

Thorneloe Lodge Surgery

Patient Registration – Supporting Information

Patient Surname: _____ **D.O.B:** _____
Patient Forename: _____ **Home Phone:** _____
Mobile Number: _____ **Email:** _____

Address : _____
 _____ **Post code** _____

Next Of Kin Details
Title _____ **Forename** _____ **Surname** _____
Relationship to patient _____ **Contact Tel.No** _____
Contact Address _____

Have you ever served in the Armed Forces ? **Yes / No**

• **Preferred /Usual Doctor**

Please tick ONE choice (you can still see any GP you like)

Dr Kelvin Laidlaw	<input type="checkbox"/>	Dr Thomas Caldwell	<input type="checkbox"/>	Dr Julie Butler	<input type="checkbox"/>
Dr Mark Davis	<input type="checkbox"/>	Dr Claire Weatherup	<input type="checkbox"/>	Any Doctor	<input type="checkbox"/>

• **Carers**

Please tick appropriate box

Do you look after someone? Does someone look after you? Who do you care for?

• **Patient Ethnic Group:**

(Please choice ONE section A to E then TICK the appropriate box to indicate your ethnic group)

A White	British	<input type="checkbox"/>	D Black or	Caribbean	<input type="checkbox"/>
	Irish	<input type="checkbox"/>	Black	African	<input type="checkbox"/>
	Any other white background	<input type="checkbox"/>	British	Any other Black background	<input type="checkbox"/>
B Mixed	White and Black Caribbean	<input type="checkbox"/>	E Chinese	Chinese	<input type="checkbox"/>
	White and Black African	<input type="checkbox"/>			
	Any other Mixed Background	<input type="checkbox"/>			
C Asian	Indian or British Indian	<input type="checkbox"/>	F Other	Any other ethnic group	<input type="checkbox"/>
or	Pakistani or British Pakistani	<input type="checkbox"/>	Ethnic		
Asian	Bangladeshi or British Bangladeshi	<input type="checkbox"/>	Group		
British	Any other Asian Background	<input type="checkbox"/>			

Please specify your spoken language: _____

• **Additional Health Information** (Please tick or enter information)

Never Smoked	<input type="checkbox"/>	Current Non Smoker	<input type="checkbox"/>
Height	<input type="text"/>	Weight	<input type="text"/>

Thorneloe Lodge Surgery

Patient Registration – Supporting Information

- **Request for Accessible Information in an Alternative Format**

A new law was introduced in June 2015 to ensure that patients who have a disability, impairment or sensory loss are given information they can easily read or understand.

If you have any communication support needs, please **TICK** the boxes below to select the information you require in an alternative format.

Large Print	Easy to read	Via email	Via Text	Braille	Other information/ communication Support needs –(please clarify)

- **Other support needs-** If you have any other support needs, please complete the boxes below.

Please state any requirements you may have to access the Practice Premises.	Do you require the help of a translator or interpreter? If so which language?	Are you an assistance dog user?	Have you nominated anyone to speak on your behalf, if so please state their name address and phone number
Do you have transportation needs? Please indicate why you would have trouble getting to your appointments?			

- **Practice Communication via Text & Email**

(Please tick if you would like to consent to using the following services)

TEXT: Appointment Reminders and general health promotion messages to your notified mobile phone

EMAIL: Receiving personal letters from us which would otherwise be sent by post. Your PC must be able to open a Microsoft Office Word file (docx) or read it via Adobe/PDF.

Thorneloe Lodge Surgery

Patient Registration – Supporting Information

Each eligible person must sign up as below personally. Please consider your personal need for confidentiality if you and your spouse/partner share the same text, phone or email account.

***We regret that neither service is available to under 16 year olds.**

Clinical Health Care Data Sharing within the NHS

Summary Care Record & HSCIC data sharing

The NHS in England is now using an electronic record called the Summary Care Record (SCR), which is being used to support patient care.

Health and Social Care Information Centre also use data sharing to support your patient care.

You will need to make a decision; please ensure that you have read the supporting information that can be found on the following websites:

Summary Care Record

<http://systems.digital.nhs.uk/scr>

NHS England/HSCIC

Website <http://www.nhs.uk/caredata>

or ask at reception for further information

- | | |
|---|---------------------------|
| • Basic summary care record (SCR)
(Current medication & allergies only - available to all authorised NHS Clinicians anywhere) | I consent /do not consent |
| • Additional Summary Care Record (ASCR)
(Significant medical conditions-available to all authorised NHS Clinicians anywhere) | I consent/do not consent |
| • HSCIC anonymised data sharing
(Anonymised data linked to your NHS number for research with 3 rd parties) | I consent /do not consent |

I confirm that I have read & understand the information relating to opting out of the above data sharing processes.

SIGNATURE: _____ DATE _____.

(If completing on behalf of another person, please state relationship: Parent/Guardian/NOK/Carer and your details below)

NAME: _____ Phone no _____

ADDRESS: _____
