**TODMORDEN GROUP PRACTICE NEW PATIENT REGISTRATION**

**Thank you for wanting to register at Todmorden Group Practice. We aim to give you the best care possible. Please help us to help you by completing this form. The information you give us will be completely confidential and will help us while we wait for your records to come from your previous GP. Please ask for help if you have problems completing this form.**

**Have you been registered here before: YES/NO**

|  |  |
| --- | --- |
| **TITLE** | **MR/MRS/MISS/MS/DR** |
| **Surname** |  | **Previous surname:** |
| **First name** |  |
| **Address** |  |
| **Telephone No’s** | **Home** | **Mobile** | **Work** |
| **Would you like to be set up for SMS Text Message reminders: 🗆 Yes 🗆 No****Would you like to be set up for email communications: 🗆 Yes 🗆 No** |
| **Email address** |  |
| **Date of Birth** |  |
| **Town and Country of birth** |  |
| **NHS No** |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **If you are living in a residential home, nursing home or within supported living – please see the statement below and to consent please tick the box** |
| **🗆I give permission for the carers of the home to access my medical records and act on my behalf.** |

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

|  |  |
| --- | --- |
| **Your previous address in UK** | **Name of previous doctor while at that address** |
| **Address of previous doctor** |
| **If you are from abroad****Your first UK address where registered with a GP** | **If previously resident in UK, date of leaving** |
| **Date you first came to live in UK** |
| **If you are returning from the Armed Forces****Address before enlisting** | **Service or Personnel number** |
| **Enlistment date** |

|  |
| --- |
| **If you are registering a child under 5** |
| **🗆I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance** |

 **MEDICAL HISTORY**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| **High blood pressure** |  |  |
| **Heart disease** |  |  |
| **Stroke or mini stroke** |  |  |
| **Diabetes** |  |  |
| **Asthma or COPD** |  |  |
| **Epilepsy** |  |  |
| **Thyroid disease** |  |  |
| **Mental health problems** |  |  |
| **Cancer** |  |  |
| **Any other serious current illness – please provide details below** |  |  |
| **Details:** |

**FAMILY HISTORY**

|  |
| --- |
| **Please provide any information relating to family history of any medical conditions e.g Stroke, Heart Attack, Diabetes** |

**ALLERGIES**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| **Do you have any allergies?** |  |  |
| **If yes please provide details below** |
| **Details:** |

**IMMUNISATIONS**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| **Are your immunisations up to date?** |  |  |
| **Please provide details below or a copy of from the Red Book** |

**MEDICATIONS (INCLUDING CONTRACEPTION)**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| **Are you taking any regular medications? (tablets/capsules/inhalers etc.)** |  |  |
| **Are you allergic to any medication? If so please provide details below** |  |  |
|  |

|  |
| --- |
| **Please provide details below or attach your prescription print out if available** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |

**CONTRACEPTION (if appropriate)**

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| **Do you have a coil in situ?** |  |  |
| **Date of fitting and type of coil?** |
| **Do you have a Nexplanon in situ?** |  |  |
| **Date of fitting of Nexplanon?** |

**SMOKING INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you smoke?** | **Never Smoked** | **Ex-Smoker. Date Stopped** | **If you smoke how many per day?** |
| **Cigarettes/pipe/cigars** |  |  |  |

**ADDITIONAL INFORMATION**

|  |  |  |
| --- | --- | --- |
| **Are you a carer? (a carer is someone who looks after a relative, friend or neighbour who cannot manage without your help)** | **YES** | **NO** |
|  |  |

|  |  |
| --- | --- |
| **What is your sexual orientation?** **e.g. Heterosexual/Homosexual/Bisexual** |  |

|  |  |
| --- | --- |
| **How would you describe your gender identity?****e.g. Female/Male** |  |

|  |
| --- |
| **We are improving how we communicate with patients. Please tell us below if you need information in a different format or communication support.**  |
|  |

**FURTHER INFORMATION REQUIRED**

**You are asked to provide us with this information to assist the Practice and The Primary Care Trust and the information you give is completely confidential.**

**Equal Opportunities Policy – Patient Registration**

**The Practice is committed to achieving an environment, which provides equality of opportunity and freedom from discrimination on the grounds of race, religion, sex, class, sexual orientation, disability of special need.**

**The Practice has an equal opportunities policy which, in order to be effective, requires that we know more about the composition of the Practice population.**

**Please read the notes below before completing the form.**

1. **Ethnic origin questions are not about nationality, place of birth or citizenship. They are about colour and broad ethnic group – UK citizens can belong to any of the groups indicated.**
2. **When completed, the form should be returned with the completed registration form.**

**The information contained in this form will be treated in complete confidence and access to it will be strictly restricted.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnic Origin** | **Please tick one** |  | **Please tick one** |
| (Asian or Asian Black) Bangladeshi |  | (Mixed) White and Asian |  |
| (Asian or Asian Black) Indian |  | (Mixed) White and Black African |  |
| (Asian or Asian Black) Other Background |  | (Mixed) White and Black Caribbean |  |
| (Asian or Asian Black) Pakistani |  | Chinese |  |
| (Black or Black British) African |  | (White) British |  |
| (Black or Black British) Caribbean |  | (White) Irish |  |
| (Black or Black British) Other Background |  | (White) Other Background |  |
| (Mixed) Other Background |  | Other |  |
|  |  | Decline to state |  |

**Patient/Representative Declaration: I confirm that the information contained in this form is correct**

**…………………………………………………….Signature of Patient Date ……./..…../…….**

**…………………………………………………….Signature on behalf of patient Date ……/……./…….**

# Blood and Organ Donation

The Blood and Organ Donation preference changes on the 1st October 2021 and your wishes in this respect can no longer be processed by ourselves.

Should you wish to participate with blood and/or organ donation, you can record your preferences directly through the blood and organ donation online registration websites or directly by telephone.

* To register for blood donation, visit <https://www.blood.co.uk>
* To register for organ donation, visit <https://www.organdonation.nhs.uk>
* To register for blood or organ donation by telephone, please ring 0300 123 23 23.

# Todmorden Group Practice

# Patient INFORMATION consent form

**Please complete your personal details (please print)**

|  |  |
| --- | --- |
| **Title** |  |
| **Surname** |  |
| **Forename(s)** |  |
| **Address** |  |
| **Postcode**  |  |
| **Date of birth** |  |
| **Tel No** |  |
| **NHS number (if known)** |  |

**Please tick the boxes below if you wish to opt-out of any of the sharing agreements listed below, then sign at the bottom and return to the practice:**

**Summary care record** – Please ask a member of staff for more information

I do not wish for my clinical data to be uploaded to the summary care record 🞎

I do not wish for my clinical data being uploaded to the risk profiling toolkit 🞎

**Residential, Nursing, supported living** - Consent Given to share clinical information with a specified 3rd party 🞎

Please return this form to your GP practice as soon as possible.

**PRACTICE USE ONLY**

**SCR** – Express Dissent Summery care 🗆

**Risk Profiling** – No consent (add risk profiling to description) No consent for electronic 🗆 🗆

**Residential, Nursing, supported living** - Consent Given to share clinical information with a specified 3rd party

🗆

|  |  |
| --- | --- |
|  | **NHS****Digital** |
|  | 1 Trevelyan SquareBoar LaneLeedsLS1 6AE |

**The NHS has protected your choice about how your information is used**

**– Please check you are happy with this.**

We are writing to bring you up to date with recent changes in the way you can choose how the NHS and care organisations use your information. On the 25th May 2018 a national data opt-out was introduced across England. The government have set out that by 2020 all health and care organisations must follow and apply your national data opt-out choice about how your confidential patient information is used.

You recently registered an opt-out which meant that we, NHS Digital, would not provide your confidential patient information to approved organisations other than for your individual care and treatment.

That opt-out has been replaced by the national data opt-out, so to continue to prevent your information being used we have taken steps to update our records to show that you now have a national data opt-out in place. Please see over the page for more information.

This means we will continue to respect your choice and apply your national data opt-out, and other health and care organisations will be able to check that you have a national data opt-out. You do not need to take any further action if you are happy with this and want to keep your national data opt-out in place.

If you have registered the opt-out that applied to NHS Digital on behalf of anyone else, such as any dependent children, we will have automatically changed their opt-out as well; and if they are now aged 13 or over they will receive their own letter.

Sharing information is important to improve and plan the health and care of current and future generations so if you are happy for your information to be shared you can change your national data opt-out choice. See the handout enclosed.

If you have any queries about this letter or would like a copy of this letter in large print, Braille or on compact disc, please contact us on 0300 303 5678 or at enquiries @nhs digital.nhs.uk, if you prefer to write in please send to the address at the top of this letter marked ‘FAO National Data Opt-out Team’.

Yours sincerely

**Tracy Wilson**

Practice Manager

Todmorden Group Practice

Further information:

|  |  |
| --- | --- |
| **What’s changed** | **What it means for you** |
| A national data opt-out means that for confidential patient information being shared for purposes other than your individual care:* Your opt-out choice is being extended beyond applying to just NHS digital and by 2020 all health and care organisations must apply the national data opt-out
* GP Surgeries no longer decide the age at which young adults can choose for themselves to set an opt-out
 | The national data opt-out applies to confidential patient information being shared for purposes other than you individual care, the same as the ‘original’ opt-out.We, NHS Digital, will continue to follow and apply your opt-out choice and all health and care organisations will be required to do so by 2020.You can change your national data opt-out using an online service at [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters)It is not possible to set or change the national data opt-out at your GP surgery.You can view and change your national data opt-out at any time by using the online service.Any young adults from the age of 13 will now be able to view and change their national data opt-out choice themselves. |

**Didn’t know you had opted out of NHS Digital sharing information?**

Some GP surgeries automatically registered the original opt-out on behalf of their patients.

It is likely that your GP surgery would have told you that they were doing this, but it may have been several years ago. Also, if you have changed GP surgery, it is possible that the original opt-out was recorded at your old GP surgery.

If you would like to remove your new national data opt-out, all you need to do is use the online service at [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters)

**Other opt-outs registered at your GP surgery**

Any other types of opt-out that you have previously asked to be recorded at your GP surgery are not affected and will continue to be available and followed by your GP surgery.

For instance, if you have asked your GP surgery to prevent your confidential patient information from leaving the GP surgery for purposes other than your individual care, this opt-out will continue to apply alongside your national data opt-out.

**How national data is opt-out information processed?**

For more information about how NHS Digital collects, uses and discloses national data opt-outs please visit <https://set-national-opt-out.service.nhs.uk/privacynotice>

**Don’t know who we are?**

We, NHS Digital, exist to improve health and care by providing national information, data and IT services for patients, clinicians, commissioners and researchers. For more information visit [www.digital.nhs.uk/about-nhs-digital](http://www.digital.nhs.uk/about-nhs-digital)

**For more information about the change to your opt-out, please visit**

[www.content.digital.nhs.uk/yourinfo](http://www.content.digital.nhs.uk/yourinfo)

|  |
| --- |
| NHS |
| **Your Data Matters to the NHS****Information about your health and care helps us to improve your individual care, speed up diagnosis, plan your local services and research new treatments.**In May 2018, the strict rules about how this data can and cannot be used were strengthened. The NHS is committed to keeping patient information safe and always being clear about how it is used.You can choose whether your confidential information is used for research and planning.To find out more visit: nhs.uk/your-nhs-data-matters**You can choose whether your confidential information is used for research and planning.** |
| **How your data is used:**Your health and care information is used to improve your individual care. It is also used to help us research new treatments, decide where to put GP clinics and plan for the number of doctors and nurses in your local hospital. Wherever possible we try to use data that does not identify you, but sometimes it is necessary to use your confidential patient information. | **Making your data opt-out choice**You can choose to opt out of sharing your confidential patient information for research a planning. There may still be times when your confidential patient information issued: for example, during an epidemic where there might be a rise to you or to other people’s health. You can also still consent to take part in a specific research project. |
| **What is confidential patient information?**Confidential patient information identifies you and says something about your health, care and treatment. You would expect this information to be kept private. Information that only identifies you, like your name and address, is not considered confidential patient information and may still be used: for example, to contact you if your GP practice is merging with another. | **Will choosing this opt-out affect your care and treatment?**No, your confidential patient information will still be used for your individual care. Choosing to opt out will not affect your care and treatment. You will still be invited for screening services, such as screenings for bowel cancer. |
| **Who can use your confidential patient information for research and planning?**It is used by the NHS, local authorities, university and hospital researchers, medical colleges and pharmaceutical companies researching new treatments. | **What should you do next?**You do not need to do anything if you are happy about how our confidential patient information is used. If you do not want your confidential patient information to be used for research and planning, you can chose to opt out securely online or through a telephone service. |
| **You can change your choice at any time****To find out more or to make your choice visit nhs.uk/your-nhs-data-matters****or call 0300303 5678** |