**Trowbridge Health Centre Adult Registration Form**



Welcome to Trowbridge Health Centre. To register at the practice, please complete **All** of the information using **Block Capitals.**

NHS Number (if known)

Full Name Forename(s)

Surname

All Previous names

**Title**: 🞏 Mr 🞏 Mrs 🞏 Miss 🞏 Ms 🞏 Male 🞏 Female

Date Of Birth

Town & country of Birth

Post Code:

Home Address

Home Telephone Number

Mobile Number

E-Mail Address

Consent to be contacted by SMS 🞏 E-Mail 🞏

Preferred Contact Method Home Number 🞏 Mobile Number 🞏 E-Mail 🞏

*\* It is your responsibility to keep us updated with any changes to your telephone number, email & postal address.*

*We may contact you with appointment details, test results or Health Details.*

**For us trace your previous medical records and Health Information please providing the following information:**

Post Code:

Your previous address in UK

Post Code

Name And Address of

previous Doctor in UK

**If you are from abroad:**

**Full** date you first came

To the UK

*If this is your first UK Registration,this date needs to be provided for your registration to be processed.*

If previously resident in

UK date of leaving

Post Code:

Your first UK address

Where Registered with

a GP

**If you are returning from the Armed Forces:**

Enlistment Date

Service number

Discharge date

Post Code:

Addresss before enlisting

|  |
| --- |
| **Background Details** |

**Next Of Kin** Name

Relationship

Contact Number

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethnicity** | 🞏 White (UK)  🞏 White (Irish)  🞏 White (Other) | 🞏 Polish  🞏 Caribbean  🞏 African | 🞏 Bangladeshi  🞏 Indian  🞏 Pakistani | 🞏 Arabic  🞏 Chinese |

🞏 Other – *(Please State)***:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Religion** | 🞏 C of E  🞏 Christian  🞏 Catholic | 🞏 Buddhist  🞏 Hindu  🞏 Muslim | 🞏 Sikh  🞏 Jewish  🞏 Jehovah’s Witness |  |  |  |  |  |

🞏Other – *(Please State):*

**Language** Your main spoken language

Do you need an Interpreter? 🞏Yes 🞏No

**Communication** Do you have communication difficulties 🞏 Yes 🞏 No

If Yes please identify below:

🞏 Hearing aid 🞏 Large print 🞏 Sign Language -

🞏 Lip reading 🞏 Braille 🞏 British

🞏 Makaton

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| **Carer Details** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a carer? | 🞏Yes – Informal/Unpaid | | 🞏Yes – Occupational/Paid | 🞏No | |
| Do you have a carer? | 🞏Yes | 🞏No | \*If yes please provide details below: | |  |

Carers Name Relationship

Telephone Number

*\* Only add carer’s details if they give their consent to have these details stored on your medical record.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical History** | | | |
| Have you suffered from any of the following conditions? | | | |
| Asthma  COPD  Epilepsy | Heart Disease  Heart Failure  Blood Pressure | Diabetes  Kidney Disease  Stroke | Depression  Underactive Thyroid  Cancer |

|  |  |  |  |
| --- | --- | --- | --- |
| Please record any significant family history of close relatives with medical problems. | | | |
| Asthma  COPD  Epilepsy | Heart Disease  Stroke  Blood Pressure | Diabetes  Kidney Disease  Liver Disease | Depression  Thyroid.  Cancer |

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| **Lifestyle** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Smoking** | | | |
| Do you smoke? | 🞏 Never smoked | 🞏Ex-smoker | 🞏Yes |
| Do you use an e-Cigarette? | 🞏Yes | 🞏Ex-User | 🞏No |
| How many cigarettes did/do you smoke a day? | 🞏 1-9 🞏 10-19 | 🞏 20-39 🞏 40+ |  |
| Would you like help to quit smoking? | 🞏Yes | 🞏No |  |
|  |  | | |

For further information, please see: [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)

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| **Height & Weight** |

HeightWeight

|  |
| --- |
| **Alcohol** |
| Please answer the following questions which are validated as screening tools for alcohol use: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AUDIT–C QUESTIONS** | **Scoring System** | | | | | **Your Score** |
| **0** | **1** | **2** | **3** | **4** |
| How often do you have a drink containing alcohol? | Never | Monthly or Less | 2-4 times per month | 2-3 times per week | 4+ times per week |  |
| How many units of alcohol do you drink on a typical day when you are drinking? | 1-2 | 3-4 | 5-6 | 7-9 | 10+ |  |
| How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| A score of **less than 5** indicates *lower risk drinking* | | | | | TOTAL: |  |

**Scores of 5 or more** requires the following 7 questions to be completed:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AUDIT QUESTIONS**  (after completing 3 AUDIT-C questions above) | **Scoring System** | | | | | **Your Score** |
| **0** | **1** | **2** | **3** | **4** |
| How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you failed to do what was normally expected from you because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |
| 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 |  |
| Have you or somebody else been injured as a result of your drinking? | No |  | Yes, but not in last year |  | Yes, during last year |  |
| Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? | No |  | Yes, but not in last year |  | Yes, during last year |  |
|  | | | | | TOTAL: |  |

[](http://www.citsu.ie/alcohol-and-drug-awareness)

If you would like your prescriptions to go electronically,   
please indicate which pharmacy you would like to use:

**PPG** Would you like to be involved in our Patient Participation Group?

🞏 Yes 🞏 No

We are committed to improving the services we provide. The Patient Participation Group (PPG) is a mechanism for us to gain valuable feedback from our patients about their experiences, views and ideas for improving our services.

To register to be a Blood and / or Organ donor please visit - <https://www.blood.co.uk> and / or <https://www.organdonation.nhs.uk> or call 0300 123 23 23.

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| **Sharing Your Health Record** |
| ***Please read the information on “Sharing Your Health Records” at the back of this form*** | |  |
| **Your Health Record** |
| Do you consent to your GP Practice sharing your health record with other organisations who care for you?  🞏 Yes *(recommended option)*  🞏 No, never *(not recommended, please discuss this with your GP before ticking this option)*  Do you consent to your GP Practice viewing your health record from other organisations that care for you?  🞏 Yes *(recommended option)*  🞏 No |

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| **Your Summary Care Record (SCR)** |
| Do you consent to having an Enhanced Summary Care Record with Additional Information?  🞏 Yes *(recommended option)*  🞏 No |

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| **Signature** |

**I confirm that the information I have provided is true to the best of my knowledge.**

Signature

🞏Signed on behalf of patient

Name Date

**Checklist**

Please ensure the following are done and provided so that your registration can be completed successfully

|  |  |
| --- | --- |
|  | Fully Completed & Signed Above Form |
|  | Photo Proof of ID *e.g. Passport, Photo Driving License, Photo ID card* |
|  | Proof of Address  *e.g. Bank statement, Utility Bill or Council Tax* |

**Practice Use Only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Photo ID | Passport | Driving licence | Identity card | Other |
| Proof of Address | Utility Bill | Council Tax | Bank Statement | Other |
| **Access To Your Online Health Record** | | | | | |

**Access to your online health record is recommended**

**via the NHS App**

***Please read the information on “Access to GP Records Online” at the back of this form***

Owned and run by the NHS, your NHS account is a simple and secure way to access a range of NHS services online including, make appointments, request medication, view your test results and medical record, from the date you register at Trowbridge Health Centre.

*Please note - If you already use this service, access to your records will be reset and only available from the date you register at the new surgery, this is in line with NHS Requirements.*

Access to your medical records is available to you via the NHS App, if you don’t already have the App this can be downloaded via [www.nhs.uk/nhs.app](http://www.nhs.uk/nhs.app). You can also access your NHS account using the NHS website.

For further information please see the NHS App section on the Trowbridge Health Centre website.

[](https://play.google.com/store/apps/details?id=com.nhs.online.nhsonline) 

**If you are unable to use the NHS App,** you can request access to your online services by completing the section below. You will need to showphotographic proof of your identification for the service to be set up. Once we have completed your registration, a username and password will be sent to you via SMS text. You can then log into Online Services via the Trowbridge Health Centre website. *Please read the information on “Access to GP Records Online” at the back of this form*

I wish to register to have online access, as I am unable to use the NHS App**.**

Online access allows you to book appointments, request medication and view your medical records from the date you register at Trowbridge Health Centre**.**

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| **I wish to access my medical record; I understand & agree with each statement:**  *Please tick all boxes below and sign.* |
| I have read and understood the ‘Important Information’ section on the following page. |
| 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 it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible  Signature …………………………………………….………………………………………  Name …………………………………………….……………….…… Date ……………………………… |

**For Practice Use Only:**

|  |  |  |  |
| --- | --- | --- | --- |
| Identity verified through -  (Tick all that apply) | Photo ID -  Proof of residence -  Vouched for by - | | |
| Name of Verifier |  | Date |  |

**Sharing Your Health Record**

**What is your health record?**

Your health record contains all the clinical information about the care you receive. When you need medical assistance it is essential that clinicians can securely access your health record. This allows them to have the necessary information about your medical background to help them identify the best way to help you. This information may include your medical history, medications and allergies.

**Why is sharing important?**

Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

* Sharing your contact details This will ensure you receive any medical appointments without delay
* Sharing your medical history This will ensure emergency services accurately assess you if needed
* Sharing your medication list This will ensure that you receive the most appropriate medication
* Sharing your allergies This will prevent you being given something to which you are allergic
* Sharing your test results This will prevent further unnecessary tests being required

**Is my health record secure?**

Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

**Can I decide who I share my health record with?**

Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

**Can I change my mind?**

Yes. You can change your mind at any time about sharing your health record, please just let us know.

**Can someone else consent on my behalf?**

If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made by those caring for you.

**What about parental responsibility?**

If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

**What is your Summary Care Record?**

Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

For further information, please see: [www.nhs.uk/NHSEngland/thenhs/records](http://www.nhs.uk/NHSEngland/thenhs/records)

**Access to GP Records Online**

**Important Information – Please read.**

If you wish to, you can now use the internet (via computer or mobile app) 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.

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 are unable to 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.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

The definition of a full medical record is all the information that is held in a patient’s record; this includes letters, documents, and any free text which has been added by practice staff, usually the GP. The coded record is all the information that is in the record in coded form, such as diagnoses, signs and symptoms (such as coughing, headache etc.) but excludes letters, documents and free text.

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. |

For further information, please see:

[www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx](http://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx)