

Welcome to Dyneley House Surgery

To ensure that we can provide a fair and safe service to all patients, we only accept registration requests from people who live within our designated practice area. Please note that if, at a future date, you move outside this area we will insist that you register elsewhere.

In order to register as a patient please:

- Sign and complete Registration Form.
- Complete ALL questions on the attached questionnaire and sign where applicable
- Bring proof of Identity – eg Passport, Identity card, Driving licence
- Bring proof of your address – eg Driving licence, utility bill less than 3 month old
- **If you are newly arrived in this country, please bring your passport to confirm your date of birth and entitlement to NHS treatment.**

We will take photocopies of your identity documents but will destroy these once the registration process is complete

If you require help in completing the documentation, or you require it in another format or language, please contact our Reception Team.

Please allow 2-3 weeks for your registration to be fully entered onto our computer system. Following this, depending on your medical needs, you may receive a call asking you to attend a New Patient Check or to arrange a telephone call with your doctor. This will ensure that we can provide you with the best possible care.

If you are taking regular medication, please ensure you have a sufficient supply from your previous GP to enable the registration process to take place before more medication is required. Although we usually aim to issue repeat prescriptions within three working days, your first request from us will take up to two weeks and it is important to ensure that you plan for this.

This registration pack includes a form register for basic online access which enables ordering prescriptions and booking appointments. We are unable to accept requests for full access to your medical records until the transfer process is completed. If you do require full access, you will need to complete the appropriate request form and present your ID document at that stage. **We do suggest that all patients download and register with the NHS App – as this enable you to access your records and test results etc. You can set this up at home and it saves the need to bring your identification documents to the surgery again.**

Proof of ID seen: By:	Today's Date:
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Full Name:		Previous GP Name and Address	
Mr / Mrs / Miss / Ms / Other (please specify)		Email address: NHS number (if known): Town and Country of Birth: Occupation: Next of Kin: Relationship to you: Address and contact number: Is this patient registered at Dyneley House Surgery?	
Address and Postcode: Length of time at this address Previous Address and Postcode – (please state your previous address if you have been at your current address for less than 3 years)			
Home Telephone number:			
Mobile number:	OPT OUT <input type="checkbox"/>		
(If you give us your mobile it will be assumed you are giving permission for text messaging, please let us know if you wish to opt out by ticking the box) We may contact you regarding appointments/test results/annual recalls and any patient events via SMS			
Date of Birth:	Marital Status:		
Gender – please state			
Residents of your home: Please write the names of all other people that live in your home in the boxes below Please state their relationship to you and include all children			
If returning from Armed Forces please provide		Your Personnel Number	Your Enlistment Date
Your height:	Feet & inches OR cm	Your weight:	Stones & lbs OR kg
What is your Religion? Do you have and specific Religious or Cultural needs:			

Your Ethnic Origin: (select one)		White (UK)		White (Irish)		White (Other)	
Caribbean		African		Asian		Other Mixed Background	
Indian / Brit Indian		Pakistani / Brit Pakistani		Bangladeshi / Brit Bangladeshi		Other Asian Background	
Other Black Background		Chinese		Other		Ethnic Category not stated	
Which is your preferred language?		English	Hindi	Gujurati	Urdu	Bengali /Sytheti	Punjabi
Polish	Ukrainian	French	German	Spanish	Other: (Please Specify)		

Your Smoking History

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?			<i>If you are a smoker and want to stop, please ask for information about local smoking cessation services.</i>		

Alcohol Consumption

FAST Alcohol Consumption Screening test	0 Never	1 Less than monthly	2 Monthly	3 Weekly	4 Daily or almost daily	Your Score
How often do you have 8 (men) or 6 (women) or more drinks on one occasion?						
Only answer the following questions if your score to the question above is 2 or more						
How often in the last year have you not been able to remember what happened when drinking the night before						
How often in the last year have you failed to do what was expected of you because of drinking						
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down						

Scoring: A total of 3+ indicates hazardous or harmful drinking

Your Health

How many times per week do you exercise ?	What types of exercise do you do?
Please state your past and present medical conditions and the dates these occurred?	
Have you had any surgery? Please give details and dates?	

Please list any tablets, medicines or other treatments you are currently taking: (incl. dose + frequency)						
Are you able to administer your own medicines?		Yes	No – please detail specific issues (e.g. swallowing, opening containers)			
FAMILY HISTORY Are there any Serious diseases that affect your Parents, Brothers or Sisters (tick all that apply and state who is/was affected)	Diabetes	Heart Attack	Heart attack under the age of 60	Asthma	COPD	
	Cancer (What type)		High Blood Pressure	Stroke		
	Thyroid Disorder		Any other important Family Illness?			
What immunisations have you had? (please tick all that apply)	Diphtheria	Measles	German Measles	Tetanus	Polio	MMR
	Whooping Cough		Pre-school booster	Triple vaccine (Diphtheria, Tetanus & Pertussis) – 3 doses		
Specific Needs - Please detail below any specific needs you have so we can ensure they are identified and accommodated by taking the appropriate action:						
Please state any Sensory Impairment you have (i.e. Speech, Hearing, Sight)						
Any adaptations that could help with this? (i.e Larger font in letters or hearing loop)						
Are you an 'Assistance Dog' User?						
Please state any physical disabilities you have and any requirements you need to access our premises						
Please state any Mental Health issues you have:						
Do you require the help of a Translator / Interpreter?						
Please state any allergies and sensitivities you have:						
Please state any phobias you have:						
If you are a Carer, please state the name of the person you care for and their relationship to you						
If you would like support with your caring responsibilities, please sign to request an assessment.			Please pass my details to the Carer's service Please refer me to Adult Care Services for a carer's need assessment Signed: _____ Date: _____			
If you have a Carer, please state their name / address / phone number and sign if you wish us to disclose information about your health to your Carer.			Carer Contact Details:			
			Signature			

Do you have a "Living Will" (a statement explaining what medical treatment you would not want in the future)?	Yes	<i>If "Yes", you must provide us with a copy</i>
	No	
Have you nominated someone to speak on your behalf (e.g. a person who has Power of Attorney)? We will need to see a copy of the Power of Attorney or be provided with an online access code	Yes	If "Yes", please state their name / address / phone number:
	No	

Please answer following questions if they are applicable

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):		

At Dyneley House Surgery we offer a wide range of services to our patients including support groups and patient education events. Please see our website for information or ask at Reception.

We are committed to improving the services we provide to patients. We have a friendly and proactive Patient Participation Group who help us with this.

If you are interested in joining the Patient Participation Group, by attending meetings or by receiving updates and questionnaires by email, please tick the box below and provide a number we can contact you on to explain more.

We also welcome you feedback via our Suggestion Box and the NHS Friends & Family Test

Please tick here for info about our Patient Participation Group	Please tell us the best number to call you on to discuss the Patient Participation Group
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Patient Online

We offer online services to patients – please see the application form and information at the back of this pack.

SystemOne – One Patient One Record

SystemOne is a unique system that allows sharing of full electronic records across different healthcare services. There are two options:

1. Sharing OUT – this controls whether your information entered at this service can be shared with other NHS services (i.e. made sharable)
2. Sharing IN – this controls whether information that has been made shareable at other NHS care services can be viewed by this care or not (i.e. shared in)

Are you happy to share your records with other NHS healthcare services caring for you?	Yes	No
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NHS Summary Care Record

This is an electronic record of important information about your health including medication and any allergies. It will be available to health care staff providing your NHS Care.

Please confirm if you are happy to have a Full Summary Care Record?	Yes	No
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Patient Signature	Signature on behalf of patient (if necessary)
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Dyneley House Surgery
Patient Online registration form for Access to GP online services
This version is for patients new to Dyneley House Surgery

Name			
Date of birth			
Address & postcode			
Email address			
Telephone number		Mobile number	

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

1. Booking appointments	
2. Requesting repeat prescriptions	

You have completed this form at the time of registering with Dyneley House Surgery to request basic access to you/your child's records for the purposes of booking appointments and requesting repeat prescriptions. If the request is for a parent to access their child's records, this will cease once the child is 12 years old.

If, once your records are fully received, you feel you require access to fuller details, please complete a request form for existing patients.

WE RECOMMEND PATIENTS DOWNLOAD AND USE THE NHS APP

Please confirm how you would like us to send your username and password to you

SMS Message		Email		Post	
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Signature		Date	
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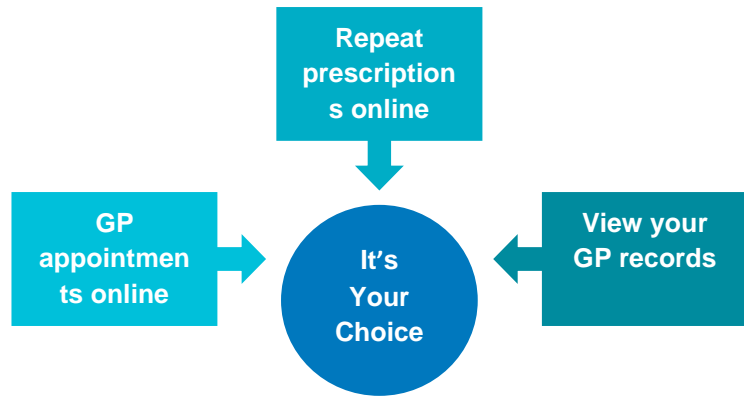
For practice use only

Photo ID taken Type/number	Name of verifier	Date
Name of person who processes the request		Date

Patient Online: Records Access

Patient information leaflet ‘It’s your choice’

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It’s your choice.



Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. In general this decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

The practice has the right to remove online access to services for anyone that doesn’t use them responsibly.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can’t do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Things to consider

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.