

New Patient Registration Form - ADULT

DO NOT PHOTOCOPY

Please complete this form and then email: colneyhatchlane192@nhs.net along with photo ID (passport or driving licence) and proof of address (utility bill in the last 3 months)

PATIENT DETAILS

TITLE*:	SURNAME*:	FIRSTNAME*:
PREVIOUS SURNAME/S:	SEX*:	MALE FEMALE NONBINARY
DATE OF BIRTH*:	HOME PHONE No*:	
MOBILE PHONE No*:	MARITAL STATUS:	
NHSNUMBER*:	BIRTH: TOWN	COUNTRY
LANGUAGE:	POSTCODE:	
DOOR ACCESS KEY CODE (if required for home visit):		
HOME ADDRESS:		

ETHNICITY (Please tick a box)

White British	Mixed Other	Black African
White Irish	Indian	Black-Other
White Other	Pakistani	Chinese
White & Black Caribbean	Bangladeshi	Other ethnic group (enter below)
White & Black African	Asian-Other	
White & Asian	Black Caribbean	

NEXT OF KIN AND CARER STATUS

EMERGENCY CONTACT NAME:
EMERGENCY CONTACT NUMBER:
EMERGENCY CONTACT RELATIONSHIP:
ARE YOU A CARER FOR SOMEONE?... NAME & CONTACT DETAILS:
DOES SOMEONE CARE FOR YOU?... NAME & CONTACT DETAILS:

CONSENT

MEDICAL RECORD SHARING allows your GP medical records to be made available to authorised healthcare professionals involved in your care. **IF YOU DO NOT WANT YOUR GP RECORD SHARED TICK HERE:**

It is our policy to never sell any of your information to 3rd party organisations or share information which is not directly beneficial to the delivery of care to you individually or our practice population.

SUMMARY CARE RECORD contains details of your key health information – medications, allergies and adverse reactions. They are accessible to authorised healthcare staff in A&E Departments throughout England. You will always be asked your permission before anybody looks at your Summary Care Record. **IF YOU DO NOT WANT TO SHARE YOUR SUMMARY CARE RECORD TICK HERE:**

The Care.data Programme Collates information about you and the care you receive. It links information from all the different places where you receive care, such as your GP, hospital and community services, to help them provide a full picture of your medical needs and the care you are receiving. This data is made available to NHS Commissioners so that they can design integrated services and is shared with third parties for research purposes.

I WISH TO OPT OUT FROM MY PERSONAL CONFIDENTIAL DATA BEING SHARED OUTSIDE MY GP PRACTICE:

I WISH TO OPT OUT FROM MY DATA BEING SHARED WITH THIRD PARTIES:

CONSENT TO DISCUSS MY MEDICAL RECORDS this allows a family member/spouse to discuss your full medical records with your GP on your behalf.

I WISH TO GIVE CONSENT TO DISCUSS MY MEDICAL RECORDS ON MY BEHALF.

RELATIONSHIP TO THE PATIENT CONTACT NUMBER

LIFESTYLE

SMOKING STATUS*

I have never smoked
 I am currently a smoker
 I am an electronic cigarette user
 I would like more information on giving up smoking

I have given up smoking
 I quit smoking on(date)
 How many do you smoke a day?

EXERCISE STATUS*
 Select->

DRINKING STATUS*
 Select->

How often do you have a drink that contains Alcohol?
 How many standard alcoholic drinks do you have on a typical day when you are drinking?
 How often do you have 6 or more standard drinks on one occasion?

MEDICAL INFORMATION*

Do you consider yourself to have a disability? If YES please provide details
 Are you dependent on a wheelchair? Yes No

Are you registered blind or partially sighted? If YES please provide details

Do you have a hearing difficulty? If YES please provide further details

Do you have a speech difficulty? If YES please provide further details

Previous surgery:

FAMILY HISTORY(Please enter the member of your family with condition, i.e. mother, father, sister, brother)

Asthma:	CVA/TIA/Stroke:	Thyroid Disease:
CHD:	Cancer:	Diabetes:
Epilepsy:	Hypertension:	Other:

PLEASE STATE ANY ALLERGIES OR SENSITIVITIES YOU HAVE TO MEDICINES, FOOD OR OTHER:

FEMALE PATIENTS ONLY

Date of last Cervical Smear (done in UK): Result:

Are you taking Contraceptives? If yes what type & name

Have you ever had a mammogram? If yes what was the date?

Was the Mammogram normal?

Was any further investigation or treatment required?

ADDITIONAL INFORMATION

Date you first came to live in UK:
 Your previous address in UK:
 Name of previous GP practice while at that address:
 If previously resident in UK, date of leaving:
 Address of previous GP practice:
 If you are from abroad - Your first UK address where registered with a GP:

ONLINE ACCESS

The primary method of communication with the practice is via the NHS app wherever possible. This allows you to do the following without needing to contact the surgery by phone:

- ✓ Book / Cancel appointments
- ✓ Order repeat prescriptions
- ✓ View your detailed medical history
- ✓ View your test results

To obtain Online Access via the NHS app: <http://www.nhs.uk/nhsapp> which can be accessed via tablet and smartphone. It is your responsibility to ensure that your access details are not used by anyone else. If you lose your log-in details you can request a user ID reminder and/or password reset from the system. The Practice does not have access to your password. If you print out any information from your record, it is your responsibility to keep it secure. If you are worried about keeping printed copies safe, we recommend that you do not make copies at all.

YES I WOULD LIKE TO REGISTER FOR ONLINE ACCESS*

Please allow 7 days from submitting this form, before you download the app

NO I WOULD NOT LIKE TO REGISTER FOR ONLINE ACCESS*

If **YES** please provide the following information Email address*:

If you would like to access the health record of your child(ren) who are under the age of 16, please contact the practice and ask for a proxy form, for "patient access".

ELECTRONIC PRESCRIPTION SERVICE*

All prescriptions must be sent via EPS, where possible. This helps with paper wastage and means prescriptions can be sent straight to your preferred chemist. You must set this up now, even if you do not currently take any medication. You will be able to change your preference in the future, should you wish.

Please select from one of our local pharmacies below. This is not an exhaustive list, if you would like to use a pharmacy that isn't listed please enter their details.

Pharmacare, 101 Colney Hatch Ln, N10 1LR

Redwood, 116 Alexandra Park Rd, N10 2AH

Tesco, N Circular Rd, N12 0SH

Dukes, 330 Muswell Hill, N10 1DJ

Other Pharmacy not stated above (Name, Address & Postcode):

TEXT MESSAGE COMMUNICATION

The practice communicates heavily by text message. Please read the following carefully.

I consent to the practice contacting me on my mobile number by text message for any purpose relating to my health, including appointment reminders, health promotion and confidential medical information.

I acknowledge that I must cancel appointments in advance, if I am unable to attend, by replying to the appointment confirmation text message. Failure to do so may result in my removal from the practice.

I understand that it is my responsibility to make sure my contact details are correct and update the practice of any changes to that information. Colney Hatch Lane Surgery will not be held responsible for confidential information being sent to incorrect contact details in this case.

I am happy to receive **all** information,
including clinical information by text*

I do **not** wish to receive any
information by text*

PATIENT DECLARATION: To the best of my knowledge all the preceding answers are true and correct.

Sign*

Print Name*

Date*