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Southgate Medical Group
137 Brighton Road
Crawley
West Sussex
RH10 6TE

New Patient Registration Adult Ages 12+

Patient's Details

Title*

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First Name(s)*

Previous Surnames:*

Surname:*

Date of Birth: DD/MM/YYYY*

NHS Number:

Sex*

Male ☐ Female ☐ Indeterminate ☐

Town and Country of Birth:*

Home Address:*

Postcode:*

Home Number:

Mobile Number:

Email Address:

We have a legal right to send you SMS messages or emails that relate to your direct care. Please tell reception if you do not wish to receive these.

Previous Details

Previous address in UK:

Postcode:

Name and address of previous GP practice:

Office use only

Form checked by
Please initial/Date

Type of Photo ID seen:

Y1de8

If you are from abroad

If you are registering with the NHS for the first time in the UK

Date you came to live in the UK: DD/MM/YYYY

If you are returning from abroad

If you have previously been registered with the NHS in the UK

Date you left the UK: DD/MM/YYYY

Date you returned to the UK: DD/MM/YYYY

Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and / or been registered with a Ministry of Defence GP in the UK or overseas:

Regular ☐ Reservist ☐ Veteran ☐ Family Member (spouse, Civil partner, service child) ☐

Address before enlisting:

Postcode:

Service or personnel number:

Enlistment date:

Discharge date (if applicable):

Ethnicity

What is your ethnic Group?*

White UK <input type="radio"/>	Black Caribbean <input type="radio"/>	Bangladeshi <input type="radio"/>	Chinese <input type="radio"/>
White Irish <input type="radio"/>	Black African <input type="radio"/>	Indian <input type="radio"/>	Other <input type="radio"/>
White Other <input type="radio"/>	Black Other <input type="radio"/>	Pakistani <input type="radio"/>	Do not wish to state <input type="radio"/>

Other ethnic group please state:

Do you Speak English?*

Yes ☐ No ☐

Do you read English?

Yes ☐ No ☐

First Language:

Information and Communication Needs

Do you have any special communication needs?*

Yes ☐ No ☐

If yes please provide details (sign language, large print, etc.):

Do you have a Learning Disability? Please specify more details in the medical history section

Yes ☐ No ☐

Next of Kin

Full name:

Relationship to you:

Phone Number:

Nominate a pharmacy

Nomination means you choose a place for your GP practice to electronically send your prescriptions. Please see our website or ask at reception for further information.

Please select one of the following pharmacies for where you would like your prescriptions to be sent electronically:*

- ☐ Asda
- ☐ Boots County Mall
- ☐ Kamsons Broadfield
- ☐ Kamsons Central (town centre)
- ☐ Kamsons Furnace Green
- ☐ Kamsons Southgate (next door SMG)
- ☐ Kamsons Tilgate

Other Please specify

Immunisation history

Please specify all vaccinations that you have received.

Please bring a copy of the immunisation record ie: child's red book to the surgery*

Name of vaccination:	Date vaccination given on:	Age when vaccination given:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Students Only

Students are at risk of certain infections including mumps, meningitis and sexually transmitted infections, as well as mental health issues including stress, anxiety and depression. Please see www.nhs.uk/Livewell/studenthealth

I am less than 24 years old and have had two doses of the MMR vaccination

Yes ☐ No ☐ Unsure ☐

I am less than 25 years old and have had a Meningitis C Vaccination

Yes ☐ No ☐ Unsure ☐

Patient Participation Group

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

Yes ☐ No ☐

Alcohol Consumption

Please answer the following questions if appropriate

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 a 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 units if male, on a single occasion in the last year? *

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily

One unit of alcohol



Half pint of "regular" beer, lager or cider



Half a small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs

Drinks more than a single unit



Pint of "regular" beer, lager or cider



Pint of "strong" or "premium" beer, lager or cider



Alcopop or a 275ml bottle of regular lager



440ml can of "regular" lager or cider



440ml can of "super strength" lager



250ml glass of wine (12%)



75cl Bottle of wine (12%)

Lifestyle

Have you every misused drugs?

Yes ☐ No ☐

If yes, please provide details and dates:

Smoking Status:*

Current smoker ☐ Ex Smoker ☐ Never smoked ☐ User of electronic cigarettes ☐

Height:*

Weight:

Allergies

Do you have any allergies? *

Yes ☐ No ☐

If yes please specify:

Medical History

Please list any 'major' illnesses you have had with the dates:

Please list any past 'major' operations you have had with the dates:

Current Medications name and dosage:

Family History

Does a family member suffer from any of the following?

- ☐ Asthma
- ☐ Diabetes
- ☐ Heart disease (under 60 years old)
- ☐ Heart disease (over 60 years old)
- ☐ Stroke

Any other significant family history, Please specify

If any immediate family member has died with any of the above conditions, please specify, age and cause of death:

Carers and Occupational carers

Are you a carer (do you look after a partner, relative, child, neighbour or friend who has a long term illness or is disabled or frail)? *

Yes ☐ No ☐

If yes please specify relationship to person:

Is the person you care for a registered patient at Southgate Medical Group?

Yes ☐ No ☐

If yes Please provide name and Date of birth:

Are you an occupational carer (are you employed as a carer)?

Yes ☐ No ☐

There is a carer support service to provide local and national information. Please ask for more information at reception.

Adult females only: Ages 25-64

Cervical screening intervals are – Age 25-49, 3 yearly or age 50-64, 5 yearly.

If you have not had a cervical smear in the last 3 or 5 years, is there a reason?

If you have recently arrived into the UK, please make an appointment for a cervical smear or if you wish to be removed from the NHS cervical screening programme, please ask at reception for an exemption form.

What form of contraception, if any are you using?

Would you like contraception advice?

Yes ☐ No ☐

Are you currently pregnant?

Yes ☐ No ☐

Sharing 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 ☐

Do you consent to your GP practice viewing your health record from other organisations that care for you?*

Yes (recommended option) ☐ No ☐

Summary Care Record

Do you consent to having an Enhanced Summary Care Record with additional information?*

Yes (recommended option) ☐ No ☐

I certify that the information I have provided is correct and consent to my personal and medical information being used as stated above.

Signature: *

Print Name:*

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 medical 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 result This will prevent further unnecessary test 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 can decide who has access to your health record. For your health record to be shared between organisations that provide care, your consent must be gained.

Can I change my mind?

Yes. You can change your mind at any time about sharing your 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 a 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.

How is my personal information protected?

Southgate Medical Group will always protect your personal information. For further information about this, please see our Privacy notice on our website or please speak to a member of our team.

For further information about your health records, please see:

www.nhs.uk/NHSEngland/thenhs/records

For further information about how the NHS uses your data for research & planning and to opt-out, please see:

www.nhs.uk/you-nhs-data-matters

Register for online services

Office use only

Photo ID seen

Please initial

To register for online services, you will need to complete this form and bring photo identification into the surgery.

Please note that you will need to be a registered patient at this surgery to make use of our online services.
We will then issue you with a username and password.

Once you are registered you will be able to use the service to:

- Order your repeat prescriptions
- Make an appointment
- Cancel an appointment
- Change your contact details
- Review your medications and known allergies

Would you like access to online? *

Yes ☐ No ☐

Are you completing this form on behalf of:

Yourself ☐ Someone else (e.g. child or dependent) ☐

Your First name: *

Your last name: *

Your Date of Birth: *

Your Phone Number: *

Your Email: *

Address including postcode: *

Sex: *

Male ☐ Female ☐ Indeterminate ☐

Terms and conditions

I understand that it is my responsibility to keep my account secure by keeping my details confidential.

I understand that I can terminate my account at any time by contacting the surgery, or change my log in details by re-registering and that this form will be kept on my electronic records.

I understand that my registration will be revoked if I constantly miss or cancel appointments.

☐ I accept the terms and conditions stated above*

Please bring your ID into reception to register for the online services

Office use only: Read code **Y1de8**

Access to GP online

If you wish to, you can use the internet (via computer or mobile) 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 some 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 we 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 may 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 your 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 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

Patient code of conduct

It is the aim in Crawley Clinical Commissioning Group and the practice to provide a safe and pleasant environment in which patients and visitors may receive healthcare and staff may carry out their work.

To assist in providing this, all persons accessing the services of the practice are expected to observe Practice Code of Conduct.

The code of Conduct States:

Persons attending the practice whether in person or telephone should behave in a manner that respects the rights of others and the practice environment.

The following behaviour falls outside the Code of Conduct and is therefore considered to be unacceptable:

- Excessive noise obstruction to others (staff, other patients & visitors)
- Use of threatening / abusive / obscene language or any form of shouting.
- Offensive remarks of a racial, sexual or personally derogatory nature.
- Demand for appointments or services despite being advised they are full.
- Damage to property
- Theft
- Spitting
- Threatening / aggressive gestures and / or actions.
- Inappropriate behaviour involving alcohol / substance misuse.

Any person acting in an unacceptable manner will be asked by a member of staff to stop behaving in such a way and to observe the Practice Code of Conduct. If a person repeatedly fails to observe the Code of Conduct, the Clinical Commissioning Group will make alternative arrangements for the patient concerned to receive His / her healthcare. The patient will be advised of these arrangements in writing.

Violent behaviour (verbal or physical) is never tolerated and will result in police prosecution of the aggressor and the direct and immediate removal of the patient concerned from the practice list.

As a patient registered at the practice, I confirm I have received, read and understood the Practice Code of Conduct and agree that I / My relative will abide by it in all contact with the practice.

Print Name:*

Signature:*

Date:*