

---

# Water Meadow Surgery

---

## Patient Registration Form

---

Welcome to Water Meadow Surgery

If you wish to register as a National Health Service patient you will need to complete all sections of this form to the best of your ability.

Please note that by completing this form you are not automatically registered at the surgery; before accepting you we will need to check that we have all the information we need to enter you onto our system – this will take effect after approximately 3 days if all the information is provided - if there is any information missing we will write to you.

Once completed please return this form to us. You will need to attend the surgery to verify your identity and you will need to bring with you the following documents which must be originals;

- passport or driving licence (photo)
- a recent utility bill which confirms your current address
- in the case of children birth certificates

These will be verified at the time you bring them in and will be handed straight back to you.

If the forms are complete we will write to you after 3 days to confirm your registration and the name of your doctor.

Please take the opportunity to view our website at [www.watermeadowsurgery.co.uk](http://www.watermeadowsurgery.co.uk) to find out a bit more about us

# Water Meadow Surgery - Patient Registration Form

Please complete in **BLOCK CAPITALS**

Title	Mr <input type="radio"/>	Mrs <input type="radio"/>	Miss <input type="radio"/>	Ms <input type="radio"/>	Other <input type="radio"/>
Surname				Previous surname	
Forename					
Date of birth				Gender: Male <input type="radio"/>	Female <input type="radio"/>
NHS Number					
Address					
Postcode					
Home telephone	Mobile			Work telephone	
Email					
Town of birth				Country of birth	
Next of kin (name)				Next of kin contact	
Are you a carer?	Yes <input type="radio"/>	No <input type="radio"/>			
If yes, who do you care for?					
Do you have a carer?	Yes <input type="radio"/>	No <input type="radio"/>			
If yes, who is your carer and what is their relationship to you?					

## NHS Organ Donor Registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick boxes that apply

- Any of my organs and tissue or
- Kidneys  Heart  Liver  Corneas  Lungs  Pancreas  Any part of my body

Signature:

For more information, visit the website [www.uktransplant.org.uk](http://www.uktransplant.org.uk) or call 0300 123 23 23

## NHS Blood Donor Registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood

Tick here if you have given blood in the last three years

Signature:

# Water Meadow Surgery - Patient Registration Form

## PREVIOUS HISTORY

Please help us to trace your medical records by providing the following information	
Previous address	
Postcode	
Name of previous doctor	
Address of previous surgery	
If you have come from abroad and have been registered with the NHS in the past	
Previous address in UK	
Name of previous GP in UK	
Address of previous GP in UK	
Date you left the UK	
Date you re-entered the UK	
If you have come from abroad and have never been registered with the NHS in the past	
Date you entered the UK	
If you are returning from the armed forces	
Address <b>before</b> enlisting	
Name of GP before enlisting	
Address of GP before enlisting	
Date of enlisting	
Date of demob	

ETHNICITY	
White	<input type="radio"/> British <input type="radio"/> Irish <input type="radio"/> Other
Asian	<input type="radio"/> Indian <input type="radio"/> Pakistani <input type="radio"/> Bangladeshi <input type="radio"/> Chinese <input type="radio"/> Other
Black	<input type="radio"/> Caribbean <input type="radio"/> African <input type="radio"/> Other
Mixed	<input type="radio"/> White and Asian <input type="radio"/> White and Black <input type="radio"/> White and other

## Water Meadow Surgery - Patient Registration Form

LANGUAGE & GENERAL ACCESS TO SERVICES	
Is English your main spoken language?	<input type="radio"/> Yes <input type="radio"/> No
If not, what is your main language	
Do you need an interpreter?	<input type="radio"/> Yes <input type="radio"/> No
If yes, please state which language	
Are you hard of hearing?	<input type="radio"/> Yes <input type="radio"/> No
If yes, are you able to lip read?	<input type="radio"/> Yes <input type="radio"/> No
Are you registered blind?	<input type="radio"/> Yes <input type="radio"/> No
Do you have any other	<input type="radio"/> Yes <input type="radio"/> No
If so, please state what they are	

### MEDICAL HISTORY

Once you have registered there is usually a short delay before we receive your medical records. During this time it is helpful for us to have some basic information about your medical history and that of your immediate family so that we can provide you with the best possible care. Please answer the questions that follow, as well as you can.

Have you or any of your relatives ever suffered from any of the following medical conditions?

If so please give details of the relationship and the date of onset.

Your History			Family History	
	Tick	Age at onset	Relationship	Age at onset
Heart disease	<input type="radio"/>			
Stroke	<input type="radio"/>			
High blood pressure	<input type="radio"/>			
Diabetes	<input type="radio"/>			
Asthma or other respiratory disease	<input type="radio"/>			
Allergies such as hay fever/eczema etc	<input type="radio"/>			
Cancer	<input type="radio"/>			
Epilepsy	<input type="radio"/>			
Mental illness	<input type="radio"/>			
Hypothyroidism	<input type="radio"/>			
Liver disease	<input type="radio"/>			
Kidney disease	<input type="radio"/>			

# Water Meadow Surgery - Patient Registration Form

**FAMILY HISTORY.** If your parents, brother or sister have died as a result of illness, please let us know

Cause of death	Relationship	Age died

Do you have any current health problems? If so, please provide details below

Problem	Year of onset

**MEDICATIONS:** Are you currently on any repeat medications? If so, please list them

Name of medicine	Dose	How often taken
<b>Any medication allergies?</b>		

## ELECTRONIC PRESCRIPTIONS

We can send your prescriptions direct to a pharmacy of your choice without the need for a paper prescription. If you would like to take advantage of this service, please nominate your pharmacy below;

Garlicks Water Meadow Surgery	Boots High Street	FMY High Street	Garlicks Chess Centre	Rowlands Berkhampstead Rd
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please see next page for other alternative pharmacies.....

# Water Meadow Surgery - Patient Registration Form

## OTHER:

1. If you would rather collect your paper prescription from the reception desk tick here
2. If you would rather we sent your prescription direct to another pharmacy please tick here

If you have ticked 2 above, what is the name and address of that pharmacy

**PLEASE NOTE:** if you have moved from outside the area and you have a nominated pharmacy local to your previous surgery, you will need to update your nomination now otherwise your prescriptions will automatically be sent to your old pharmacy.

## SMOKING – Do you smoke?

- Never smoked    Ex-smoker    Smoker

If you smoke, how much do you smoke?

## ALCOHOL - Do you drink alcohol?

- Yes   Approx units per week \_\_\_\_\_ see below    No

1 unit	1.5 units	2 units	3 units	9 units	30 units
½ pt of normal beer	Small glass of wine	½ pt of strong beer	Large bottle/can strong beer	Bottle of wine	Bottle of spirits
Single shot of spirit	Bottle of alcopops	Large bottle/can of normal beer	Large glass of wine		

## FAST ALCOHOL SCREENING TEST (FAST)

For the following questions please tick the answer which best applies to you.

**1 drink = 1 unit (see table above)**

1. **MEN:** how often do you have **8** or more drinks on one occasion?

**WOMEN:** how often do you have **6** or more drinks on one occasion?

Never    Less than monthly    Monthly    Weekly    Daily or almost daily

2. 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

3. How often during the last year have you failed to do what was normally expected of you because of your drinking?

Never    Less than monthly    Monthly    Weekly    Daily or almost daily

4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

No    Yes, on one occasion    Yes, on more than one occasion

# Water Meadow Surgery - Patient Registration Form

## NEXT OF KIN / EMERGENCY CONTACT

We will record this information may use it if we are unable to reach you in an emergency or need to make urgent contact with somebody on your behalf.

Name	
Contact number	
Relationship	
Please indicate whether	<input type="radio"/> Next of kin <input type="radio"/> Emergency contact
Can they discuss your record	<input type="radio"/> Yes <input type="radio"/> No

## DECLARATION

I declare that all the information I have given on this form is true and correct

Signature of patient

Date

## FOR SURGERY USE ONLY

Identification seen and verified

ID	Number
<input type="radio"/> Passport	_____
<input type="radio"/> Driving licence	_____
<input type="radio"/> Utility Bill with current address	
<input type="radio"/> Other correspondence confirming current address	
<input type="radio"/> Other-please state	

<b>Verification confirmed by</b>	<b>Date</b>
<input type="text"/>	<input type="text"/>

# Water Meadow Surgery

## COMMUNICATION CONSENT

We would like to include you in the following services?

- SMS text messages
- Email messages

These may be used to notify you of, for example;

- Appointment reminders or changes to your booked appointment
- National issues such as flu campaigns
- The practice being closed due to unforeseen circumstances
- Cancelled clinics including GP, nurse and health care assistant
- Other notifications the practice deem necessary to your health care provision.

### Our promise

- The mobile phone number and email address will only be used by the GP Practice and will not be passed to any other parties.
- If at any time you would like to opt out of the above services, please make a personal request to the GP Practice and you will be opted out of the service within 48 hours.
- Your mobile phone number and email address will solely be used by the GP Practice in relation to the health care services offered by the practice.
- No personal details will be included in the message to identify you.

*Whilst the GP Practice will regularly check your contact details with you, please be aware that the onus of keeping your contact details current with the practice rests with you.*

### 1. HAPPY?

If you are happy for us to use these means to communicate with you, then please complete Part 4 below,

### 2. NOT HAPPY?

If you are **NOT** happy for us to contact you by these means, please complete Part 3 and 4 below .

### 3. TEXT MESSAGES

- I **DO NOT** consent to Water Meadow Surgery contacting me by text message for the purposes outlined above

Text messages are generated using a secure facility. I understand that they are transmitted over a public network onto a personal telephone (my telephone) and as such may not be secure. However, the practice will not transmit any information which will enable an individual to be identified.

### 3 EMAIL

- I **DO NOT** consent to Water Meadow Surgery sending me letters via email.

Emails are sent through the NHS email service. I understand that they are sent via a public network to a personal email address (my address) and as such may not be secure.

### 4. DETAILS

Name		DOB
Mobile		
Email		
Signature		Date



## Patient options for GP data sharing

### Summary Care Record (SCR), My Care Record, and Care.data

Patient details (please write in CAPITAL LETTERS)			
Title:		Forenames:	
Surname/Family name:			
Address:			
Postcode:			
Home phone number:			
Mobile phone number:			
Email address:			
Date of birth:		NHS number (if known):	
If the person signing below is not the patient, please also enter the signatory's name and relationship to the patient, e.g. parent, guardian, attorney			
Full name:		Status:	
Signature:		Date:-	

## Overview of sharing options

### Summary Care Record (SCR)

The NHS in England is using a national electronic record called the Summary Care Record (SCR) to support patient care. The Summary Care Record is a copy of key information from your GP record. It provides authorised healthcare staff with faster, secure access to essential information about you when you need unplanned care or when your GP practice is closed. Summary Care Records are there to improve the safety and quality of your care. SCR core information includes your allergies, adverse reactions and medications. An SCR with additional information can also include reason for medication, vaccinations, significant diagnoses / problems, significant procedures, anticipatory care information and end of life care information

### Local sharing via My Care Record

Your patient record is held securely and confidentially on the electronic system at your GP practice.

If you require attention from a health and social care professional such as an Emergency Department, Minor Injury Unit, social worker, or Out Of Hours location, those treating you would be better able to give you appropriate care if some of the information from the GP practice was available to them. This information can now be shared electronically via My Care Record.

In all cases, the information will be used only by authorised health and social care professionals involved in your direct care. Your permission will be asked before the information is accessed, unless the health and social care user is unable to ask you and there is a clinical reason for access, which will then be logged.

### Care.data

NHS England is commissioning a modern data service from the Health and Social Care Information Centre (HSCIC) on behalf of the entire health and social care system. Known as Care.data, this programme will build on existing data services and expand them to provide linked data that will eventually cover all care settings, both in and outside of hospital. Patient information will be obtained from the GP record and used to support, plan, and improve patient services by comparison with other patients in other areas. Care.data will also assist with resource planning across the country. To enable the comparison the NHS will need to extract your date of birth, postcode and NHS number to link your records. Your identifiable information will remain protected. Information which does not reveal your identity can then be shared with researchers and health planners to improve services both locally and nationally.

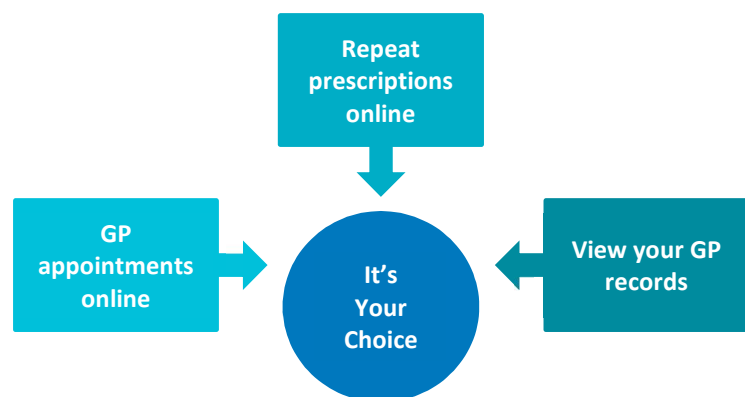
**Please circle your sharing preferences below.**  
**Once complete please return this form to your GP practice**

1.	<b>The Summary Care Record (SCR)</b> Used nationally across England	YES – core data only 9Ndm	NO 9Nd0	YES – include additional data set 9Ndn
2.	<b>My Care Record</b> Used locally across Buckinghamshire and the immediate surrounding area	YES 93C0	NO 93C1	
3a.	<b>Care.data</b> I wish to allow my GP to release any section of my GP record to the Health and Social Care Information Centre for purposes of the Care.data system	YES 9Nu1	NO 9Nu0	
3b.	<b>Care.data</b> I wish to allow the Health and Social Care Information Centre to disclose to any accredited third parties any information they hold about me (from any NHS source). Please note that in general, such data would only be made available to accredited third parties in anonymised, pseudonymised or aggregated form.	YES 9Nu5	NO 9Nu4	

**Thank you.**

## Online Services Records Access - 'It's your choice'

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 now use the **Systmonline** app

Type in **Systmonline** into your app store on your phone or iPad and download the app

Then all you need to do is type in your **username** and **password** the same as you would if you were using a computer.

### WARNING

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 information that you can see online may be misleading if you rely on it alone to complete insurance, employment or legal reports or forms.

Be careful that nobody can see your records on screen when you are using Patient Online and be especially careful if you use a public computer to shut down the browser and switch off the computer after you have finished.

### Please note

The practice has the right to remove online access to services. This is rarely necessary but may be the best option if you do not use them responsibly or if there is evidence that access may be harmful to you. This may occur if someone else is forcing you to give them access to your record or if the record may contain something that may be upsetting or harmful to you. The practice will explain the reason for withdrawing access to you and will re-instate access as quickly as possible.

You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

Being able to see your record online might help you to manage your medical conditions. If you decide not to join 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.

Before you can request a repeat prescription, or make an appointment online, you will need to register to use **SystmOnline**.

To do this you will need to call in at the surgery with some form of picture ID e.g. passport or driving license.

We will then give you a **username** and **password**

Once you have these, it is a simple matter of:

- open a browser window (Internet Explorer, Google, Firefox, Safari, Opera etc) and in the address bar
- type in: [www.watermeadowsurgery.co.uk](http://www.watermeadowsurgery.co.uk)
- Click on the **Prescriptions** icon
- Choose **Repeat Prescriptions**
- Click: **Order Your Repeat Prescription Online**

The **Online Services** window opens.



[Click here to login to SystmOnline](#)

Enter your Username and Password and click Login

## 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.

### Things to consider

#### 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. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them. If this happens please contact your surgery as soon as possible. The practice may set your record so that certain details are not displayed online. For example, they may do this with test results that you might find worrying until they have had an opportunity to discuss the information with you.

#### 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. If it would be helpful to you, you can ask the practice to provide another set of login details to your Online services for another person to act on your behalf. They would be able to book appointments or order repeat prescriptions. They may be able to see your record to help with your healthcare if you wish. Tell your practice what access you would like them to have.

#### 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>

# Water Meadow Surgery

## Application for online access to my medical record

Surname	Date of birth
First Name	
Address	
Email address	
Telephone number	Mobile number

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat medications	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

I wish to have access to 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 identity verified by (initials)	Date	Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/> Personal Vouching <input type="checkbox"/>
Authorised by:	Date	Date on-line account created:
Level of access to record enabled: <ul style="list-style-type: none"><li>• Booking appointments <input type="checkbox"/></li><li>• Repeat Medication <input type="checkbox"/></li><li>• Summary Care Record <input type="checkbox"/></li><li>• Detailed Coded Record Entries <input type="checkbox"/></li></ul>		Date password/user name sent: