**REGISTERING AS A PATIENT**

Welcome to Yorkley Health Centre and Bream Surgery (Dr. Andrew, Edwards, Hayes & Cleary)

We accept patients who have moved into, or are living in, our catchment area which comprises Yorkley, Bream, Lydney, Coleford, Parkend, Pillowell, Sling and surrounding areas.

###### A map of our practice area and boundaries can be found towards the back of our practice leaflet

Registration forms and proof of identity and address

To register as a permanent patient you will need to complete a registration pack and also provide identification documents and evidence that you permanently live at an address in our practice area for a settled purpose. A list of acceptable documents is included in this pack.

Individuals wishing to register with the practice temporarily, whilst away from their permanent UK address, will need to provide proof of identity and full details of their usual doctor and surgery. We may need to contact your usual doctor as part of any treatment we provide you with and will need to forward them details afterwards, to ensure your medical records remain up-to-date.

Please provide us with a daytime contact number in addition to your home telephone number as there may be times we need to make contact with you promptly during opening hours. It is a requirement that any changes in personal details such as name, address and contact telephone numbers are communicated to the practice promptly.

All newly registered patients are asked to complete a New Patient Questionnaire and asked to make an appointment for routine assessment within the first 6 months of joining the practice.

If you move to an area outside the practice boundary you will need to register with a practice more local to your new address. Travelling distance and time for medical staff to provide home care visits for patients too ill to attend surgery must be kept to a minimum, to ensure as prompt a response as possible in meeting these needs.

###### Entitlement to NHS Treatment

Please note that this practice, and all Gloucestershire practices, strictly adheres to the following guidance:

Entitlement to free NHS treatment is on the basis of residency regardless of any previous national insurance or tax contributions and irrespective of whether you are a UK passport holder. Holding an NHS number does not indicate that NHS treatment is free of charge. Proof of identity and address are required, as detailed above.

UK residents:

If you have established a main residence within our practice area, you are entitled to request to be permanently registered with the practice.

UK citizens living abroad:

If you live abroad for most of the year you are not entitled to continue to be registered with this practice. Anyone leaving the UK with the intention of living abroad for a period of 90 days or longer must notify the practice of this in advance. If you fall ill when returning on a visit you are entitled to emergency care, if this is deemed necessary by the Practice. Please also see below if you are resident in an EEA country.

Insured EEA residents (until 31.12.2020 only):

If you do not have a main residence within our practice area you are entitled to ‘any necessary care’ for chronic conditions including routine monitoring of existing conditions. This includes the following types of healthcare services for ongoing conditions – blood tests, blood pressure checks, routine maternity care, cholesterol checks, insulin, oxygen, renal dialysis and Warfarin tests. Visitors will need to produce their European Health Insurance Card. For the purposes of this guidance, visitors from elsewhere in the United Kingdom can be included within this category.

EEA Member States (which also include EFTA countries) are:

Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Republic of Ireland, Romania, Slovakia, Slovenia, Spain, and Sweden. Switzerland also qualifies under the Insured EEA Residents category.

Overseas Visitors (not EEA Residents):

If you do not have a main residence within our practice area you do not qualify for free NHS treatment and cannot register with the practice as an NHS patient. The only exception to this is if you need emergency or immediately necessary treatment, which is provided free of charge. The doctor will decide if your condition falls into this category. You may always, however, be treated as a private patient.

Registered Asylum Seekers:

Registered asylum seekers are entitled to free NHS services, subject to production of evidence, for the entire term of the application process, including any appeals. Any person who has achieved refugee status is also entitled.

**Information about Your Ethnic Group and First Language**

Everyone belongs to an ethnic group, so all our patients who register at the Practice after the 1 April 2006 are being asked to describe their ethnic group and also their first language. These questions are included in the New Patient Questionnaire. If your ethnic group is not listed please write it in.

The Department of Health and the Gloucestershire Primary Care Trust have asked us to collect this information to help the NHS and social services:

• Understand the needs of patients and service users from different groups and so provide better and more appropriate services for you.

• Identify risk factors – some groups are more at risk of specific diseases and care needs so ethnic group data can help treat patients and support service users by alerting staff to high-risk groups.

• Improve public health by making sure that our services are reaching all of our local communities and that we are delivering our services fairly to everyone who needs them.

• Comply with the law as the Race Relations (Amendment) Act 2000 gives public authorities a duty to promote race equality and good race relations and ethnic monitoring is important in making sure that race discrimination is not taking place.

The ethnic groups used are standard categories for collecting ethnic group information. Using these codes will help us to compare information about the groups using our services with information from the census which tells us about our local population.

**You do not have to complete these questions but providing this information is very important**. It will help us with the diagnosis and assessment of your needs, and it will also help us to plan and improve our service. Experience shows that when people are asked their ethnic group, the proportion of people who choose not to answer is small.

The information you provide will be treated as part of your confidential NHS or care notes and will not be shared with any other person or organisation. The NHS and social services have strict standards regarding data protection and your information will be carefully safeguarded.

If you have any concerns or questions regarding this request or you want to make any comments or complaint about the collection of this information or the way in which you have been treated by staff requesting this information please ask to speak to our Practice Manager.

Remember this information will help us to in turn help you.

Thank you.

**NEW PATIENT REGISTRATION/HEALTH QUESTIONNAIRE**

**To register with the Practice please complete this questionnaire as fully as possible. The information will help the nurse or doctor to make an initial assessment of your health which will help in your future treatment.**

**If you would like a health check with the nurse please make an appointment.**

Surname: ………………………………………………….. Forename(s): …………………………………

Date of Birth: …………………………………………….. Address: ……………………………………….

………………………………………………………………………………………………………………………….

……………………………………………………………….… Postcode: …………………………………..….

Home tel: ……………………………………………..…… Mobile: ……………………………………….…

Email address……………………………………………..

Would you be happy for the surgery to contact you by email? **Yes/ No**

Would you be happy for the surgery to contact you by mobile phone? **Yes/No**

N.B. Email address is essential for on-line registration for appointments and prescriptions.

Occupation: ……………………………………………………………………………………………………….

Ethnicity: British (White) / British (Mixed) / Irish / Indian / Pakistani / Bangladeshi / Caribbean / African / Chinese / any other ethnic group – please state/prefer not to answer

What is your first language?

**SMOKING**

Do you smoke? **Yes / No**

If Yes, how many:

Cigarettes per day …….. Cigars per day ..….. Ounces of tobacco per day ……..

How old were you when you started smoking? …………………..

If you would like support to stop smoking this is available from the Healthy Lifestyles Service by contacting them on their website at [www.hlsglos.org](http://www.hlsglos.org) telephoning 0800 122 3788 or email info@hlsglos.org

**IF YOU ARE AN EX-SMOKER**

How old were you when you stopped smoking? …………………

How much did you smoke per day? …………………………………..

**FAMILY HISTORY**

Is there any history of heart disease (heart attack or angina) in your family:

Mother or sister before the age of 65? **Yes / No** Which family member? ……………………….

Father or brother before the age of 55? **Yes / No** Which family member? ……………………….

**ALCOHOL**

How many units of alcohol do you drink per week? Please circle.

*(1 unit = half pint of beer, 1/2 glass of wine, or a pub measure of spirits)*

|  |  |  |
| --- | --- | --- |
| **Questions** | **Scoring System** **0 1 2 3 4** | **Your Score** |
| **How often do you have a drink that contains alcohol?** | **Never** | **Monthly or less** | **2 – 4 times per month** | **2 – 3 times per week** | **4+ times 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 – 9**  | **10+** |  |
| **How often do you have 6 or more standard drinks on one occasion?** | **Never** | **Less than monthly** | **Monthly** | **Weekly** | **Daily or almost daily** |  |

**MEDICATION**

If you are on regular medication from your previous surgery please hand your repeat slip to the dispensary. We will contact you if an appointment is needed before we can issue it.

**ASTHMA**

If you are currently taking inhalers for asthma please make an appointment with the asthma nurse within 3 months

**ALLERGIES**

Are you allergic to any substances or foods? Yes / No

If yes, please give details: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**MEDICAL HISTORY:**

Please give details of any hospital treatment or operations:

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

Please give details of any chronic medical conditions:

……………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………

**CARERS**

Do you have anyone who looks after you or your daily needs as Carer? **Yes / No**

If “Yes”, would you like them to deal with your health affairs here? **Yes / No**

Do you care for anyone else? **Yes / No**

If “Yes”, ask the receptionist about Carers support **Yes / No**

***Thank you for completing this questionnaire.***

****

**COMMUNICATION REQUIREMENTS AND CONSENT TO SHARE INFORMATION**

Dr. Andrew, Edwards, Hayes & Cleary offer their patients the choice whether or not to allow other organisations involved in their care to have access to some, or all, of their medical record. The different schemes are outlined below and we will need you to indicate your preferences separately for each of them.

We also need to make sure you are able to access and understand any information we share with you.

All sections of this form must be completed and returned to Yorkley Health Centre along with your other registration forms

1. **NHS Summary Care Record**

The new NHS Summary Care Record has been introduced to help deliver better and safer care and give you more choice about who you share your healthcare information with.

The Summary Care Record contains basic information about your allergies, medication and any adverse reactions you may have had to medication in the past.

The intention is to help clinicians in A & E Departments and ‘Out of Hours’ health services to give you safe, timely and effective treatment. Clinicians will only be allowed to access your record if they are authorised to do so and, even then, only if you give your express permission at the time. The exception would be an emergency situation when it was not possible to ask your consent.

**Children under the age of 16**

Patients under 16 years will not receive this form, but will have a Summary Care Record created for them unless we are advised otherwise. **If you are the parent or guardian of a child then please either make this information available to them or make the decision on their behalf. Ask the surgery for additional forms if you want to opt them out.**

You do not have to have a Summary Care Record, although you are strongly recommended to consider this choice. Please **tick** **one** of the boxes below.

**YES** I would like a Summary Care Record [ ]

**No** I do not want a Summary Care Record [ ]

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

…………………………………………………………………………………………………………………………………………………

1. **TPP SystmOne sharing agreement**

SystmOne is the clinical system we use to record your medical information. An agreement is in place to allow other health organisations involved in your care, and who also use SystmOne, to be able to see each other’s records. Local examples include the District Nursing Service and Child Health. Each SystmOne user needs to record your consent with their organisation before information can be shared. Please indicate your wishes by **circling** your answers to **both** statements below.

I am happy for other SystmOne users to see my GP records Yes / No

I am happy for my GP to see my records from other SystmOne users Yes / No

……………………………………………………………………………………………………….

**Joining Up your Information**

This is a Gloucestershire initiative across Health and Social Care to allow other agencies involved in your care to see some aspects of your medical record, such as any operations you have had, upcoming hospital appointments, tests which have been ordered for you and contact details for any next of kin that have been recorded. The organisations involved include the local acute and community hospitals, district nurses, child health services, mental health services, ambulance trust and Gloucestershire County Council.

Please **tick one** of the boxes below to show whether you are happy for your records to be shared as part of this scheme.

**YES** I am happy for my records to be shared [ ]

**No** I do not want my records to be shared [ ]

For more information visit [www.mylocalsharedcareinfo.org](http://www.mylocalsharedcareinfo.org)

………………………………………………………………………………………………...

1. **Use of email address and mobile phone number**

If you have given the practice an email address or mobile phone number we need to ensure you are happy for us to use this to contact you.

Emails and text messages are generated using a secure facility, but because they are transmitted over a public network they may not be secure. Email and text communication will never be used for urgent communications. Your contact details will be used solely in relation to healthcare services offered by the practice. If you give your consent you can choose to opt out of the services at any time by contacting the practice.

Mobile Phone Number ……………………………………

Consent to Use Given (Y/N)

Email Address …………………………………………………………..……

Consent to Use Given (Y/N)

……………………………………………………………………………………………………….

1. **Communication requirements**

If you have any difficulties in communication we need to do our best to help with these. Please **tick one** of the boxes below. If you tick YES please explain what we could do to help.

**NO** I do not have any communication problems [ ]

**YES** I do have some communication problems [ ]

Description of the problem, what means you use to communicate, and what the surgery could do to help.

|  |
| --- |
|  |

**6**. **Signature**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Online: Records Access**

**Patient Information Leaflet ‘It’s your choice’**

As of April 2019 GP surgeries are asked to provide new patients with online access to prospective data from your patient record. This means that automatically every new patient will get online access when being registered with us as long as you provide a working email address for you.

If you wish to, you can now use the internet to book appointments with a GP and check the times or cancel appointments that you have already made, request repeat prescriptions and look at a summary

of your medical record online. Your summary record lists your medications, allergies and adverse reactions. If you wish to have more detailed access to your medical records, this will be reviewed by the GPs and we will contact you with the outcome. You can still use the telephone or call into the surgery for any of these services as well.

It’s your choice.

Being able to see your summary record online might help you to manage your medical conditions.

It also means that you can access it online from anywhere in the world should you require medical treatment while on holiday. If you decide not to join, or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. In general this decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password that is unique to you. This

will ensure that only you are able to access your record - unless you choose to share your details with

a family member or carer.

The practice has the right to remove online access to services for anyone that doesn’t use them responsibly.

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 without permission to, you should change your password immediately. If you can’t 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 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.

***Before you apply for online access, there are some things to consider:***

**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.

**Patient Online: Access to GP online services**

|  |  |
| --- | --- |
|  Surname |  |
| First name |  |
| Date of Birth |  |
| Address |  |
| Postcode |  |
| Email address. Please write clearly |  |
| Telephone number |  | Mobile number |  |
| ***Patient Online Access*** |
| 1. **Newly registered patients -** will get full online access from the date of their registration
 |  |
| 1. **Already registered patients** - will get full online access from the date of their request
 |  |
| 1. If a patients wants to see **past** coded entries instead of full online access (from the date of their request) please tick this box, please note it is not possible to have both “full access” and “detailed coded access” activated at the same time
 |  |
| Please note that there is an exception for patients aged between 11 years and 16 years of age. For more info please contact our reception team.**Application for online access to my medical record*****I wish to access my medical record online and understand and agree with each statement*** (please tick)  |
| 1. I have read and understood the information leaflet provided by the practice
 |  |
| 1. I will be responsible for the security of the information that I see or download
 |  |
| 1. If I choose to share my information with anyone else, this is at my own risk
 |  |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone . without my agreement
 |  |
| 1. If I see information in my record that is not about me or is inaccurate I will log out immediately and . . . contact the practice as soon as possible
 |  |
|  |
| Signature | Date  |
|  For practice use only |  |
| Identity verifies through (tick all that apply) | Vouching Vouching with information in record Photo ID Proof of residence  | Name of verifier | Date |
| Name of person who authorised *(if applicable)* |  | Date |
| Date account created |  |
| Date password sent |  |  |