

The Border Practice – PATIENT REGISTRATION

All new patients must make an appointment for a New Patient Check with a nurse.

Forenames:	Surname:	Date of Birth:
Address:		
Post Code:		
Home Telephone:	Mobile Telephone:	Work Telephone:
Occupation:	Ethnic Origin:	First Spoken Language:
		Translator Required? Y / N
Tick here if you <u>want to receive</u> text appointment reminders and information from us <input type="checkbox"/>	Tick here if you <u>would like to</u> register for online appointments <input type="checkbox"/>	All patients are allocated a named GP. Call us 10 days after registering and we can inform you which is yours.

Do you smoke? **Yes** **No** If Yes, how many per day: _____

Never Smoked Stopped (Date Stopped) _____

What type e.g. Cigarettes, e-Cigarettes, Cigars, Pipe, Tobacco, Other _____

How many glasses of wine/beer (pints)/shots of spirits do you drink per week _____

Please provide details of any regular medication:	
Next of Kin: (Name, Contact Number and Relationship)	

Are you a Carer? **Yes** **No**

Is the person that you care for registered at this practice? **Yes** **No** If yes please give their details below:

Are you being cared for? **Yes** **No** If yes, who is your Carer? Please give their details:

Do you have any special communication needs such as Large Print, British Sign Language etc? Please list them below:

Do you have any form of disability where it would help you if we made adjustments to how we see you to give you a better level of care?
Please list here: _____

Signed: _____	Name: _____
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If you are applying on behalf of another person (e.g. child/legal ward), please state your name/relationship below and sign:

Name: _____ Relationship _____

Date of Birth: _____ (Please see further information overleaf.)

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OPT OUT FORM

IMPORTANT INFORMATION ABOUT YOUR HEALTH RECORD (Please read carefully)

The NHS shares data from your medical record in a number of ways. You have the right to control how your personal information is used and who has access to it. You can opt out of this data sharing by going on line to www.nhs.uk/your-nhs-data-matters and completing the form below. We will then add relevant coding to your record.

I do not wish for any information to be extracted and uploaded from my GP record for the following purposes.

(Please tick those below where you DO NOT wish for data sharing).

National Data Opt-Out – You must go on line to note your own Opt-Out Choice

www.nhs.uk/your-nhs-data-matters

Your Data Matters to the NHS

Information about your health and care helps the NHS to improve your individual care, speed up diagnosis, plan your local services and research new treatments. Your health and care information is used to improve your individual care. It is also used to help us research new treatments, decide where to put GP surgeries and plan for the number of doctors and nurses in your local hospital. Wherever possible we try to use data that does not identify you but sometimes it is necessary to use your confidential patient information.

In May 2018, the strict rules about how this data can and cannot be used were strengthened. The NHS is committed to keeping patient information safe and always being clear about how it is used.

You can choose whether your confidential patient information is used for research and planning.

To find out more visit: www.nhs.uk/your-nhs-data-matters

What should you do next? You do not need to do anything if you are happy about how your confidential patient information is used. If you do not want your confidential patient information to be used for research and planning, you can choose to opt out securely online or through a telephone service. You can change your choice at any time.

To find out more or to make your choice visit www.nhs.uk/your-nhs-data-matters or call **0300 303 5678**.

The Summary Care Record

Please Opt me out of this section

Office use: Code - 9Ndo express dissent from SCR upload

Clinical Data Repositories/Warehouses

(e.g. The Hampshire Health Record, Connected Care, The Manchester Care Record, The Stockport Health and Care Record, The Salford Integrated Record, The Cheshire Care Record, The North Staffs/Stoke-On-Trent Shared Record)

Please Opt me out of this section

Office use: Code - 9Nd1 no consent for electronic record sharing

Please ensure that no further information is uploaded about me. I understand that I can opt back in to any or all of these databases at any time in the future by informing the Practice in writing.

ONLY SIGN HERE IF YOU HAVE TICKED ANY OR ALL OF THE BOXES ABOVE

Patient Name: _____

Signature: _____

For more information on data sharing please see our web site under GDPR and also www.nhsdatasharing.info

The Border Practice – PATIENT REGISTRATION

The Border Practice - On-Line Appointment Booking and Repeat Medication Service Agreement

Each patient needs to sign this Agreement for the use of On-line booking before The Practice will grant access.

Before you begin to use the online booking service (Emis Patient Access), please read the following policy and agreement regarding the booking of appointments over the internet. Please keep this policy for your own reference.

A document containing your pin number and log-on details will be provided to you as soon as the practice receives your signed consent form. Please keep this document safe as it contains your personal information.

When registered you will be able to:

- Find available doctor appointment slots and book new appointments. Appointments may be booked up to a maximum of 21 days ahead
- View and cancel appointments you have already booked
- View and order repeat medications

Doctors Appointments

Please ensure that you book your appointments appropriately. If you are unsure as to whether it is appropriate for you to see a doctor, contact us by telephone. Whilst we will do what we can for you to see the doctor of your choice this may not always be possible due to unforeseen circumstances, for instance if the doctor is on annual leave or is ill.

Missed Appointments

If you are unable to attend your appointment please let us know as early as possible. You may cancel it online or telephone us. This will allow us to offer the appointment to another patient.

We monitor missed appointments on a regular basis. If you miss an appointment more than three times in one year we reserve the right to remove the facility for you to use online booking and will warn you that should you continue to miss booked appointments, we will remove you from our patient list.

Appointments for Family Members:

Unfortunately you cannot book appointments for other members of your family, with the exception of children under 13. If you are a parent/guardian of a child under 13 we will issue you with a log in for the child. However, this access will automatically be cancelled when the child is 13 years old and they will have to apply personally for renewed access. This is to ensure that our patients approaching adulthood are guaranteed confidentiality during their time with us.

Patient Agreement to Practice Policy for the use of Online Booking

Patient Name: _____ DoB: _____

Address _____

I have understood and will adhere to the practice policy for the use of Emis Patient Access.

Signed _____

Date _____

Office Use: Tear off slip to be scanned into patient record and coded 912P

FOR OFFICE USE ONLY

PLEASE TICK ID SEEN: PASSPORT (Passport No: _____) DRIVING LICENCE UTILITY BILL BANK STATEMENT

OTHER (Please state _____) PATIENT ID VERIFIED BY: _____ (PRINT NAME)