MOATFIELD SURGERY

www.moatfield.co.uk
Moatfield Surgery
Phone: 01342 327555
HSCCG.moatfield.surgery@nhs.net

New Patient Registration

Thank you for choosing to register with us. In this pack you'll find information about the practice and how to register. Please take the time to complete the enclosed forms as fully as possible as this will enable us to provide you with the best possible care while we wait for your medical record to arrive from your previous practice. Further information on the practice is available on our website accessed at www.moatfield.co.uk

If you are on regular medication you will need to book an appointment with the doctor at least two weeks before your current supply runs out. Please bring your prescription or medication with you to this appointment. We also ask that you take a blood pressure reading from the machine in the waiting room and allow for this to be uploaded or hand the result in at the time of registration.

For your convenience we offer a service whereby you can make appointments with a doctor or order repeat prescriptions online. Please ask the receptionist for a username and password if you would like to use this facility once you are fully registered.

Guidelines for Registering with Moatfield Surgery
Moatfield Surgery operates within its published boundary and does not accept patients who reside outside this defined area. Patients should note that if your address is outside of this area you will be asked to register with another surgery.

Moatfield Surgery New Patient Registration Form / Health Questionnaire

Please complete all parts of this form and take to the surgery Reception along with any other requirements as detailed in this document. Please complete this form electronically or write in CAPITALS.

Date form Completed

Title	Surname	First Names	preferred first calling name

Current Address			
Postcode:		**Date of Birth:**	

Marital Status	Occupation	Language(s) Spoken

Ethnicity

Information on ethnicity is important because of the need to take into account culture, religion and language in providing appropriate individual care, changing legislation, the importance of providing information on ethnicity for shared care including secondary care and the need to demonstrate non-discrimination and equal outcomes.

I would describe my ethnic origin as:

Asian or Asian British	Black or Black British	Mixed
☐ Bangladeshi ☐ Indian ☐ Pakistan ☐ other Asian background	☐ African ☐ Caribbean ☐ Any other Black background	☐ White and Asian ☐ White and Black African ☐ White and Black Caribbean ☐ Any other mixed background
Other Ethnic Group	**White**	**Non-disclosure**
☐ Chinese ☐ Any other ethnic group	☐ British ☐ Irish ☐ Any other White background	☐ I do not wish to disclose my ethnic origin

Contact Details

If you change your email or mobile number, **PLEASE** let us know.
There are times when we need to contact patients urgently, but we cannot do this if you have changed your phone and not given us your new number.

Mobile Phone Number	Home Phone Number	Work Phone Number

Email address

Consent to Leaving Messages and Communicating with you

In accordance with the Data Protection Act, the Practice requires written consent from any patient who is happy for us to leave a message on their answer phone in the event that we need to contact them. If we do not have written consent, and are unable to leave a message it may be difficult to contact you if we need to do so quickly.

Please tick all the boxes that apply:

I give consent for the Practice to leave voice messages on my home telephone: **(This means voice messages that may contain clinical information)**	
☐ Yes	☐ No

I give consent for the Practice to send SMS/ voice notifications to my mobile: **(This means voice messages and/or texts to your mobile and includes appointment reminders and clinical information)**	
☐ Yes	☐ No

I give consent for the Practice to send emails: **(This means emails that may contain clinical information)**	
☐ Yes	☐ No

I give consent for the practice to leave a message about any of my medical treatment:	
With:	Relationship to you:

Disclaimer: If left unticked the practice may leave a message if clinically deemed appropriate/necessary!

This consent will commence from the date of registration.
Please be aware that the integrity and security of emails cannot be guaranteed on the internet and whilst every effort is made to keep this information secure, you should be aware that we cannot offer any guarantees of absolute privacy.

Preferred Pharmacy

Moatfield Surgery uses electronic prescribing. If you would like your prescriptions to automatically go to a pharmacy of your choosing, please tick **one** of the options below. In so doing, you authorise this choice (called the *Primary Nomination*) and consent for your personal details to be forwarded and shared with the pharmacy. You have the right to withdraw this consent at any time by informing the practice but bear in mind that the practice will no longer be able to send your prescriptions electronically.

Pharmacies	Other (Details)
☐ Moatfield (Lloyds)	______________________________
☐ London Road (Boots)	______________________________
☐ Felbridge Pharmacy (Day Lewis)	______________________________
☐ Sainsbury's Pharmacy (Lloyds)	______________________________
☐ Waitrose (Boots)	______________________________
☐ Crawley Down (Independent Pharmacy)	______________________________
☐ Other (please specify opposite)	

Next of Kin

Title	Surname	First Name

Current Address if different from your own	
Postcode:	

Relationship to you	Next of Kin Home telephone	Next of Kin Mobile phone

Do you live with anyone else registered here as a Patient? If so, whom (please give full names):

Medical History

We do get information from your last Doctors' Surgery, but this can take a while and is sometimes incomplete. If you have lived outside the UK we will not get any information.
It is helpful to you and to us to have a brief medical summary, so please complete the section below as best you can.

Do you have any long-term conditions? Have you had any serious illnesses or operations? Is there anything else we should know about your health, past or present?					
☐ Yes – please tick boxes that apply, give date (nearest year is enough) and add any more details you think we should know in the box below					☐ No
☐ High Blood Pressure		☐ Diabetes		☐ Asthma	
☐ Coronary Heart Disease, Heart Attack, MI, Angina, Stents, Bypass Surgery		☐ Stroke, Transient Ischaemic Attack (TIA) or Mini-stroke		☐ COPD (Chronic Obstructive Airways Disease)	
☐ Atrial Fibrillation (AF)		☐ Heart Failure		☐ Dementia	
☐ Alcohol Dependency		☐ Drug Dependency		☐ Mental Health	
☐ Kidney (renal) Disease		☐ Thyroid Disorder		☐ Epilepsy	
☐ Rheumatoid Arthritis		☐ Osteoporosis		☐ Cancer	

If yes, please give details Or if there is anything else – please tell us below

Last Smear (PAP) - ***If applicable and your last smear wasn't in the UK***	
Date:	Were results normal? ☐ Yes ☐ No

Medication

Do you take regular Medication? (If yes, please give details below)	
☐ Yes	☐ No

Name of Medication	Dosage	How often

Lifestyle

Please tell us your height and weight:	
Height:	Weight:

Smoking – please tick whichever applies

Never Smoked?	Current Smoker?	Ex-smoker?
☐ never smoked	☐ Yes = current smoker How many/much per day?____________	☐ Yes Which year did you stop? _____

Moatfield Surgery refers into a stop smoking service - if you would like help to stopping, please see our website at moatfield.co.uk for further details of directly accessible services in the area or consult a pharmacist.
If you are a smoker we strongly advise you to stop on health grounds.

Alcohol

Please visit our website to complete the questionnaire on our home page. If you require a paper copy, please let us know and we will be happy to provide you with this.

Do you drink alcohol?	
☐ Yes If so how many units/week ☐	☐ No

Exercise

Please answer the following about your activity levels:

How active is your work?		
☐ I am not currently working	☐ Mostly sitting	☐ Mostly standing or walking
☐ Definite physical effort	☐ Vigorous activity	

How many hours a week do you spend doing the following?		
Exercising:	Cycling:	Walking:
Housework or Childcare:	Gardening or DIY:	

What is your average walking pace?			
☐ Slow	☐ average	☐ brisk	☐ fast

Allergies

Do you have any Drug Allergies or Sensitivities?	
☐ Yes	☐ No
If yes, please give details	

Family History

Do you have any family history (parents, brother/sister or children) of any of the following:

Tick those that apply: and indicate whom & how old they were when the condition started					
☐ Diabetes Type I		☐ Hypertension		☐ Ovarian Cancer	
☐ Diabetes Type 2		☐ Asthma		☐ Bowel Cancer	
☐ Coronary Heart Disease		☐ Stroke		☐ Breast Cancer	
☐ Heart Attack		☐ Osteoporosis		☐ Prostate Cancer	
☐ Angina		☐ Other Cancer (please specify)			
Anything else you feel is relevant:					

Key Safe

Do you have a Key Safe?	If yes, what is the code?	Where is it located?
☐ Yes ☐ No		

☐ Please tick here to consent for this key safe code to be used in the event of a home visit and for the practice to share this with appropriate partner organisations such as ambulance services or as required.

Carer Information

Carer Information Form

A carer provides unpaid care by looking after an ill, frail or disabled partner, relative, friend or neighbour who could not manage without their help.

The staff at Moatfield Surgery would like to help you in your caring role by placing you on the Practice Carers' Register which will highlight your situation when staff communicate with you. We can also offer you the opportunity to speak with a Carers' Support Worker who can provide information about services which are available to carers and also support you in your caring role.

Would you like to be added and give consent for us to do so, on the practice Carers' Register?	☐ Yes ☐ No
Would you like to receive an information leaflet about Carers' Support Service? *(There are leaflets in the waiting room)*	☐ Yes ☐ No
Would you like the Carers' Support Worker to contact you to discuss your caring role having given consent (above) for the practice to share your details?	☐ Yes ☐ No
If you would like contact, what are your main concerns at present?	
Your name:	
Your Address:	
Your telephone number:	
Name of the Person you care for:	
Your relationship to the person you care for:	
Is the person you care for a patient at Moatfield Surgery:	
We will comply with your request. If you wish the Carers Support Worker to contact you, we will pass the above information to her by telephone or email and your signature will indicate your agreement to this action.	

Date: **Signature:**

Please hand this form to the Receptionist.

(For office use only)

	Date	***Signature***
Carer entered on Carers Register		
Carers Support leaflet given to carer		
Referral made to Carers Support office		

Summary Care Record – your emergency care summary

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

The record will contain information about any medicines you are taking, allergies you may 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 were to have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

Summary Care Records can help the staff involved in your care to make better and safer decisions about how to treat you.

Summary Care Record with Additional Information

You can now also choose to have additional information included in your summary care record, which can enhance the care you receive. This information includes:

- Your illnesses and health problems
- Operations and vaccinations you have has in the past
- How you would like to be treated – such as where you would prefer to received care
- What support you might need
- Who should be contacted for more information about you

Please turn page over to complete form

As a patient you have a choice:

☐ **Yes I would like a Summary Care Record**
You do not need to do anything and a Summary Care Record will be created for you. Patients are advised that in doing so they give consent under the General Data Protection Regulation 2018 to their personal data being shared on a national system accessible from healthcare settings.

☐ **Yes I would like a Summary Care Record with Additional Information**
You do not need to do anything and a Summary Care Record with additional information will be created for you.
Patients are advised that in doing so they give consent under the General Data Protection Regulation 2018 to their personal data being shared on a national system accessible from healthcare settings.

☐ **No I do not want a Summary Care Record**
Please ask the Receptionist for the opt-out form, complete it and hand it to a member of the GP practice team.

For more information, telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020

You can choose not to have a Summary Care Record and have the right to change your mind at any time by informing your GP practice.

If you are a parent or guardian with children under 16 you will have to make this choice for them unless you feel that they are old enough to understand and make their own choice.

Care-Data, also known as Type 2 Opt-out, prevents NHS Digital sharing confidential information for research and planning of services purposes. From October 2018, practices are no longer allowed to accept opt-outs relating to this. Patients wishing to opt-out of their data being used for this purpose have the following two options:

1) Visit the website at nhs.uk/your-nhs-data-matters where you can register a Type 2 opt-out provided you know your NHS number and have an up-to-date email address or mobile phone number in your GP record, or
2) Telephone the helpline on 0300 3035678.

Thank you for taking the time to complete our Registration Form