

PATIENTS 18 OR OVER

If you would like an appointment for a new patient check, please ask at reception when returning this form otherwise please complete all information below:

How much do you weigh? _____ How tall are you? _____
What is your waist circumference? _____ cm

To measure your waist:
Find the bottom of your ribs and the top of your hips
Breathe out naturally
Wrap a tape measure around your waist midway between these points
Make a note of your waist size measurement above

HIV TESTING:

All patients over the age of 18 are routinely offered an HIV test as part of the New Patient registration process. This is a confidential service. Ask our receptionist for an information leaflet, or tick the box below if you would like us to book you an appointment for a blood test with one of our healthcare assistants.

Yes No

FAMILY MEDICAL HISTORY

Have any of your family (parents, brothers, sisters) ever had any of the following?

- Cancer If yes, what type of cancer and which relation _____
- Asthma Diabetes Glaucoma Stroke
- High Blood Pressure Heart Attack/Angina before age of 60

PATIENTS UNDER 18

Please list relations below:

Mother _____ DOB _____
Father _____ DOB _____
Siblings _____ DOB _____
Significant _____ DOB _____
Others _____

Do you have a social worker? Yes No

If yes, please enter name and contact details: _____

CHILDREN UNDER 6

Please complete dates for ALL vaccinations below:

- 1st Dip/Tet/Pert/Hib/Polio _____
- 1st Men B _____
- 1st Rotavirus _____
- 1st Pneumococcal _____
- 2nd Dip/Tet/Pert/Hib/Polio _____
- 1st Meningitis C _____
- 2nd Rotavirus _____
- 3rd Dip/Tet/Pert/Hib/Polio _____
- 2nd Men B _____
- 2nd Pneumococcal _____
- Hib/Men C Booster _____
- 1st MMR and Pneumococcal _____
- 3rd Men B _____
- Pre-School Booster _____
- 2nd MMR _____
- Seasonal Influenza _____

WOMEN ONLY

What was the date of your last smear? _____

Result? _____

Where was this taken? _____

Do you know if you are Rubella Immune?
 Yes No

STAFF USE ONLY

Date recieved: _____ By: _____
Return Method: In Person In letter box Via post
 Via fax Other (please specify) _____



Patient Consent Communication

At the practice we sometimes need to contact you, for example to:

- Remind you of your appointments with the doctors and nurses
- Inform you about your test results
- Update you about services available at the practice

In order to make our communications with you easier for you we would like to use the following methods to get in touch. If you are happy for us to communicate with you in these ways, please sign and return this form to reception. You can change your mind at any time by re-completing this form.

You can consent to communication via one, some or all of the methods below.

Full Name		Consent given (please tick)
DOB		
Text Messaging		
Mobile		Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Tel		Yes <input type="checkbox"/> No <input type="checkbox"/>
Please be aware home landlines are less private than mobile phones and Voice Text Messages could be heard by other people		
Email – please print clearly		
Email address		Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Due to patient confidentiality we are unable to discuss ANY of your medical information with anyone else. If you would like another person to regularly have access to this information, for example to check blood test results for you or confirm appointment times, then please fill out the form below and we can scan it onto your records. It is possible to withdraw this permission at any time.</p>		
Name		
Relationship		
Contact		
Signature		
Date		

If you agree to the practice contacting you via your mobile phone, fixed land line number or email address we agree to adhere to the following:

1. The mobile phone number, fixed land line number or email address will only be used by the practice in relation to the healthcare services offered by the practice.
2. You will not be contacted in relation to any other types of products or service and your information will not be passed to any other parties.

Online Access to Services

To be completed by the patient to authorise access to online medical records and repeat prescriptions through EMIS Web, and appointments on line through Frontdesk

Name	
Date of Birth	
Full Address	
Home Telephone Number	
Mobile Number	
e-mail address	

Photographic ID provided:

- Driving licence
- Passport
- European National Identity Card

Seen and confirmed by (name of practice staff):.....(print)

Patient older than 16 years of age? **Yes / No**

Date form completed :...../...../.....

I (patient name) have read the associated notes overleaf and understand the future implications of having access to my medical records online.

Signed.....Date.....

Online records - things to consider

Being able to see your medical record online might help you to manage your medical condition(s). It also means that you can even access it from anywhere in the world, should you require medical treatment on holiday. If you decide not to sign up or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. 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 which 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.

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.

Before you apply for online access to your record, there are some other things to consider. Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

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 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.
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

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

Accessible Information Standard

The accessible information standard means that all providers of NHS care must try to ensure that they communicate with disabled patients in an appropriate way. As part of our obligation to meet this standard, we would ask you to answer the following questions

1. Would you consider that you have a disability that means you have specific communication and/or information needs?

Yes (please continue to q 2)

No (please go to 'Recording consent of Patients' section below)

2. Please tell us about your disability

Visual impairment

hearing impairment

speech impairment

Any other relevant disability not included above

3. Based on the answer to question 2, what would be your preferred method contact from the practice?

E-mail

Large Print Letter

Braille


Easy read

BSL interpreter

deafblind manual interpreter

Any other communication method or support not mentioned above

Recording Consent of Patients for Data Sharing Initiatives in Kingston

<p>Kingston Health Passport</p> <p>Local Initiative</p>	<p>Kingston Health Passport (KHP), enables your local Kingston care providers, when they are treating you, to view the relevant information about the care you receive, and so give you the best possible care.</p>	<p>I want to:</p> <p>Opt out of KHP <input type="checkbox"/> 93C1</p> <p>Opt back in to KHP <input type="checkbox"/> 93C0</p>
<p>Summary Care Record</p> <p>National Initiative</p> 	<p>If you have a Summary Care Record your health care providers can view your</p> <ul style="list-style-type: none"> • medication (last 12 months) • bad reactions to medicines • allergies <p>when you're admitted to hospital, when treating you in an emergency, or when your practice is closed.</p>	<p>I want to have a Summary Care Record. <input type="checkbox"/> 9Ndm</p> <p>I do not want to have a Summary Care Record. <input type="checkbox"/> 9Ndo</p>

Please read the above text and make your selection by ticking the box or boxes next to the right statement. Then please fill out the required information below, sign and date the form and return it to reception. Thank you.

Name: _____

Date of Birth: _____

Signature: _____

Date: _____

Office Use: the KHP opt-out can only be added by select 'Sharing' from the menu bar anywhere in the care record of a patient. There you will find 'EMIS sharing consent' which is for opting out of KHP and 'SCR Consent' for entering opt-in and opt-outs.