

For Moulton Surgery use only		
Accepted by:	Registered by:	Patient Informed of Accountable GP:
ID TYPE:	ID NUMBER:	



New Patient Registration Form

Welcome to Moulton Surgery. We are delighted that you have chosen us to help you manage your health and wellbeing. The information contained within the form is important to enable us to provide you with the highest level of care. Please complete it fully.

In line with NHS England requirements, you will need to bring 2 forms of identification into the practice together with the completed registration form. One needs to be a currently valid driving licence or passport with your photograph on. The other needs to confirm your address such as a bank statement or utility bill issued within the last 3 months. **PLEASE NOTE: We cannot proceed with your registration without these forms of identification.**

PLEASE COMPLETE FORM IN BLOCK CAPITALS

BASIC DETAILS			
Title e.g Mr, Mrs, Miss etc.		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Surname			
Previous Surname			
Forenames			
Preferred name (if different to above)			
Date of Birth		Town & Country of Birth	
Your current home address including postcode			
Home phone number		Mobile phone number	
NHS number (if known)			
If you are from abroad:	DATE OF ARRIVAL TO UK? If previous resident of UK – Date of leaving UK? First UK Address where you were registered with a GP?		
Your previous address including postcode			
Previous GP Name Address			
Are you a British forces veteran? (a veteran is someone who has served in the forces for at least 1 day)	<input type="checkbox"/> No <input type="checkbox"/> Yes If so, what year did you retire? If so do you have any health condition or disability related to your service? If yes, please state what. <input type="checkbox"/> No <input type="checkbox"/> Yes Condition/Disability:		
ETHNICITY AND LANGUAGE			

Ethnic Origin Knowing your ethnic origin is important for some of our tests and may affect which medicines work best for you.	<input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Any other Mixed/Multiple ethnic background <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group
First Language	

ONLINE SERVICES (for patients over the age of 16 only)	
E-mail address	
<i>You are able to register to use our online service that can be accessed via our website. The service allows you to book and cancel some appointments on-line and also order your repeat medicines. We will require your email address in order to access this service. To JOIN tick this box <input type="checkbox"/></i>	

COMMUNICATION CONSENT	
<i>The practice could contact you by text or email for the purposes of health promotion, practice news or appointment reminders. If you DO NOT want us to do this please tick here.</i> <input type="checkbox"/>	

OTHER IMPORTANT INFORMATION	
Next of kin: Name: Relationship to you: ARE THEY YOUR CARER YES / NO	Address: Telephone Contact Number:
Do you or have you ever had a social worker involved with your family?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when and who?
Special Circumstances Please tick if any of these apply to you	<input type="checkbox"/> Hearing impaired <input type="checkbox"/> Visually impaired <input type="checkbox"/> Housebound
Are you a Carer? Do you look after somebody?	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have ticked yes please ask for our Carer's leaflet.

DECLARATION

I declare that I am / my child* is entitled to NHS services because I have been or intend to be ordinarily resident in the UK for a period of 6 months or longer and I wish to register with Moulton Surgery. If registering for a child under 5 years the child will automatically be registered with the practice for child health surveillance unless you advise us that you do not want this.

Signature:

Date:

If signing on behalf of someone please state your name and relationship to the patient.

<p>Do you currently suffer from any medical problems / conditions / illnesses / diseases? Please give brief details and approximate dates.</p>	Date	
<p>Have you had any significant medical problems/ diseases / illnesses / operations in the past? Please give brief details and approximate dates.</p>	Date	
<p>Family History Please tick any of the following that apply to first degree relatives (parents, children, brothers & sisters)</p>	<p><input type="checkbox"/> Heart attack/ angina (onset before age 60) <input type="checkbox"/> Heart attack/ angina (onset after age 60) <input type="checkbox"/> Stroke <input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer: (type) <input type="checkbox"/> Any other inherited condition:</p>	Detail of who is affected
<p>MEDICATION Are you on medication? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes please attach your repeat slip.</p>		
<p>Name of Nominated Pharmacy for Electronic Prescribing:</p>		
<p>Dispensing of Medication If you live more than 1 mile from a pharmacy you are able to obtain any prescription medications directly from the surgery. This includes patients living in Old, Scaldwell, Holcot, Walgrave, Overstone & Sywell. If you live in one of these villages, we will automatically register you as a dispensing patient in order that you can use this service. Unfortunately we are unable to provide this service by law to anyone living within 1 miles of a pharmacy, which includes patients living in Moulton village or at our Waterside Campus Surgery.</p> <p><i>If you are eligible but DO NOT want us to dispense to you, please tick here (PLEASE NOTE you cannot opt in to this at a future date). <input type="checkbox"/></i></p> <p><i>Please note that you can order repeat medication via online services and by emailing nccg.moulton.dispensary@nhs.net</i></p>		

NHS ORGAN DONOR REGISTER – PLEASE READ

FROM 20/05/2020 YOU ARE NOW AUTOMATICALLY CONSIDERED AS AN ORGAN DONOR AND YOUR DETAILS WILL BE AUTOMATICALLY SENT TO THE DONOR REGISTRATION DATA BASE. IF YOU DO NOT WANT TO BE A DONOR PLEASE CONTACT: 0300 123 2323 TO OPT OUT.

SHARING YOUR MEDICAL RECORDS - HOW WE USE YOUR INFORMATION

The information that we hold about you is confidential and is only by used to support the care that you receive. It is also important that the NHS can use certain information to plan and improve services for all patients. Below you will find information about the NHS Summary Care Record and the Care Data schemes. Please read this carefully. If you are happy for your information to be used this in this way you need not do anything. If you wish to opt out of either or both schemes please ask for an opt out slip at reception.

1. NHS Summary Care Record

In the interest of our patients we will share your summary care record with emergency care services, allowing them to view any drug sensitivities or allergies on your record. ***This is vital information in the event of an emergency.***

Are you happy with us to share your summary care record YES / NO

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2. SystmOne Electronic Patient Record.

We are one of many clinical facilities that use a secure computerised medical record system called SystmOne. Each facility's records are separate, but because we are on the same system, we have the ability to share your record with other care teams in order to improve your care. These include Northampton Healthcare Foundation Trust services (physiotherapy, dietician, etc) and GP Out of Hours Service.

It is your choice whether we share your record with them, and if we can see their records. As your GP surgery, it's vital we keep as complete a medical record for you as we can so we can treat you with full knowledge of all of your medical information.

You will also be asked when you attend another SystmOne facility if you are willing to allow that facility to share their record with us.

Sharing out:

- Yes, I would like to share my medical record with other SystmOne healthcare professionals.
- No, I would not like to share my medical record with other SystmOne healthcare professionals.

Sharing in:

- Yes, I would like Moulton Surgery to see my medical record from other SystmOne units where I have agreed to allow Moulton Surgery to see my records.
- No, I would not like Moulton Surgery to see my medical record from other SystmOne units.

SIGNED: _____ PRINT: _____

Moulton Surgery is adhering to GDPR 2018. A full copy of the Fair Processing Notice is available via our website at www.moultonsurgery.co.uk or from Reception.