



Master <input type="checkbox"/>		Miss <input type="checkbox"/>		Surname:																	
Other _____				First names:																	
Date of Birth:		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Previous name/s:															
Male <input type="checkbox"/>		Female <input type="checkbox"/>		Town of birth:																	
Indeterminate <input type="checkbox"/> (unable to be classified as either male or female)				Country of birth:																	
				NHS Number: (if known)																	
Home Address:																					
						Postcode:		<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"/>	
Contact Details				Mobile Phone No:		<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"/>	
Consent to use for health matters relating to them eg. appointment reminders etc Yes <input type="checkbox"/> No <input type="checkbox"/>				Home Phone No:		<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"/>	
Consent to use for information & updates relating to Cricketfield Surgery. EG: Flu Clinic dates, quarterly newsletter etc. Yes <input type="checkbox"/> No <input type="checkbox"/>				Work Phone No:		<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"/>	
				Email Address:		<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"/>	
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Do they have any specific communication needs? <i>Please tick as necessary</i>				Sign Language <input type="checkbox"/>		Large Print <input type="checkbox"/>		Braille <input type="checkbox"/>		Dyslexia Friendly Text <input type="checkbox"/>											
				Visual Impairment <input type="checkbox"/>		Hearing Loss <input type="checkbox"/>		Other <input type="checkbox"/>													
Do they have any specific access needs? <i>Please tick as necessary</i>				Restricted Mobility <input type="checkbox"/>		Can use stair lift <input type="checkbox"/>		Cannot use stair lift <input type="checkbox"/>													
				Wheelchair User <input type="checkbox"/>		Other <input type="checkbox"/>															
Do they have any sensory processing factors? <i>Please detail</i>																					

Is this the same as parent/guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Name of previous GP Surgery												
City/Town						Postcode:						

Is this the same as parent/guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Previous UK Address											
		Postcode:									

If they are from abroad

Is this the same as parent/guardian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If NO:

First UK address where you registered with a GP:																		
											Postcode:							
Date you first came to live in the UK:			/			/				If a previous resident in the UK - Date of leaving:			/			/		

Are they attending a school/education establishment?

Full Time		No - Home Schooled	
Part Time		No - Health Reasons	
No - Permanent exclusion and in transition period		No - Other	

Next of Kin

The next of kin will automatically be the parent/guardian completing this form unless you request it to be different using the boxes below;

Please provide name and contact details of the person we should contact in the case of an emergency. Medical details will not be shared unless you have given permission later on in this form for them to have third party access, or they are your carer and you have given permission.														
Name:		Mobile Phone No:												
Relationship to you:		Home Phone No:												

Please be aware we will only use this information in case of an emergency.

CHILDS ETHNICITY AND LANGUAGE

The NHS requires all medical records to show patients ethnic origin together with native or first language

WHITE: British or Mixed British		ASIAN: Pakistani	
WHITE: Irish		ASIAN: Bangladeshi	
WHITE: Any other background		ASIAN: Any other background	
MIXED: White and Black Caribbean		BLACK: Caribbean	
MIXED: White and Black African		BLACK: African	
MIXED: White and Asian		BLACK: Any other background	
MIXED: Any other background		CHINESE:	
ASIAN: Indian		ANY OTHER ethnic group	
I prefer not to specify my childs ethnic group			
What is your first spoken language?			

We will record their first spoken language as ENGLISH unless you specify otherwise.

THEIR FAMILY HEALTH HISTORY

Have their parents, brother(s) or sister(s) suffered from any of the problems listed below -
Please tick and then **circle which family member**

Diabetes (1252)		Father / Mother / Brother / Sister
Asthma (12D2)		Father / Mother / Brother / Sister
High Blood Pressure (12C1)		Father / Mother / Brother / Sister
Stroke (ZV171)		Father / Mother / Brother / Sister
Heart Disease (XE24Z)		Father / Mother / Brother / Sister
Osteoporosis		Father / Mother / Brother / Sister
High Cholesterol		Father / Mother / Brother / Sister
Thyroid Disease		Father / Mother / Brother / Sister
Cancer		Father / Mother / Brother / Sister
Please specify type of Cancer -		
Other hereditary disease		Father / Mother / Brother / Sister
Please specify other disease -		

THEIR OWN HEALTH

HEALTH PROBLEMS: Please tick if they have **a history of any of the following health problems.**
Please give an estimated year of diagnosis if known.

Dementia or Alzheimer's		Kidney Disease	
Hypertension (High Blood Pressure)		Stroke or Transient Ischemic Attacks	
Asthma		Thyroid Disease	
COPD		ASD/Aspergers	
Diabetes		Learning Difficulties	
Mental Health Problems (please specify below)		Learning Difficulties	
Clinical weight issues (please specify below)		Epilepsy	
Other long term condition (please specify below)		Coronary Heart Disease, Heart Failure, or Atrial Fibrillation	

Cancer

Type											
Stage											
Still undergoing treatment	Yes	<input type="checkbox"/>	OR Remission Date			/			/		
Further Detail (optional)											

If they have any other history of important illnesses or disabilities not mentioned above please give details here:

ALLERGIES: Please list any allergies they have:	

MEDICATION: If they are taking any regular/repeat medication please list them and the dosage below OR attach the most recent repeat prescription list from their previous GP Surgery. <i>This information is essential to enable their new GP to authorise future repeat prescriptions.</i>

THEIR LIFESTYLE

EXERCISE: Please tick which of these terms best describes how much exercise they take on a regular basis		Body Measurements (if known)	
None	<input type="checkbox"/>	Height	
Light	<input type="checkbox"/> eg. Occasional Walking, Mild Stretching	Weight	
Moderate	<input type="checkbox"/> eg. Brisk Walking, Hiking, Bicycling on level ground	Waist Circumference	
Heavy	<input type="checkbox"/> eg. Jogging/Running, Rugby/Football, Swimming Fast., Dance/Gymnastics		

THEIR SMOKING STATUS (If known)

(Please tick boxes and complete with information as appropriate)

Never Smoked			
Cigarette Smoker		How many per day?	
Roll Own Cigarettes		How many per day?	

If they would like to stop smoking our trained advisors can help you. Please ask for details.

Do you have a preferred GP that you wish your child to be assigned to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, who?		

Please note that whilst every effort is made to meet your request it may not be possible. We will advise you of this with the reason and discuss the alternative with you. It is also important to be aware that your registered GP is accountable for your care but this doesn't mean they will be the GP you see for every appointment

When you return these forms you will be asked to provide evidence of parental responsibility. this could be a birth certificate, adoption paperwork or legal guardianship paperwork.

Signature of Patient		
OR Signature on behalf of patient		
Relationship to patient		
Do you believe the patient is not competent to coordinate their own healthcare?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please provide reason(s);		
Date: <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Please note by signing this form you are consenting to receiving texts and emails from the practice relating to your health care.	

If you would like to discuss your childs healthcare needs with a GP please tick this box ☐

Would you like their prescriptions to be sent to the same local pharmacy as you electronically?

Yes ☐ No ☐

If NO please tick the pharmacy you would like to nominate for their prescriptions.

Boots, Gladstone Place, Newton Abbot (01626 363195)	
Boots, Courtney Street, Newton Abbot (01626 362124)	
Day Lewis, Devon Square, Newton Abbot (01626 365893)	
Asda, Newton Abbot (01626 882710)	
Lloyds in Sainsbury, Penn Inn, Newton Abbot (01626 333639)	
Superdrug, East Street, Newton Abbot (01626 353307)	
Buckland Pharmacy, Newton Abbot (01626 365379)	
Boots, Gestridge Road, Kingsteignton (01626 363883)	
Boots, Greenhill Retail Park, Kingsteignton (01626 369025)	
Well, Kingskerswell HC, Kingskerswell (01803 872155)	
Lloyds Pharmacy, Chudleigh (01626 854977)	
Lloyds Pharmacy, Fore Street, Bovey Tracey (01626 832275)	
Lloyds Pharmacy, Next to Riverside Surgery, Le Molay Littry Way, Bovey Tracey (01626 835695)	
Moreton Pharmacy, New Street, Moretonhampstead (01647 440234)	
Other (please state):	

SHARING YOUR NHS PATIENT DATA

Information sharing in the NHS is subject to rigorous regulation and governance to ensure your full identifiable and personal medical data is kept confidential and only ever seen by carefully vetted doctors, nurses and administrative staff responsible for overseeing your care.

With the development of information technology the NHS will increasingly be sharing key information from your GP medical notes with Out of Hours GP Services, Hospital A&E Units, Community Hospitals, and Community Nurses all of whom may at various times in your life be looking after you. Sharing information can improve both the quality and safety of care you receive and in some cases can be vital in making life-saving decisions about your treatment.

There are currently three different elements of “sharing NHS patient information”

1. **SCR = The NHS Summary Care Record**
2. **EDSM = The Enhanced Data Sharing Model “SystmOne”**
3. **CARE.DATA = The Extraction of Data for Research**

The first two elements are about ensuring continuity and safety in your personal care and the third is about extracting anonymous data for research to improve the future commissioning of health and social care services and the health of the nation.

We ask you please to read the information on this document carefully. If you are happy with the NHS data sharing arrangements you do not need to do anything. However, if you wish to “opt out” of one or more aspects of the sharing arrangements please complete the relevant fields on the attached form and return it to your GP surgery.

SCR = NHS SUMMARY CARE RECORD

The NHS Summary Care Record was introduced many years ago to help deliver better and safer care; it contains basic information about:

- Any allergies you may have,
- Unexpected reactions to medications, and
- Any prescriptions you have recently received.

The intention of the SCR is to help clinicians in Hospital A&E Departments and GP ‘Out of Hours’ health services to give you safe, timely and effective treatment. Clinicians are only allowed to access your SCR record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Over time, health professionals treating you may add details about any health problems and summaries of your care. Every time further information is added to your record, you will be asked if you agree (explicit consent).

Patients under 16 years have an NHS Summary Care Record created for them so if you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf.

EDSM = ENHANCED DATA SHARING MODEL "SYSTMONE"

The database and software used to store your GP health record is called "SystmOne" it is a very secure national system used by over 2000 GP practices and 4800 NHS organisations including GP out of hour's services, children's services, community services and some hospitals. All the GP Practices in the Newton Abbot locality use this same confidential clinical computer system. The system gives your GP the facility to share your record with other NHS health providers that use the same clinical computer system and are involved in your care for example the local Community Nurses who may look after you if you when you leave hospital or become terminally ill or housebound. Allowing your GP to share your record in the "SystmOne" database helps to deliver better and safer care for you. It is the policy of all local GP practices to automatically opt registered patients into "SystmOne" sharing unless they expressly decline. Those patients who choose to decline are able to determine if their data is "shared out" and/or "shared in"

Sharing OUT controls whether information recorded at our GP practice can be shared with other NHS health care providers.

Sharing IN determines whether or not our GP practice can view information in your record that has been entered by other NHS services who are providing care for you or who may provide care for you in the future (that you have consented to share out).

CARE.DATA (better information means better care)

Under the Health and Social Care Act 2012 NHS England has the power to direct the Health and Social Care Information Centre (HSCIC) to extract information from the computer systems used by all providers of NHS care, including our General Practice. The specification for the data to be extracted from GP practices is carefully considered and approved by a Joint GP IT Committee of the British Medical Association and the Royal College of General Practitioners, as well as an independent advisory group. By sharing information in this new way researchers can identify patterns in disease and the most effective treatments. They can also:

- Find more effective ways of preventing or managing illnesses
- Advise local decision makers how best to meet the needs of local communities
- Promote public health by monitoring risks of disease spread
- Map out pathways of care to streamline inefficiencies and reduce waiting times
- Determine how to use NHS resources most fairly and efficiently

NHS PATIENT INFORMATION SHARING – MY CHOICES

Please complete and/or tick the boxes overleaf to detail your personal decisions regarding the 3 aspects of NHS patient data sharing.

You may complete this form on behalf of your child , if they are under 13 years of age.

You may complete this form for a child over 13 years of age or an adult that you have consent from to assist with their healthcare or that is recognised by the GP as not being able to give consent under the forms of Gillich Competancy.

It is very important you sign this form to say that you understand and accept the risks to your personal health care if you do decide to opt out of SCR or EDSM. Hand the completed form in to your GP Surgery; they will scan this form into your NHS GP Medical Records and enter the appropriate computer codes.

1. SCR - NHS SUMMARY CARE RECORD

Please tick only one box.

- ☐ Express consent for medication, allergies and adverse reactions only
- ☐ Express consent for medication, allergies, adverse reactions and additional information
- ☐ Express dissent – Patient does not want a summary care record and fully understands the risks involved with this decision

2. EDSM – ENHANCED DATA SHARING MODEL “SystemOne”

Sharing Out – Do you consent to the sharing of data recorded by your GP practice with other NHS organisations that may care for you?

- ☐ YES share data with other NHS organisations
- ☐ NO do NOT share any data recorded by my GP Practice; I fully accept the risks associated with this decision

Sharing In – Do you consent to your GP Practice viewing data that is recorded at other NHS organisations and care services that may care for you?

- ☐ Consent Given
- ☐ Consent Refused; I fully accept the risks associated with this decision.

3. CARE.DATA information extraction by the HSCIC for research purposes

- ☐ I wish to dissent from disclosure of personal confidential data leaving my GP Practice.
- ☐ I wish to dissent from disclosure of personal confidential data from secondary care (hospitals/ community services)

Patient Full Name												
Date of Birth:				/				/				
Signature of Patient												
Date				/				/				

SUPPLEMENTARY QUESTIONS

PATIENT DECLARATION - for those patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK. Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

- ☐ I understand that I may need to pay for NHS treatment outside of the GP practice
- ☐ I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa, I can provide documents to support this when requested
- ☐ I do not know my chargeable status


I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16

Signed:			Date:			/			/		
Print Name:											
On behalf of;						Relationship to patient;					

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please enter the details below;																
 <p>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP Practice, including at hospital.</p>	Country Code:		5. Date of Birth:			/			/										
	3. Name																		
	4. Given Names																		
	6. Personal identification number:																		
	7. Identification number of the institution																		
	8. Identification number of the card																		
	9. Expiry Date			/			/												
PRC Validity Period		a) From			/			/			b) To			/			/		

Please tick ☐ if you have an S1 (eg. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff.**

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS Treatment costs your EHIC or PRC data and GP Appointment data will be shared with NHS Secondary Care (Hospitals) and NHS Digital solely for the purpose of cost recovery. Your clinical data will not be shared in the cost recovery process. Your EHIC/PRC/S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

SUPPLEMENTARY QUESTIONS

CARERS QUESTIONNAIRE

Who is a carer? A carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to being elderly physical or mental illness, addiction or disability.

We would be grateful if you could complete the following questions for the Practice's Carers Register. The register enables the practice to proactively manage carers needs with the Practice and to consider the provision of services to carers. The Practice will also ensure that all patients who are carers are informed of and supported in joining the local carers group(s).

DOES YOUR CHILD ACT AS A CARER? Yes ☐ No ☐

If YES, please complete this section.

Approximately how many hours per week would you say they provide care?			
Is this for a family member?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Please detail their relationship to your child			
Do they live at the same address as your child?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
Are they a patient at this surgery?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
IF YES please complete the following information -			
Full Name			
NHS Number		OR Date of Birth:	<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"/>
A summary of reason(s) they require care (optional) and how your child assists:-			
Do they have a Carers Alert Card (available from Devon Carers Services) https://devoncarers.org.uk/information-and-advice/self-help/peer-support/alert-card/		Yes <input type="checkbox"/>	No <input type="checkbox"/>

