

Please use the space below for any other relevant information regarding your health needs you would like us to be aware of:

ADULT REGISTRATION
BOOKLET



Welcome to The Harrowby Lane Surgery

Dear patient,

Thank you for your interest in joining our Practice.

We would like to invite you to work with us as a team so we can provide a high standard of service to all our patients.

Doctors/Nurses and other health workers are not solely responsible for maintaining your health status. **You have a responsibility to yourself** to take appropriate measures for improving and maintaining your health wherever possible, and this may include the following advice:

- Home visits will be triaged, and following the LMC guidelines will be for housebound or palliative patients only.
- If you cannot keep your appointment, please contact reception as soon as possible or via the practice online service.
- Repeat prescriptions can be ordered using our prescription line or speaking directly to the reception team. Please allow 2 working days for it to be ready for collection.
- **We have a zero tolerance for any verbal or physical abuse towards any member of the Practice team.**

Please return this completed form with:

Purple form

Photo ID and/or proof of address

Children under the aged between 10-16 birth certificate

Thank you

Harrowby Lane Surgery
Harrowby Lane, Grantham, Lincs, NG31 9NS
Tel: 01476 579494
www.harrowbylanesurgery.co.uk



For office use only

Proof of Address		Type of ID seen :
ID Seen		

Our Appointment System

We use a system called Patient Contact which is an easy and fast way to ask for any kind of help from the practice.

- Patient Contact is available 8am — 11am Monday—Friday (we may have to switch off earlier in busy times)
- You can request a particular doctor or nurse (so long as they are working)
- You can choose how you would like to be contacted.

If you do not have online access, one of our receptionists will take the details about your problem or request and then pass the message on for you. However you choose to get in touch, your GP will contact you quickly.

Patient Contact is available to all our patients, and you can use it to ask about your children or other people you care for (if they are registered with us).

We are encouraging everyone who has access to a computer, smart phone or tablet to use Patient Contact because it saves you time and you will also get a quicker response. By doing this you will help the GP's manage their time more effectively. Patient Contact is the only way to request a GP appointment as we do not prebook any GP appointments.

Our Prescription Service—Electronic Prescriptions

This surgery sends prescriptions electronically. You can nominate which chemist you wish them to be sent to, and then all repeat prescriptions will go directly to the chemist of your choice. Please tick which chemist you wish them to be sent to

Grantham Pharmacy (High Street)	
Boots (High Street)	
St Peters Hill Pharmacy (St Peters Hill)	
Boots (London Road)	
Asda (Union Street)	
Wells Pharmacy (Hornsby Road)	
Co-op (Barrowby Gate)	
Superdrug Pharmacy (Morrison's Centre)	
Other (please specify) _____	

CARE.DATA Programme opt-out

Only complete if you do NOT want your confidential personal information uploaded to & shared with Health and Social Care Information Centre (HSCIC)

1. Dissent from secondary use of GP patient identifiable data	
2. Dissent from disclosure of personal confidential data by Health & social Care Information Centre	
Signature (Patient/parent/Guardian)	Date

DIFFERENCES BETWEEN EDSM AND CARE.DATA

Enhanced Data Sharing Model (EDSM) is the sharing of details of your clinical record between the various clinicians who are or will be involved in your clinical care (your GP, local hospitals, district nurses, out of hours, health visitors etc). This data is only used for your direct medical care.

Care.data is Government's programme to share your medical information with both clinical and non-clinical bodies, including third parties in the public and private sector. This data will be used for purposes other than your direct medical care, so-called secondary users.

EDSM requires your permission (opt-in) for your data to be shared. You may be asked this when you visit your surgery, hospital or other medical organisation involved in your medical care.

The **Care.Data** programme will automatically opt you in unless we receive your instructions that you do not wish to have your data shared with outside organisations (opt-out).

ETHNICITY – How would you describe your ethnicity? <i>Please tick</i>								
White	British		Irish		Other White			
Asian	Asian British		Bangladeshi		Indian		Pakistani	Other Asian
Black	Black British		African		Caribbean		Other Black	
Mixed	Asian & White		Asian & Black		Asian & Caribbean		White African	White Caribbean
Other	Chinese		Japanese		Middle Eastern		Turkish	Any other ethnicity
Please advise us of your First Language					English		Other (please state)	

ENHANCED DATA SHARING MODEL (EDSM)

Sharing of your medical records between health professionals

This patient record sharing system will allow you to decide whether you would like to share securely details of your electronic medical record from GP and from other NHS healthcare organisation, where you may be receiving NHS care. If you consent your care record held by your GP practice or medical service will be shared with other medical services involved in your care (such as district nursing, health visiting, physiotherapy, podiatry, Out of Hours (OOH) providers in our area).

Enhanced Data Sharing Consent				
1 Would you like to share your record here with other services that are/will be providing you care in the future	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2 Would you like to share your data recorded at other services with your GP surgery?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Signature (Patient/Parent/Guardian)	<input type="text"/>	Date	<input type="text"/>	

CARE.DATA PROGRAMME

Sharing of your medical records with third party organisations not for your direct medical care.

GP practices across England will be required to supply patients' personal and confidential medical information, on a regular and continuous basis, to the Health and Social Care Information Centre (HSCIC). Care.data will make increased use of information from GP medical records with the intention of improving healthcare, for example by ensuring that timely and accurate data are made available to NHS Commissioners and providers so that they can better design integrated services for patients. In the future, approved researchers may also benefit. The HSCIC will link Personal Confidential Data (PCD) extracted from GP systems with PCD from other health and social care settings. If you are happy for your information to be used in this way **you do not have to do anything**.

Although GP practices cannot object to this information leaving the practice, individual patients and their families can instruct their practice to prohibit the transfer of their data, i.e. you have **the right to opt-out**.

Further information can be obtained by calling the dedicated patient information line 0300 456 3531

Repeat Medication

Are you on any repeat medication?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes" please attach your repeat medication slip to this form.				

Please complete this questionnaire as fully as possible.

The questions have been designed to help your new GP get to know you and your medical history. It may take some time for your previous medical records to reach us. The information you give will help us to provide you with good medical care.

Personal Details				
Title	Mrs/Miss/ Ms / Master /Mr	Have you been registered here before	Yes	No
Surname		Previous Surname		
Forenames(s)		Sex	Male	Female Prefer not to say
Address			Date of Birth	<input type="text"/>
			Postcode	<input type="text"/>
NHS Number		Email Address	<input type="text"/>	
Home Tel Number		Mobile Tel Number	<input type="text"/>	
Work Tel Number		Occupation	<input type="text"/>	
Status	Single Married Separated Divorced Widowed Cohabiting			
Sexual Orientation	Straight Gay/Lesbian Bisexual Other _____ Prefer not to say			
Emergency Contact Details				
Next Of Kin	<input type="text"/>	Relationship	<input type="text"/>	
Contact Number	<input type="text"/>	Address	<input type="text"/>	

Are you a carer for someone	Yes No	Is someone a carer for you (if yes please provide details below)	Yes No
Name of your carer		Contact Number of your carer	

Communication Needs	
Do you have any specific communication needs	For Example; Large Font, information verbally by telephone, interpreter Please specify _____

Communication Services	
Text Message	We can send you a free text message to remind you of appointment. We can also text you at other times for example; instead of sending you a letter to remind you of vaccinations or when blood test are due
Email	The same as above
Signed Consent	I agree to receive text message & emails from the surgery. I am aware I can withdraw consent at any time by informing the practice in writing Signed _____

Online Access to your Medical Records	
I wish to have access to the following online services (Please tick all that apply)	
1. Booking Appointment	<input type="checkbox"/>
2. Requesting Repeat Medications	<input type="checkbox"/>
3. Accessing my Medical Records	<input type="checkbox"/>
I wish to have access to my medical record online I understand & agree with each statement (please tick)	
1. I have read & understand 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: _____	

SUMMARY CARE RECORD (SCR)

The NHS in England has introduced the Summary Care Record, which will be used in emergency care.

The record will only contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.
Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

If you would like a Summary Care Record then you do not need to do anything and a Summary Care Record will be created for you. **If you do not want a Summary Care Record** then please sign the opt-out below.

For more information talk to our Patient Advice and Liaison Service (PALS) on 01522 582901, practice staff or visit the website www.nhscarerecords.nhs.uk, or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing us.


If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian completes an opt-out form on their behalf requesting us to consider opting them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Summary Care Record Opt- Out			
PLEASE ONLY COMPLETE IF YOU WANT TO OPT-OUT			
I do NOT want a Summary Care Record (please tick)			<input type="checkbox"/>
Signature (Patient/Patient/Guardian)		Date	

Family History			
Have any of your immediate relatives (Brother/Sisters/Parents) had any of the following Tick box if applicable & give details if you can			
	Detail	Relationship	Date (if known)
Heart attack or angina before age 60			
Heart attack or angina over age 60			
Asthma			
Diabetes			
Stroke			
Cancer			
Any inherited diseases			

Age 75 & Above Only		
Have you had any falls in the last year	Yes / No	If yes, how many times: _____
Have any of the falls resulted in a hospital admission	Yes / No	If yes, how many times: _____
Do you have any concerns with regards your memory	Yes / No	Please specify _____
Do you have any mobility issues	Yes / No	Please specify: _____

Accountable / Named GP
Your named GP is Dr I Allsebrook
From 1 st April 2015 practices are required under the contract to allocate a named, accountable GP to all patients.
Having a named GP does not prevent you from seeing any other doctor in your practice. Yours named GP will not always be available and, if you needs are urgent, you will need to discuss them with an alternative doctor.

Health Details			
Height	M	Weight	Kg
Alcohol			
Alcohol use can affect health and can interfere with certain medications and treatments. Your answers will remain confidential so please be honest. Use the guide to decide how many units you drink a week. Please tick which applies to each question.			
	<p><u>Men:</u> How often do you have EIGHT or more drinks on one occasion?</p> <p><u>Women:</u> How often do you have SIX or more drinks on one occasion?</p>	<p>Never (0) Lest than monthly(1) Monthly (2) Weekly (3) Daily or almost daily (4)</p>	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	<p>Never (0) Lest than monthly(1) Monthly (2) Weekly (3) Daily or almost daily (4)</p>		
How often during the last year have you failed to do what was normally expected of you because of drinking?	<p>Never (0) Lest than monthly(1) Monthly (2) Weekly (3) Daily or almost daily (4)</p>		
In the last year has a relative, friend, doctor or health worker been concerned about your drinking or suggested you cut down?	<p>Never (0) Lest than monthly(1) Monthly (2) Weekly (3) Daily or almost daily (4)</p>		
For Office Use Only Total Score: _____			
Do you drink any alcohol (Please tick)	<p>Yes No</p>		
How many units a week?	_____		

Smoking			
Are you a smoker (please tick)	Yes No	How many a day?	
Would you like support and/or information on giving up	If you wish to quit smoking please contact OneYou Lincolnshire on 01522 705162 or via www.oneyoulincolnshire.org.uk		
Stopped Smoking (please tick)	Yes No	If yes when (Month/Year)	
Never Smoked (please tick)	Yes - I have never smoked No - I have smoked in the past		

Medical History			
Do you have or have you had any serious health problems including operations / long term conditions (please tick)			
	Details	Date of Diagnosis	
Asthma			
Cancer			
COPD			
Chronic Kidney Disease			
Diabetes			
Epilepsy			
Heart Attack / Disease			
High Blood Pressure			
High Cholesterol			
Osteoporosis			
Stroke			
Mental Health Problems			
Underactive thyroid			
Circulation problem			
Other serious illnesses			
Any Operations			

Allergies			
Any known allergies (please tick)	Yes No	Allergic to?	
Details of the reaction			

Females Only			
Date of last cervical smear		Result of the smear	
Are you pregnant? (please tick)	Yes No	Have you had a hysterectomy? (please tick)	Yes No

Vaccinations					
Please Provide details of all vaccinations		Date		Date	
Diphtheria/Tetanus/Whooping Cough/Polio/HepB/ Hib	1		Meningitis B	1	
	2			2	
	3			3	
Pneumococcal	1		Rotavirus	1	
	2			2	
	3			3	
Measles/Mumps/Rubella (MMR)	1		Hib Booster		
	2		Men C Booster		
Preschool Diphtheria/Tetanus/Whooping Cough/Polio			HPV	1	
				2	
				3	
Rubella			Other:		
BCG			Other:		
Teenage Booster -Diphtheria/Tetanus/Polio			Other:		
Men ACWY			Other:		

Army Veterans	
If you are an army veterans please tick this box * We will record this information in your medical records	