



# New Patient Registration Form

Please complete this confidential questionnaire (one for each member of the family to be registered with the Practice).

Please complete in **BLOCK CAPITALS** and tick the boxes as appropriate.  
*Please bring your passport and/or ID Card to confirm your date of birth and address.*

**Proof of ID Seen** : ☐ Yes ☐ No

**CHECKED DATE OF BIRTH** : ☐ Yes ☐ No

**CHECKED NHS NUMBER** : ☐ Yes ☐ No

**FORM OF ID SEEN** : ☐ Driving License ☐ Passport ☐ Disabled Driver Card

☐ EU ID Card ☐ OAP Travel Card

**Staff Print** : \_\_\_\_\_

**Full Name:**

**Home Telephone Number :**

**MR / MRS/ MISS / MS / OTHER**

**Mobile Number :**

**Address and Postcode**

**Work Number :**

**E-mail address :**

**Date of Birth:**

**Previous / Mother's surname if different:**

**Next of Kin :**

**Marital Status:**

**Gender:**

☐ Male ☐ Female ☐ Other

**Next of Kin Relationship to you :**

**Occupation:**

**Names and Ages of Children (if applicable)**

**Housing (Select one):**

☐

House

☐

Maisonette

☐

Flat

☐

Mobile House

**Next of Kin Contact Number :**

**Town and Country of Birth :**

**Other residents of your home:**

**NHS Number (If Known)**

**Previous Address:**

**Previous Postcode:**

**Previous Doctor Telephone No.**

**Previous Doctor Name and Address:**

**Previous data released?**

☐

Yes

☐

No

**If applicable, date you  
first came to live in Britain:**

**If returning from Armed Forces:**

**Your Service or Personnel Number**

**Your Enlistment Date**

## Your Height

Feet/Inches

cm

Stones/lbs

KG

## Your Religion:

☐

C of E

☐

Catholic

☐

Other Christian  
(state)

☐

Buddhist

☐

Hindu

☐

Muslim

☐

Sikh

☐

Jewish

☐

Jehovah's Witness

☐

No Religion

☐

Other Religion  
(State)

## Your Ethnic Origin (select one):

☐

White (UK)  
9i0

☐

White (Irish)  
9i1%

☐

White (Other)  
9i2%

☐

Caribbean  
9i3

☐

African  
9i4

☐

Asian  
9i5

☐

Other Mixed  
Background  
9i6%

☐

Indian /  
Brit Indian  
9i7

☐

Pakistani /  
Brit Pakistani  
9i8

☐

Bangladeshi / Brit  
Bangladeshi 9i9

☐

Other Asian  
Background  
9iA%

☐

Other Black  
Background

☐

Chinese  
9iE

☐

Other  
9iF%

☐

Ethnic Category  
not stated 9iG

## Your main or 1 st language Spoken / Understood: (select one)

☐

English

☐

Hindi

☐

Gujurati

☐

Urdu

☐

Bengali  
/Sytheti

☐

Punjabi

☐

Polish

☐

Ukrainian

☐

French

☐

German

☐

Spanish

☐

Other (Please  
Specify)

## Smoking, Alcohol Consumption and Exercise:

Are you currently a smoker?

☐ Yes ☐ No

Have you ever been a smoker?

☐ Yes ☐ No

If so, how many cigarettes /  
cigars / tobacco do you smoke  
in a week?

If you have stopped smoking, when  
did you stop?

How long had you smoked for?

Months

Years

How often do you have a drink  
containing alcohol?

1 drink = ½ pint of beer OR  
1 x 125ml glass wine OR  
1 x single spirit  
1 unit of alcohol=10cc of  
alcohol  
= Small glass wine (125ml)  
of 12% wine is  $12.5 \times 0.12 =$   
1.5 units

Recommended weekly limit  
of units of alcohol for :-  
WOMEN = 21 UNITS  
MEN = 28 UNITS

☐ Never  
☐ Monthly  
or less  
☐ 2-4 times /  
Month  
☐ 2-3 times /  
Week  
☐ 4 or more  
times / week

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

☐ None  
☐ 1 or 2  
☐ 3 or 4  
☐ 5 or 6  
☐ 7 or 8  
☐ 9 or more

**MEN ONLY:** How often do  
you have EIGHT or more  
drinks on one occasion?

☐ Never  
☐ Less than  
Monthly  
☐ Monthly  
☐ Weekly  
☐ Daily

**WOMEN ONLY:** How  
often do you have SIX or  
more drinks on one  
occasion?

☐ Never  
☐ Less than  
Monthly  
☐ Monthly  
☐ Weekly  
☐ Daily

**How often do you exercise?**

**No. times per week**

**Type(s) of exercise:**

## **Your Medical History**

**What illnesses have you had and When?**

**What operations have you had and When?**

**Do you have any medical problems at present?**

**Please list any tablets, medicines or other treatments you are currently taking including over the counter and herbal (incl. dose + frequency)**

**What is your preferred pharmacy nomination?**

**Are there any serious diseases that affect your Parents, Siblings and state who (tick/circle all that apply)**

☐

Diabetes  
TYPE 1 / TYPE 2

☐

Chronic Heart  
Disease

☐

Bowel Cancer

☐

Breast  
Cancer

☐

High Blood  
Pressure

☐

Asthma

☐

Stroke

☐

Thyroid Disorder

☐

Any other important  
Family Illness?

**What immunisations/  
vaccinations have you had and  
date? (tick all that apply)**

☐

Diphtheria

☐

Measles

☐

German Measles

☐

Tetanus

☐

Polio

☐

MMR

☐

Whooping Cough

☐

Pre-school booster

☐

Triple vaccine (Diphtheria,  
Tetanus and Pertussis) –  
3 doses

**Specific Needs:**

**Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:**

**Please state any Sensory Impairment you have (i.e. Speech, Hearing, Sight):**

**Are you an 'Assistance Dog' User?**

**Please state any Physical disabilities you have:**

**Please state any Mental disabilities you have:**

**Please state any requirements you have to be able to access the Practice premises**

**Please state any Religious or Cultural needs:**

**Do you require the help of a Translator / Interpreter?**

**Please state any specific nutritional requirements you have:**

**Please state any allergies and sensitivities you have:**

**Please state any phobias you have:**

**If you are a Carer, please state the name / address / phone number of the person you care for:**

**Person Cared For Contact Details:**

**If you have a Carer, please state their name / address / phone number and sign here if you wish us to disclose information about your health to your Carer.**

**Carer Contact Details:**

**Signed**

**Date**

**Do you have a "Living Will" (a statement explaining what medical treatment you would not want in the future)?**

☐ Yes ☐ No

***If "Yes", can you please bring a written copy of it to your New Patient Consultation***

**Have you nominated someone to speak on your behalf (e.g. a person who has Power of Attorney)?**

☐ Yes ☐ No

***If "Yes", please state their name / address / phone number:***

## WOMEN ONLY

**When was your last smear done?  
(Date)**

**Was this at your GP's Surgery?**

☐ Yes ☐ No

**What was the result of the smear?**

**Date of last mammogram if applicable:  
(Date)**

**Method of contraception (if used):**

## SUMMARY CARE RECORDS

The NHS is changing the way your health information is stored and managed. The NHS Summary Care Record is an electronic record of important information about your health. It will be available to health care staff providing your NHS Care. Please see the information regarding Share your Care and Summary Care Records available in the Waiting Room. If you do not wish to have any of your information viewed by an NHS Medical Professional, please answer NO below and ask Reception for an OPT OUT FORM which needs to be signed and dated.

**IF YOU ARE UNSURE WHAT THIS MEANS, PLEASE ASK AT RECEPTION FOR AN EXPLANATION**

Are you happy to have a Summary Care Record?

☐

Yes

☐

No

More Time Required to decide:

## PATIENT PARTICIPATION GROUP

The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better.

By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.

If you are interested in getting involved, please tick the box below and we will arrange for the Practice Patient

Participation Group Application Form to be given to you at your initial consultation.

Yes, I am interested in becoming involved in the Practice Patient Participation Group  
(Please tick the "Yes" Box)

☐

Yes

Patient Signature:

Signature on behalf of Patient:

If you are currently on any medication prescribed from your previous GP Surgery, please make an appointment with Reception to see our local Pharmacy team which is usually via telephone consultation.

If you are aged between 40 and 74 years old, we can offer you a free NHS Healthcheck with our Healthcare Assistant which have designated times on a Monday or Wednesday.

Thank you for completing this form

For more information about the services we offer, please refer to your new patient pack or visit our website:

[www.ascotmedicalcentre@nhs.uk](mailto:www.ascotmedicalcentre@nhs.uk)

## GDPR LAW FROM MAY 2018

The GDPR and Data Protection Act 2018 replaced the Data Protection Act 1998 with an updated and strengthened data protection framework, however, the key principles of the original Act remain unchanged. GP Practices are Data Controllers for the data they hold about their patients. Although almost all Practices will have data that is processed on their behalf by third parties, for example their IT suppliers, it is the Practice as Data Controller that has the responsibility for compliance under the Regulation – further information can be found

<https://www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/gps-as-data-controllers>

Yes, I give consent for the Practice to contact me for health related matters either by SMS text, email, letter or by telephone (either mobile or landline)

☐ Yes

Patient Signature:

Signature on behalf of Patient:



## EMIS Application Form for Online Access to the Practice Online Services

**Surname:**

**Date of Birth:**

**First Name:**

**Address**

**Postcode:**

**Email Address:**

**Telephone Number:**

**Phone Number:**

**I wish to have access to the following online services (please tick all that apply):**

☐

Booking appointments

☐

Requesting repeat prescriptions

☐

Accessing my medical record

**I wish to access my medical record online and understand and agree with each statement (tick)**

☐

I have read and understood the information leaflet provided by the practice

☐

I will be responsible for the security of the information that I see or download

☐

If I choose to share my information with anyone else, this is at my own risk

☐

If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible

☐

If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible

☐

If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible

**Patient Signature:**

**Date**

**FOR PRACTICE USE ONLY**

**Patient NHS Number:**

**Practice Computer ID Number:**

**Identity verified by (initials) and Date:**

☐

Vouching

☐

Vouching with information in record

**Documentary evidence provided:**

☐

Photo ID and proof of residence

**Authorised by:**

**Date:**

**Date account created:**

**Date login credentials emailed / given:**

**Date account created:**

☐

Detailed coded record

☐

All prospective

☐

All retrospective

**Notes / Explanation:**

**Date clinical assurance completed:**

**Assured by:**

**Reason for refusal if record access is refused after clinical assurance:**

The NHS wants to give people better ways to see their personal health information online. We know that people want to be able to access their health records. It can help you see test results faster. It also lets you read and review notes from your appointments in your own time.

We're now letting you see all the information within your health record automatically. If you are over 16 and have an online account, such as through the NHS App, NHS website, or another online primary care service, you will now be able to see all future notes and health records from your doctor (GP). Some people can already access this feature, this won't change for you.

This means that you will be able to see notes from your appointments, as well as test results and any letters that are saved on your records. This only applies to records from your doctor (GP), not from hospitals or other specialists. You will only be able to see information from 30 November 2022. For most people, access will be automatic, and you won't need to do anything.

Your doctor (GP) may talk to you to discuss test results before you are able to see some of your information on the app. Your doctor (GP) may also talk to you before your full records access is given to make sure that having access is of benefit to you. There might be some sensitive information on your record, so you should talk to your doctor (GP) if you have any concerns.

These changes only apply to people with online accounts. If you do not want an online account, you can still access your health records by requesting this information through reception. The changes also only apply to personal information about you. If you are a carer and would like to see information about someone you care for, speak to reception staff.

The NHS App, NHS website and other online services are all very secure, so no one is able to access your information except you. You'll need to make sure you protect your login details. Don't share your password with anyone as they will then have access to your personal information.

If you do not want to see your health record, or if you would like more information about these changes, please speak to your doctor (GP) or reception staff.