



New Patient Registration Adult (Over 16 years)

Thank you for choosing to register with St Clement's Surgery.

You must complete this registration form and book a new patient appointment with one of our health care assistants. **Please provide ID at the point of registration. Acceptable ID includes Birth Certificate, Passport, Drivers Licence, Bank statement, Current utility Bill.**

Your allocated GP is Dr Ahmed.

If you live "Out of Area" your registration request will be reviewed by a Doctor to confirm it is clinically appropriate for you to be registered with the Surgery. We will write to you to confirm or decline your registration. For more information please visit our website: www.stclementssurgery.com

OFFICE USE

Registration Appointment Date.....

ID

ID.....

Online Access.....

Please complete in BLOCK CAPITALS

Are you housebound YES/ NO

Surname/Family name

Forename(s)-

Place of Birth.....

Please indicate your preferred contact number

Home Telephone number.....

Mobile Telephone number.....

Work Telephone number

Marital Status.....

Occupation

Who do you want us to contact in an emergency

Emergency contact name

Relationship

Contact number

Who is your next of kin

Do you care for anyone? If YES who do you care for?

.....

Main language Spoken

Interpreter required YES/NO

(Please advise at time of booking appointment)

Communication support:

Do you have any of the following sensory losses or disabilities, if so please tick as appropriate:

Vision problems

Hearing problems

Speech problems

Learning disabilities

What kind of communication support could we provide for you?

Eg large print

Communication with you:

SMS: We can now send you appointment confirmation, messages and reminders by text message. Do you consent to St Clements Surgery contacting you by text message?

YES/NO

Communication with others:

Record Sharing: Shared records are available to health care providers who use the same clinical record system, called “SystmOne”. Your GP records can be shared with organisations who are also providing you with care (called “sharing out”) such as the community nursing team. The information other organisations such as the community nursing team that hold about you can be shared into your GP record (called “sharing in”). Our practice policy is to automatically share out all the information for those aged under 16 years and over 75 years for patient safety.

For more information please go to our website or contact our reception team.

Sharing out from this service:	Please tick
YES— I would like to make information at this service available to other services (Recommended)	
NO— I would not like to make information recorded at this service sharable to other services caring for me.	
Sharing in to this services:	Please tick
YES— I would like this service to be able to view information recorded ay other services caring for me that I have made sharable. (Recommended)	
NO— I would not like this service to be able to view information recorded at other services caring for me that I have made sharable.	

Communication with others:

Summary Care Records:

Most people in England have a basic NHS Summary Care Record which contains key health information about you, however additional information can be added that could be important to your treatment. This is called an Enhanced Summary Care Record.

This means that if you have to call an ambulance, contact 111, the Out of Hours service or go to hospital anywhere in England, they will be able to access vital health information about you, which could help them treat you more quickly and effectively.

Summary Care Record Options	Please Tick
YES—I would like an Enhanced Summary care Record containing details of my medication, allergies and any bad reactions to medication I have had and any other information that I have agreed with my GP Practice to have included in my Summary Care Records. (Recommended)	
Yes I would like a Basic Summary Care Record containing details of my medication, allergies and any bad reaction to medication I have had.	
No I do not want a summary care record	

ETHNIC GROUP

(Please tick the description which you feel is most appropriate)

If you do not wish to provide this, please tick the "Patient Declined" box at the end of this

	Please tick
White British	
White Irish	
Other White ethnic group	
Indian	
Pakistani	
Bangladeshi	
Chinese	
Other Asian ethnic group	
Black African	
Black Caribbean	
Black African & White	
Black Caribbean & White	
Other Black ethnic group	
Other ethnic Asian/ White origin	
Other ethnic group	
Ethnic Group not given – patient declined	

Smoking Status**Smoker****If Yes how many a day?****Ex-Smoker**

ALCOHOL CONSUMPTION (please complete below)

Q1. How often did you have a drink containing alcohol in the past year? (please tick)		Q2. How many units of alcohol do you drink on a typical day when you are drinking? (please tick)		Q3. How often do you have six or more units (if female) or 8 or more (if male) on a single occasion in the past year? (please tick)	
Never		1 - 2		Never	
Monthly or less		3 - 4		Less than monthly	
2-4 times a month		5 - 6		Monthly	
2-3 times a week		7 - 8		Weekly	
4 or more times a week		10 or more		Daily or almost daily	
Please note you may be asked for further details regarding this part of the questionnaire					

Online Access:

TWO FORMS OF ID MUST BE PROVIDED FOR ONLINE ACCESS

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice. **We will not grant online access if you do not provide ID**

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

Signed:

Date:

Booking appointments	
Requesting repeat prescriptions	
Limited access to parts of my medical record or	
Access to my full medical record	

I wish to access my medical record online. I understand and agree with each statement.

I have read and understood the information leaflet provided by the practice	
I will be responsible for the security of the information that I see or download	
If I choose to share my information with anyone else, this is at my own risk	
I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	
If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	