

Date stamp

WELCOME TO THE RED & GREEN PRACTICE
Adult Registration Form (16+)

Please complete form and send via post to Reception, or submit a scan/photograph online at www.redandgreenpractice.co.uk/register

Due to COVID-19 we will process your Registration without ID, but you will be required to show ID at a later date when visiting the Surgery. (i.e. Passport/Utility bill/National Insurance card with your name on.)

Surname:	Forename(s):	Date of Birth:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Status i.e. Single, Married: Title: Mr / Mrs / Miss / Ms / Other:
NHS No. (if known)		Town of Birth:		
Previous Names?		Country of Birth:		
Current Address (see page 4 for details of our catchment area): Please list other family members living with you (attach additional paper if necessary):				
Your Previous Address:		Name and Address of Your Previous Doctor:		
Tel Home: Mobile: Do you consent to receiving text messages about your care from the surgery? (For instance for appointment reminders / test results) YES <input type="checkbox"/> NO <input type="checkbox"/>		Email: Whilst the NHS is under financial pressure and due to escalating postage costs, we are trying to use electronic invitations to annual review clinics where possible. Do you consent to receiving emails from the surgery? YES <input type="checkbox"/> NO <input type="checkbox"/>		

Have you ever lived abroad? YES <input type="checkbox"/> NO <input type="checkbox"/> Skip to Armed Forces Section		
If yes, in which country did you live?		
Date you first came to live in UK:		
Previous UK Address:	Date of leaving UK:	Date of return to UK:
Name/Address of Doctor whilst at that address:		
If you are returning from the armed forces: Army / Civil Servant / Navy / RAF		
Address before enlisting:	Enlistment date:	Leaving date:

Signature of patient ☐ / Signed on behalf of patient ☐

DATE:

SUPPLEMENTARY QUESTIONS

PATIENT DECLARATION for patients who are **not ordinarily resident in the UK**

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a) ☐ I understand that I may need to pay for NHS treatment outside of the GP practice
- b) ☐ I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- c) ☐ I do not know my chargeable status



I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:		Date:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a <u>non-UK</u> EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:	
 <p>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</p>	Country Code: 		
	3: Name		
	4: Given Names		
	5: Date of Birth	DD MM YYYY	
	6: Personal Identification Number		
	7: Identification number of the institution		
	8: Identification number of the card		
9: Expiry Date	DD MM YYYY		
PRC validity period (a) From:	DD MM YYYY	(b) To:	DD MM YYYY

Please tick ☐ if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

ACCESSIBLE INFORMATION STANDARD (AIS)	
Do you require:	If yes, please specify your needs:
Communication Support	
Specific Contact Method	
Specific Information Format	
A Communication Professional	
Do you consent to share AIS information with other NHS Healthcare Professionals	Yes <input type="checkbox"/> No <input type="checkbox"/>

ETHNICITY	
Ethnicity:	Refusal to disclose ethnicity: <input type="checkbox"/>
1 st Language:	2 nd Language:
Will you require an interpreter?	YES <input type="checkbox"/> NO <input type="checkbox"/>

YOUR PERSONAL MEDICAL HISTORY			
Height:		Weight:	
Do you smoke?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, how many per day?	
Have you stopped smoking?	YES <input type="checkbox"/> NO <input type="checkbox"/>	When did you stop?	
Do you use E-Cigarettes/ Vape? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Do you take regular exercise?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever suffered from:			
Epilepsy		YES <input type="checkbox"/> NO <input type="checkbox"/>	
High Blood Pressure		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Asthma		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Glaucoma (pressure in the eyes)		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Diabetes		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Stroke		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Heart Attack		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Cancer		YES <input type="checkbox"/> NO <input type="checkbox"/>	
If any of the above illnesses run in your close blood relatives, (mother/father/sibling), please list which ones below:			
Condition	Relative	Condition	Relative
Are you Registered Disabled? YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you hold a "Living Will" YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you a carer for a friend / relative / neighbour? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes for either, please collect a Carers Form from Reception	
Are you a cared for patient? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MEDICATION
If you are currently taking repeat medication please attach your repeat prescription counterfoil.
The practice offers the Electronic Prescription Service (EPS), which allows you to choose or "nominate" a pharmacy to get your medicines or appliances from. Your doctor will then send your prescription electronically to your nominated pharmacy. To use this service, please state your preferred pharmacy for nomination:
If you have an existing nomination outside of our area (Southampton / New Forest) it will be automatically removed unless you express a wish for it to remain unchanged. For more information visit: www.hscic.gov.uk/epspatients
Are you allergic to any drugs, tablets or medicines? YES <input type="checkbox"/> NO <input type="checkbox"/> Which ones?

ALCOHOL QUESTIONNAIRE

Please circle the answer that is correct for you.

A. How often do you have a drink containing alcohol:

Never (0)	Monthly or less (1)	Two to four times a month (2)	Two to three times per week (3)	Four or more times a week (4)	A Total =
--------------	------------------------	-------------------------------------	---------------------------------------	-------------------------------------	------------------

B. How many drinks containing alcohol do you have on a typical day?

1 or 2 (0)	3 or 4 (1)	5 or 6 (2)	7 to 9 (3)	10 or more (4)	B Total =
---------------	---------------	---------------	---------------	-------------------	------------------

C. How often do you have six more alcoholic drinks on one occasion?

Never (0)	Less than Monthly (1)	Monthly (2)	Two to three times per week (3)	Four or more times a week (4)	C Total =
--------------	-----------------------------	----------------	---------------------------------------	-------------------------------------	------------------

TOTAL SCORE: Add the number for each question to get your total score

NHS ORGAN DONOR REGISTRATION

As of 2020, all adults in England will be considered to have agreed to be an organ donor when they die unless they have recorded a decision not to donate or are in one of the excluded groups. To opt out or find out more visit: www.organdonation.nhs.uk.

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

YES ☐ NO ☐

If you have filled in either of the NHS Organ Donor/Blood Donor boxes, please sign below and your details will be entered on the Donor Register.

Name:

Signed:

DOB:

NHS No.:

Date:

FOR WOMEN ONLY

Have you ever had a cervical smear?
(Cancer or PAP smear test)

YES ☐ NO ☐

If yes, when was your last smear?
(Please give month and year)

YES ☐ NO ☐

Have you had a hysterectomy?

YES ☐ NO ☐

Are you using contraception?
If yes, what type

YES ☐ NO ☐

CARE PLANNING

If you would like to inform us of your future care preferences, please use this section.

CARE HOMES – PLEASE COMPLETE FOR ALL RESIDENTS

Next of Kin	
What are your future wishes?	
Has DNR ever been discussed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, is a signed DNR in place?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If no, would you like to discuss this?	YES <input type="checkbox"/> NO <input type="checkbox"/>
How would you like to be treated in the event of:	
Sudden collapse	
Infection not responding to antibiotics	
An inability to eat and drink due to illness	
Are you happy for us to share your record with the Summary Care Record (this allows hospitals to view important medical information about you) YES <input type="checkbox"/> NO <input type="checkbox"/>	

Thank you for your time and co-operation

PATIENT ONLINE ACCESS

Patient Access lets you use the online services of your local practice. This includes arranging appointments, requesting repeat medication, limited access to your medical record and updating your details.

Should you wish to use this service please allow one week for your registration to be processed before applying. Application forms are available at reception.

PRACTICE CATCHMENT AREA

Our Practice catchment area includes the following localities:

Beaulieu, Blackfield, Boldre, Bucklers Hard, Calshot, Dibden, Dibden Purlieu, East Boldre, East End, Exbury, Fawley, Hardley, Holbury, Hythe, Langley, Lepe, Marchwood, Mopley, Pooks Green & St Leonards.

OUT OF AREA REGISTRATIONS

If you live outside our catchment area, but still wish to join our practice, we will consider your application to register on an individual basis. However we are under no obligation to provide you with a home visiting service or to accept your registration. By completing and submitting this registration form the practice will consider your application to register without home visits. The practice has a right to refuse your registration if it is clinically inappropriate or impractical for you to attend.

In order to consider your request to register without home visits the Doctor requires further information:

Please tick in the boxes below when you are able to attend surgery for a routine (non-urgent) appointment.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Please state your reasons for registering with the practice below:

(For example it is close to your work place, previously registered etc.)

The practice will notify you in writing if your Out of Area Registration is accepted or declined within 14 days.

If you are accepted the practice will provide the full range of contracted services for any other patient

Practice Registration Staff Only to Complete

Date Received:

Registration Passed to GP for decision:

Approval / Decline Reason:

Approval ☐ Decline ☐ Letter Sent ☐ Date:

DATA SHARING

We will not disclose your information to third parties without your permission unless there are exceptional circumstances, such as when the health or safety of others is at risk or where the law requires information to be passed on. However, your medical record is shared under the NHS with the Health and Social Care Information Centre (HSCIC), the Summary Care Record (SCR) and the Hampshire Health Record (HHR).

Care and Health Information Exchange (CHIE) is a secure system which shares health and social care information from GP surgeries, hospitals, community and mental health, social services and others. CHIE helps professionals across Hampshire, the Isle of Wight and surrounding areas provide safer and faster treatment for patients. The Red and Green Practice has signed up to share patient data to CHIE, coded data for your registered patients is fed to CHIE on a daily basis. To protect patient privacy and confidentiality, only health and social care professionals who are involved in the care of that patient are allowed access to CHIE.

The information that The Red and Green Practice provides is also used to improve future care for patients. This helps plan NHS services and supports medical research. To keep your information safe it is moved to a separate database called 'Care and Health Information Analytics' (CHIA) and changed so that it cannot be used to identify any individual patient. Data is never shared for the benefit of commercial companies like drug manufacturers. People who analyse data on CHIA do not have access to CHIE, so cannot identify them.

Summary Care Record is a record that will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. This does not include diagnosis or procedures. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed.

EMIS Data Sharing is a real time surveillance system based from >3000 EMIS UK general practices. It forms a critical part of the UK emergency response to pandemic flu, natural chemical disasters. It collects, analyses/reports diseases rates vaccine uptake. Only data aggregated by age/sex is collected (i.e. counts of patients with diseases). No individual patient data is extracted; there is no risk to patient confidentiality. It is run as a collaboration between the University of Nottingham, EMIS Clinrisk Ltd. It is approved by the BMA, MREC, NUG and RCGP.

Studies and Trials The practice collaborates in NHS approved research trials from time to time to lead in the prevention, diagnosis, treatment and management of illness and disease in primary care.

OPTING OUT OF DATA SHARING

If you are happy for your information to be used in this way you do not have to do anything.

You have the right to prevent confidential information about you from being shared or used for any purpose other than providing your care, except in special circumstances.

To prevent your medical records from being shared please ask for an Opt Out Pack from Reception.