The solution is the mutually agreed European General Data Protection Regulation (GDPR) which will come into force on May 25th 2018 and become part of law. It will change how businesses and public-sector organisations can handle the information of customers / patients.

GDPR means that we at Seaton Surgery will be more accountable for handling of patients' personal information and as such we have updated our data protection policies to reflect this.

Please ask at Reception if you require any more information regarding this.