

St.Andrew's Medical Centre

1. ADULT 16 years and over - GMS1 Medical Registration Form

A separate form must be completed for each family member.

Your NHS number is required to trace your previous medical records (this can be obtained from your previous GP).

Please provide a copy of one proof of address (utility bill, bank statement or rental agreement) and one photographic ID (passport, driving licence or bus pass).

Please complete all pages in FULL using BLOCK capitals - circle or tick boxes as appropriate.

NHS Number	
Surname	
First Names (in full)	
Previous Surnames	
Date of birth (day/month/year)	

Title/Gender (circle)	Mr	Mrs	Miss	Ms	Dr	Other:	Male	Female
Town & Country of birth								
Current address								
Town					Post code			
Telephone number					Mobile			
Email address								
Your first language					Do you need a translator? (circle)	Yes	No	

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

Your previous address in UK (If you are coming from abroad please see page 2)			
	Town		Post code
Name and Address of your previous Doctor/Surgery while at your previous address			
	Town		Post code
Where did you last receive treatment? i.e. GP, Walk in Centre, MIU, Emergency Department etc.		Date (day/month/year)	
What was the outcome of this visit? e.g. prescription			

If you are from abroad

Your first UK address where Registered with a GP			
	Town		Post code
If previously resident in UK date of leaving (day/month/year)			
Date you first came to live in UK (day/month/year)			

Patient declaration for all patients who are not ordinarily resident in the UK

Note: Ordinarily resident means that you are settled in the UK for a period of 3 months or more.

If you are not ordinarily resident please ask reception for a supplementary questionnaire to complete.

If you are returning from the Armed Forces

Address before enlisting			
	Town		Post code
Enlistment date (day/month/year)		Date of leaving (day/month/year)	

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death.

Any of my organs and tissue	
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Or tick boxes that apply:

Kidneys	<input type="checkbox"/>	Heart	<input type="checkbox"/>	Liver	<input type="checkbox"/>	Corneas	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	Pancreas	<input type="checkbox"/>	Any part of my body	<input type="checkbox"/>
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For more *information* please ask at reception for an information leaflet or visit the website www.uktransplant.org.uk or call 0300 123 23 23.

Signature confirming my agreement to organ/tissue donation		Date (day/month/year)	
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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.

Have you given blood in the last 3 years? (circle)	Yes	No
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For more information, please ask for the leaflet on joining the NHS Blood Donor Register. My preferred address for donation is (only if different from above e.g. your place of work).

Preferred address			
Town		Post code	

Signature confirming consent to inclusion on the NHS Blood Donor Register		Date (day/month/year)	
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Please tell us about yourself

Are you a carer? (circle)		Yes	No
Do you have a carer? (circle) - Please supply details of your carer below		Yes	No
Name and Address of carer			
Town		Post code	
Telephone number			
Are you happy for us to contact your carer about you? (circle)		Yes	No

Personal Medical History

Have you ever suffered from any important medical illness, operation or admission to hospital? If so please enter details below and circle Yes or No.

Condition	Year diagnosed	Ongoing?	
		Yes	No
		Yes	No
		Yes	No
		Yes	No

Family History

Have any close relatives ever suffered from any of the following? *if 'Yes' then enter which family member (father, mother, sister, brother only).*

	Heart attack	Stroke	Diabetes	High blood pressure	Asthma	Cancer (add location if known)
If 'Yes' - which family member?						
Age when they were diagnosed?						

Allergies

Please list any allergies you have to any drugs/medication/food or other.

Name of medication/food/other	What was the problem or upset?

List of current medications

If you have a copy of your repeat medications, please pass to Reception to copy, or list on a separate sheet if necessary.

Name of medication	dosage

Lifestyle

Please enter your height & weight	Height		Weight	
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Lifestyle smoking

Do you currently smoke? (circle)	Yes	No	Are you an Ex-smoker? (circle)	Yes	No	What age did you give up?	
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If yes to current smoker, please answer the following questions:

How many cigarettes/ cigars do you smoke daily? (circle)	1-9/day	10-19/day	20-39/day	40+/day
How many ounces of tobacco per day?				

Would you like advice on how to quit smoking? (circle)	Yes	No
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Lifestyle alcohol

Do you drink alcohol? (circle)	Yes	No
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If yes, please answer the following questions (circle):

How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
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How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+
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How often do you have 6 or more standard drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost
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Would you like advice on drinking? (circle)	Yes	No
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Lifestyle exercise

Do you exercise regularly? (circle)	Yes	No
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For smoking cessation, alcohol and lifestyle advice there are NHS services offering free advice and help please ask at reception for more information or visit www.kentcht.nhs.uk/our-services/health-improvement/one-you-lifestyle-service/

Female patients only

Are you currently, or think you may be, pregnant? (circle)	Yes	No
Which methods of contraception (if any) are you using at present?		

Ethnicity

Please indicate your ethnic origin by ticking box.

British		Irish		African		Caribbean	
Indian		Pakistani		Bangladeshi		Chinese	
Other				Decline to state			

Next of kin

Name		Tel. contact number	
Relationship			

Accessibility

Do you have any special communication needs? (circle)						Yes	No
If 'Yes'	Sign Language		Large Print		Other		

Do you need any additional help or an interpreter when visiting the surgery? (circle)						Yes	No
If 'Yes' describe							

Data sharing consent choices

We can share your medical information (allergies and medication) with other NHS health professionals (eg NHS 111). We recommend this sharing service as it helps with the continuity of your medical care in an emergency. If you wish to **OPT OUT** of sharing this medical information tick below.

I do not want to share my medical information with other NHS healthcare professionals	
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Please confirm that you are happy for St. Andrew's Medical Centre to contact you by the following means:

To send you practice letters and recalls	By email (circle)	Yes	No
To receive our patient newsletters (usually quarterly)	By email (circle)	Yes	No
To leave answerphone messages on your home phone (messages do not contain clinical information but ask the patient to call the medical centre)	By answerphone (circle)	Yes	No

For online services, please complete and sign the form on page 6

Signature for registration

I confirm that the information I have provided is true to the best of my knowledge.

Signed		Date (day/month/year)	
Is signature of patient?	Yes/No		
Is signature on behalf of patient?	Yes/No	Please state relationship to patient	

ONLINE SERVICES APPLICATION FORM

Online Services are provided through our clinical system provider EMIS Patient Access.

Patient Access allows you to access a range of online services, e.g. request repeat prescriptions and book non-urgent appointments. You then don't need to queue at the practice or wait on the telephone, just go online at home, at work or any location with internet access.

Signature for online services

I confirm that by signing below I have read and agree to the terms and conditions for online services:

- I will be responsible for the security of my username and passwords and the information that I see or download
- If I choose to share my information with anyone else this is at my own risk
- I will contact St Andrews Medical Centre as soon as possible if I suspect that my account has been accessed by someone without my agreement
- If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact St. Andrew's Medical Centre as soon as possible
- I agree to use the system in a responsible manner
- I agree that my details may be used to contact me with information about my online account and the online services I use.
- I agree that I cannot use this service as a means of communication with SAMC for other purposes and will not use it for urgent matters

Signed		Date (day/month/year)	
email address			

(Please note that your email for the Practice and the Patient Access services must be the same).

The Medical Centre will register you for the patient access service and an email will be sent to you with your username and password.

What is a privacy notice?

A privacy notice is a statement that discloses some or all of the ways in which the practice gathers, uses, discloses and manages a patient's data. It fulfils a legal requirement to protect a patient's privacy.

Why do we need one?

To ensure compliance with the General Data Protection Regulation (GDPR), must ensure that information is provided to patients about how their personal data is processed in a manner which is:

- Concise, transparent, intelligible and easily accessible
- Written in clear and plain language, particularly if addressed to a child
- Free of charge

What is the GDPR?

The GDPR replaces the Data Protection Directive 95/46/EC and is designed to harmonise data privacy laws across Europe, to protect and empower all EU citizens' data privacy and to reshape the way in which organisations across the region approach data privacy. The GDPR comes into effect on 25 May 2018.

How do we communicate our privacy notice?

At St Andrews Medical Centre, the practice privacy notice is displayed on our website, through signage in the waiting room, and in writing during patient registration (by means of this leaflet). We will:

- Inform patients how their data will be used and for what purpose
- Allow patients to opt out of sharing their data, should they so wish

What information do we collect about you?

We will collect information such as personal details, including name, address, next of kin, records of appointments, visits, telephone calls, your health records, treatment and medications, test results, X-rays, etc. and any other relevant information to enable us to deliver effective medical care.

How do we use your information?

Your data is collected for the purpose of providing healthcare services. However, we can disclose this information if it is required by law, if you give consent or if it is justified in the public interest. The practice may be requested to support research; however, we will always gain your consent before sharing your information.

In accordance with the Health and Social Care Act 2012, the care data program enabled patient data to be collected by the Health and Social Care Information Centre (HSCIC) for quality and safety purposes. In addition, it is possible for us to share your data with other healthcare providers in order to provide you with a high level of care.

Maintaining confidentiality and accessing your records

We are committed to maintaining confidentiality and protecting the information we hold about you. We adhere to the Data Protection

Act 1998 (DPA), the NHS Codes of Confidentiality and Security, as well as guidance issued by the Information Commissioner's Office (ICO). You have a right to the information we hold about you, and if you would like to access this information, you will need to complete a Subject Access Request (SAR). Please ask at reception for a SAR form and you will be given further information.

Risk stratification

Risk stratification is a mechanism used to identify and subsequently manage those patients deemed as being at high risk of requiring urgent or emergency care. Usually this includes patients with long-term conditions, e.g. cancer. Your information is collected by a number of sources, including St Andrews Medical Centre; this information is processed electronically and given a risk score which is relayed to your GP who can then decide on any necessary actions to ensure that you receive the most appropriate care.

Invoice validation

Your information may be shared if you have received treatment to determine which Clinical Commissioning Group (CCG) is responsible for paying for your treatment. This information may include your name, address and treatment date. All of this information is held securely and confidentially; it will not be used for any other purpose or shared with any third parties.

Opt-outs

You have a right to object to your information being shared. Should you wish to opt out of data collection, please contact a member of staff who will be able to explain how you can opt out and prevent the sharing of your information; this is done by registering a Type 1 opt-out, preventing your information from being shared outside this practice.

What to do if you have any questions

Should you have any questions about our privacy policy or the information we hold about you, you can:

1. Contact the practice's data controller via email at standrews.mc@nhs.net please title email for the attention of the Practice Manager. GP practices are data controllers for the data they hold about their patients
2. Write to the data controller at St Andrews Medical Centre, Pinewood Gardens, Southborough Kent. TN4 0LZ
3. Ask to speak to the Practice Manager: Sue Saunders, or the Business Manager: Tanya Shaw

The Data Protection Officer (DPO) for St Andrews Medical Centre is yet to be advised and he/she is based at West Kent CCG.

Complaints

In the unlikely event that you are unhappy with any element of our data-processing methods, you have the right to lodge a complaint with the ICO. For further details, visit ico.org.uk and select 'Raising a concern'.

We regularly review our privacy policy and any updates will be published on our website, in our newsletter and on posters to reflect the changes.

This policy is to be reviewed on May 2019.