

New Patient Registration Pack



RBHRF001

This form is to register as an NHS patient with Studholme Medical Centre. Please complete the details below in CAPITALS and delete as appropriate at the *. **Please bring to the surgery with 2 forms of photo ID and proof of address.**

*Mr / Mrs / Miss / Ms _____ Surname _____

Date of Birth

D	D	M	M	Y	Y	Y	Y
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 First Name(s) _____

NHS No _____ Previous Surname(s) _____

*Male / Female _____ Town & Country of Birth _____

Home Address _____

_____ Postcode _____ Is this a residential Home? **Yes / No**

Phone Number: Home _____ Work _____ Mobile _____

Email Address _____

Ethnic Group (*please circle*)

White UK White European (*please specify*) _____ Irish Black Caribbean Black African

Black Other Indian Pakistani Bangladeshi Chinese Other Ethnic (*please specify*) _____

First language: English - **Yes / No** If **No**, please specify _____) _____

Please help us trace your previous medical records by providing the following information

Have you been registered with this practice before? **Yes / No** (*please circle*)

Your previous address in UK _____

_____ Postcode _____

Name of previous doctor while at this address _____

Address of previous doctor _____ Postcode _____

If you are from abroad

Your first UK address when registered with a GP _____

If previously resident in UK, date of leaving _____ Date you first came to live in the UK _____

If you are returning from the Armed Forces

Address before enlisting _____

Service _____ or _____ personnel _____ number _____ Enlistment date

D	D	M	M	Y	Y	Y	Y
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If you are registering a child 5 or under, please tick if appropriate

[] I wish the child above to be registered for Child Health Immunisations

If registering a 5 yr old child or younger you must bring in the child's Red Book please.

Red Book Copied by Receptionist Yes/No
(If no please state reason)

PLEASE SIGN BELOW as *signature of patient or *on behalf of patient _____

..... Date _____



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NHS Organ Donor registration

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. **Please circle** as appropriate:

- Kidneys
- Heart
- Liver
- Corneas
- Lungs
- Pancreas
- Small bowel
- Tissue
- Any part of my body

Signature confirming consent to organ donation

For more information, please ask for the leaflet on joining the NHS Organ Donor Register

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.

Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register

_____ Date

D	D	M	M	Y	Y	Y	Y
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For more information, please visit the National Blood Service website www.blood.co.uk

My preferred address for donation is: (*only if different from your current address, e.g. your place of work*)

_____ Postcode: _____

Patient Data Opt Out

Confidential patient information identifies you and says something about your health, care or treatment. You would expect this information to be kept private. Information that only identifies you like your name and address is not confidential patient information and may still be used. For example, to contact you if your GP practice is merging with another.

Health and care professionals may use your confidential patient information to help with your treatment and care.

For example, when you visit your GP or hospital, they may access your records for important information about your health.

Confidential patient information is also used to:

- plan and improve health and care services
- research and develop cures for serious illnesses

Most of the time, the NHS use anonymised data for research and planning. So your confidential patient information isn't always needed.

Where you have a choice

If you don't want your confidential patient information to be used for research and planning, you can opt out of this. If you do opt out, there are some specific situations where your data may still be used. Data that does not identify you may still also be used.

Your confidential patient information will still be used to support your individual care. Any preference you set using this service will not change this.

If you opt out, your decision will only apply within the health and care system in England. Your opt-out will not apply to your health data where you have accessed health or care services outside of England, such as in Scotland and Wales.

Manage your choice

You may use our online service, or request a print-and-post form, to make or change your choice at any time. You can also request assistance or make your choice using NHS telephone service. If you do not wish to opt out, you don't have to do anything at all.

You can also manage a choice on behalf of another individual by proxy. For example, if you are a parent or guardian of a child under the age of 13.

[Manage your choice](#) or continue reading for more information.

Opt out Website and Details:

<https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/>

Or by phone Tel 0300 303 5678 9am to 5pm Mon to Friday. For more details and a proxy form for a child under 13yrs old please see the link below:

<https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/other-ways-to-manage-your-choice/>

STUDHOLME CONSENT FORM

The practice may wish to contact you by SMS Texting, email or by Post to remind you about a forthcoming appointment and/or if you do not attend a booked appointment, or to send a Newsletter or Practice information which is not direct health care related. Your information is not passed to any other company or sold to any organisation.

APPOINTMENT REMINDER BY TEXT (Example)

We will get in touch with you approximately 1 day before your appointment is due.

The text will not identify the sender and will read as follows:

Your appointment is with Dr Alfred Doctor on Sun 14 Feb 2016 at 10:20. To cancel, reply 123 to this message or call 01784 420700

Please let us know if your phone is lost, stolen or **you have changed your number**

Thank you

Please confirm your mobile phone number:

Email Address:.....

- I agree to the practice communicating with me by SMS, email or Post.
- I confirm that the mobile number/email address the practice holds on my record is correct and I will notify them of any changes.
- I agree to receive a reminder of my appointment by SMS.
- I am aware that I can withdraw consent at any time by informing the practice either verbally or in writing.

NHS Number: **DOB:**

(Name)

Signature:

Consent obtained by:

(Name).....

Signature:

Acceptable Identification Documents for Registration at the Practice

Name Identification	Address Identification
<ul style="list-style-type: none"> • Current signed full passport • Current UK driving licence • Blue disabled drivers pass • Current benefits or State Pension notification letter confirming rights to benefits for the current period • Current HMRC tax notification e.g. PAYE coding, statement of account (P45's & P60's are not official HMRC documents) • Shotgun or Firearms certificate • Travel documents issued to foreign nationals granted permission to remain in the UK • Current EU/EEA driving licence • Residence permit issued by the Home Office to EU nationals • EU/EEA member state identity card 	<ul style="list-style-type: none"> • Recent utility bill or statement showing current address in our area • Local Authority tax bill for current year • Bank or Building society statements • Credit/store card statement • Mortgage statement • Local Council rent card • Tenancy agreement • Solicitors letter confirming recent purchase of your property
<p><u>Under 16's</u> Children under the age of 16 whose Parent/Guardian is registered with the Practice or registering at the same time will need to provide either:</p> <ul style="list-style-type: none"> • Original Birth Certificate or a certified copy • Passport 	

If you are unable to provide any of the above documents please speak to a member of the Reception team who will be able to advise alternative documents.