

Dear Patient

Welcome to Clarendon Medical Centre. In addition to the GMS1 form we ask that you complete our own new patient registration form. This will enable us to provide the best care for you. All information will be held in the strictest confidence.

Quick tips:

- For all up to date information about the practice, visit: [www.clarendonmedicalcentre.com](http://www.clarendonmedicalcentre.com)
- Remember to register for our text message reminder service if you use a mobile phone
- Remember to register for our online services to let you order repeat medication, make appointments, send and receive secure messages plus more.

Title			Male <input type="checkbox"/> Female <input type="checkbox"/>
First Name(s)			
Surname			
DOB:			
Address:			
Town:			
Postcode:			
Home phone:		Preferred? <input type="checkbox"/>	
Mobile:		Preferred? <input type="checkbox"/>	SMS consent <input type="checkbox"/>
Work		Preferred? <input type="checkbox"/>	
Email:			
Ethnicity:	<p><b>White</b></p> <p><input type="checkbox"/> English <input type="checkbox"/> Welsh <input type="checkbox"/> Scottish <input type="checkbox"/> Northern Irish  <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller  <input type="checkbox"/> Any other White background, please describe:</p> <p><b>Mixed / Multiple ethnic groups</b></p> <p><input type="checkbox"/> White and Black Caribbean  <input type="checkbox"/> White and Black African  <input type="checkbox"/> White and Asian  <input type="checkbox"/> Any other Mixed / Multiple ethnic background, please describe:</p> <p><b>Asian / Asian British</b></p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese  <input type="checkbox"/> Any other Asian background, please describe:</p>		<p><b>Black / African / Caribbean / Black British</b></p> <p><input type="checkbox"/> African <input type="checkbox"/> Caribbean  <input type="checkbox"/> Any other Black / African / Caribbean background, please describe</p> <p><b>Other ethnic group</b></p> <p><input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group, please describe:</p>
Are you registered disabled?	yes <input type="checkbox"/> no <input type="checkbox"/>	Details:	
Are you a carer?	yes <input type="checkbox"/> no <input type="checkbox"/>	Details:	
Do you have a carer?	yes <input type="checkbox"/> no <input type="checkbox"/>	Details:	
List of Vaccines			

<input type="checkbox"/> I have never smoked		
<input type="checkbox"/> I am a current smoker	How many cigarettes per day?	
<input type="checkbox"/> I am an ex-smoker	When did you give up?	
<i>We have in-house trained staff, please ask Reception for more details.          Furthermore, Whatever your age, you can contact the Bradford District Stop Smoking Service for information and support on          01274 437700.</i>		

<input type="checkbox"/> I do not drink alcohol		
<input type="checkbox"/> I drink alcohol	How many units per week?	
(One unit = ½ pint, one small glass of wine or one pub measure of spirit)		

<input type="checkbox"/> I undertake no regular exercise <input type="checkbox"/> I exercise once or twice a week <input type="checkbox"/> I exercise more than twice a week
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Do you suffer from or have you ever suffered from any of the following?

Heart disease:	<input type="checkbox"/> yes <input type="checkbox"/> no, if yes, give details:	Kidney disease:	<input type="checkbox"/> yes <input type="checkbox"/> no, if yes, give details:
Stroke:	<input type="checkbox"/> yes <input type="checkbox"/> no, if yes, give details:	Thyroid disease:	<input type="checkbox"/> yes <input type="checkbox"/> no, if yes, give details:
High blood pressure:	<input type="checkbox"/> yes <input type="checkbox"/> no, if yes, give details:	Thalassaemia:	<input type="checkbox"/> yes <input type="checkbox"/> no, if yes, give details:
Diabetes:	<input type="checkbox"/> yes <input type="checkbox"/> no, if yes, give details:	Arthritis:	<input type="checkbox"/> yes <input type="checkbox"/> no, if yes, give details:
Asthma:	<input type="checkbox"/> yes <input type="checkbox"/> no, if yes, give details:	Cancer:	<input type="checkbox"/> yes <input type="checkbox"/> no, if yes, give details:
Epilepsy:	<input type="checkbox"/> yes <input type="checkbox"/> no, if yes, give details:	Muscle/joint problem:	<input type="checkbox"/> yes <input type="checkbox"/> no, if yes, give details:
Mental illness:	<input type="checkbox"/> yes <input type="checkbox"/> no, if yes, give details:	Other (including operations)	<input type="checkbox"/> yes <input type="checkbox"/> no, if yes, give details:

Has anyone in your family ever suffered from the following? (Parents, brothers and sisters **only**)

		Brief details	Age at first occurrence	
			Under 60	Over 60
Heart disease:	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>

High blood pressure	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/>	<input type="checkbox"/>

**MEDICATION:**

<input type="checkbox"/> I do not take regular medication	
<input type="checkbox"/> I take regular medication	Please provide details or repeat medication slip from last practice.
Do you have any allergies to any medication? If so, please state and what reaction did you have?	
Electronic Prescription Service:	The practice can now send your prescription to your preferred pharmacy electronically. If you have previously nominated a pharmacy in another area and you now wish to change to a local pharmacy, please inform us of your preferred pharmacy: .....
I consent to receiving appointment confirmations, reminders and other notices via text messages and will update the Surgery of any changes to my mobile number. I have read the terms and conditions.*	

**SUMMARY CARE RECORD (SCR)**

The NHS in England has introduced the Summary Care Record, which will be used in emergency care.

The record will only contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

**If you would like a Summary Care Record** then you do not need to do anything and a Summary Care Record will be created for you. **If you do not want a Summary Care Record** then sign the opt out below.

<b>I do NOT want a Summary Care Record</b>	<input type="checkbox"/>
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## Patient Online registration form - Access to GP online services

Name			
Date of birth			
Address			
Email address			
Telephone number		Mobile number	

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>
4. Pathology Results	<input type="checkbox"/>

### Application for online access to my medical record

I wish to access my medical record online and understand and agree with each statement (please tick all boxes)

1. I have read and understood the information on the reverse of this form	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>
6. I have understood and will adhere to the practice policy for the use of on-line booking. I will ensure the safe keeping of my user name and password. I understand that failure on my part to adhere to the policy may result in my on-line booking registration being terminated. I understand that this will in no way affect my registration with the practice.	<input type="checkbox"/>

Do you wish to give permission for any other person to have access to any results/correspondence or speak to the practice on your behalf? If yes, please give details below:

Click here to enter text.
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Signed (patient):	
Date:	Click here to enter text.

#### For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Name of verifier	Date
Name of person who authorised (if applicable)			Date

Thank you for completing for this form.

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## Practice Policy for On-line Appointment Booking

Before you begin to use the online booking service, please read the following policy and attached agreement. Please keep this policy for your own reference.

A document containing your pin number and log-on details will be provided to you as soon as the practice receives your signed consent form and document to verify Identity. Please keep this document safe as it contains your personal information.

When registered you will be able to:

1. Find available doctor appointment slots
2. Book new appointments. Appointments may be booked up to a maximum of 21 days ahead.
3. View appointments you have already booked
4. Online Summary of your records
5. Cancel appointments
6. Order repeat medication
7. New Patient registration
8. View Test results
9. Submit Questions

## Doctors Appointments

Please ensure that you book your appointments appropriately. If you are unsure as to whether it is appropriate for you to see a doctor, contact us by telephone. Whilst we will do what we can for you to see the doctor of your choice this may not always be possible due to unforeseen circumstances, for instance if the doctor is on sick leave or annual leave.

## Missed Appointments

If you are unable to attend your appointment please let us know as early as possible. You may cancel it online or telephone us. This will allow us to offer the appointment to another patient.

We will be monitoring missed appointments on a regular basis. If you miss an appointment more than twice in one year we will remove the facility for you to use online booking, but you will still be able to book appointments with our receptionists.

## Inappropriate use

We are sure you will find this service useful. However, we will revoke your access to it if you abuse the service. For your access to be reinstated you must liaise with our reception team.

Examples of what we would consider inappropriate use are:

1. Booking appointments and not using them more than twice a year,
2. Booking appointments for other family members using your name,
3. Consistently booking inappropriate appointments with the doctor.

## Appointments for Family Members:

Unfortunately the system is not flexible enough to allow you to book appointments for family members. Online booking is only available to patients aged 16 and over. Parents can have proxy access to children's records.

records until the child turns 11. On the child's 11<sup>th</sup> birthday online access is automatically turned off. The child can then give proxy access if they are assessed to be competent.

## **Important Information – Please read before returning this form**

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.

**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.

### **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.

### **More information**

For more information about keeping your healthcare records safe and secure please visit our website:

[www.clarendonmedicalcentre.com](http://www.clarendonmedicalcentre.com)