

The Weavers Practice

New Patient Registration Form

All information will be treated in the strictest confidence and is for your GP's records only

Please take some time to read through our practice leaflet before you fill in it.

It would be helpful if you could provide us with a little more information about yourself by answering the questions below to help us with your care until we receive your medical notes.

Photographic ID and/or proof of your current address (within the last 3 months) will be requested as this will be needed if you wish to register for online services.

Full Name	
Address	
Date of birth	NHS number
Home telephone number:	Mobile telephone number:
Would you like to receive appointment reminders by text message? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please note: it is your responsibility to update us if you change your contact details.	
Email address:	
Are you a military veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>	
You may be eligible for special access to healthcare	
Do you have any problems with communication such as a hearing or sight problem and would require information in a special format?	
Do you have any of the following medical conditions? <input type="checkbox"/> Heart disease <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> COPD	Have you any allergies?
Are you a carer? <input type="checkbox"/> Do you care for your husband/wife? <input type="checkbox"/> Do you care for another member of your family? <input type="checkbox"/> Does the person you care for suffer from dementia? <input type="checkbox"/> Do you care for a friend?	

Please give brief details of any recent illness or operations:

Please list your current medication (*please ensure you have sufficient supplies of any medication from your previous GP as it may take several days to fully register you with the practice*)

If you have a nominated pharmacy, please tell us here:

Smoking status:

I am a smoker *Number per day* _____

I am an ex-smoker

I have never smoked

If you smoke or vape and would like help stopping, contact Quit Squad on

0800 328 6297

Or go online

www.quitsquad.nhs.uk

How many units of alcohol per week? _____ (*a unit is half a pint of normal strength beer, a small glass of wine or one pub measure of spirits*)

Please complete the alcohol questions below.

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

AUDIT – C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:

A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive.



Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk,
16 – 19 Higher risk, 20+ Possible dependence

TOTAL Score equals AUDIT C Score (above) + Score of remaining questions



What best describes your ethnic background?

White background:

- White British
- White Irish
- Other white background

Asian or Asian British:

- Indian
- Pakistani
- Chinese
- Other Asian or Asian British

Black or Black British:

- Caribbean
- African
- Other Black or Black British

Mixed:

- White and Black Caribbean
- White and Black African
- White and Asian
- Other mixed

Other background:

Prefer not to say

Summary Care Record:

Your Summary Care Record (SCR) is a copy of key information held in your GP records. This provides authorised healthcare staff with secure access to essential information about you and is used when you need unplanned care or when your GP Surgery is closed.

There is a leaflet attached to provide you with more information before you make a decision.

You can also visit: www.digital.nhs.uk/summary-care-records

Please tick one of the boxes below with your preference:

- Express consent for medication, allergies and adverse reactions only.
- Express consent for medication, allergies, adverse reactions, AND additional information – please see attached leaflet for more information.
- Express dissent (opt out) – I do not want a summary care record.

Online Access to your medical records:

There are two online apps which you can use to access your medical records, these are Patient Access and MyGP – these are both secure websites which require registration.

To register for online access, you must be fully registered with The Weavers Practice. You will need to fill in an “online access” form and show some photographic I.D to be eligible to use this service.

Practices are obliged to assist access to medications, allergies and adverse reactions as a minimum and from the 1st April 2020 coded data, however this requires additional considerations as outlined below. You will be asked that you have read and understood this information before consenting and applying to access your records online. The practice will also need to verify your identity.

Please note:

- 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 that you have not agreed should see it, then 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 also 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.
- **The practice may not be able to offer online access due to several reasons, such as concerns that it could cause harm to physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone that doesn't use them responsibly.**

Key considerations

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed, and you cannot contact them.

Choosing to share your information with someone

It's up to you whether 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.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

Online access to my medical record

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Access to my detailed medical records	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
Signature:	Date:

For Practice use only

Patient NHS number		Practice computer ID number	
<u>Identity verified by:</u> (initials)	<u>Date:</u>	<u>Method</u>	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Authorised by:			Date
Level of record access enabled:		Medications and allergies are mandatory. Reviewing GP to indicate access level.	
<input type="checkbox"/> Lab test results	from date: _____		
<input type="checkbox"/> Documents	from date: _____		
<input type="checkbox"/> Problems	from date: _____		
<input type="checkbox"/> Consultations	from date: _____		