

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.nhs.uk
- 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			Gender
First Name(s)			
Surname			
DOB:			
Address:			
Town:			
Postcode:			
Home phone:		Preferred ☐	
Mobile:		Preferred ☐	SMS consent ☐
Work		Preferred ☐	
Email:			
Ethnicity:	White ☐ English ☐ Welsh ☐ Scottish ☐ Northern Irish ☐ British ☐ Irish ☐ Gypsy or Irish Traveller ☐ Any other White background, please describe: Mixed / Multiple ethnic groups ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian ☐ Any other Mixed / Multiple ethnic background, please describe: Asian / Asian British ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐ Any other Asian background, please describe:	Black / African / Caribbean / Black British ☐ African ☐ Caribbean ☐ Any other Black / African / Caribbean background, please describe Other ethnic group ☐ Arab ☐ Any other ethnic group, please describe:	
Which of the following options best describes you?	☐ Heterosexual/Straight ☐ Lesbian/Gay ☐ Bisexual ☐ In another way (please state): _____	Which of the following best describes how you think of yourself? ☐ Female (including trans women) ☐ Male (including trans men) ☐ Non-binary ☐ In another way (please state): _____	
Are you registered disabled?	yes ☐ no ☐	Details:	
Are you a carer?	yes ☐ no ☐	Details:	
Do you have a carer?	yes ☐ no ☐	Details:	

Immunisation History:

We need your record of immunisation (i.e. red book or equivalent), even if administered in another country. If these can be translated into English it would be very helpful.

Main Language		English Speaker	yes ☐ no ☐
Marital Status			
Religion		Occupation	
Is your gender identity the same as the gender you were given at birth?			yes ☐ no ☐

☐ I have never smoked		
☐ I am a current smoker	How many cigarettes per day?	
☐ I am an ex-smoker	When did you give up?	

*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 do not drink alcohol		
☐ I drink alcohol	How many units per week?	

(One unit = ½ pint, one small glass of wine or one pub measure of spirit)

☐ I undertake no regular exercise ☐ I exercise once or twice a week ☐ I exercise more than twice a week
--

Do you suffer from or have you ever suffered from any of the following?

Heart disease:	☐ yes ☐ no, if yes, give details:	Kidney disease:	☐ yes ☐ no, if yes, give details:
Stroke:	☐ yes ☐ no, if yes, give details:	Thyroid disease:	☐ yes ☐ no, if yes, give details:
High blood pressure:	☐ yes ☐ no, if yes, give details:	Thalassaemia:	☐ yes ☐ no, if yes, give details:
Diabetes:	☐ yes ☐ no, if yes, give details:	Arthritis:	☐ yes ☐ no, if yes, give details:
Asthma:	☐ yes ☐ no, if yes, give details:	Cancer:	☐ yes ☐ no, if yes, give details:
Epilepsy:	☐ yes ☐ no, if yes, give details:	Muscle/joint problem:	☐ yes ☐ no, if yes, give details:
Mental Illness:	☐ yes ☐ no, if yes, give details:	Other (including operations)	☐ yes ☐ 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:	☐ yes ☐ no		☐	☐
Stroke	☐ yes ☐ no		☐	☐
High blood pressure	☐ yes ☐ no		☐	☐
Diabetes	☐ yes ☐ no		☐	☐
Cancer	☐ yes ☐ no		☐	☐
Other	☐ yes ☐ no		☐	☐

MEDICATION:

☐ I do not take regular medication	
☐ 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:

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.

I do NOT want a Summary Care Record

☐

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	☐
2. Requesting repeat prescriptions	☐
3. Accessing my medical record	☐
4. Pathology Results	☐

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	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
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	☐
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.	☐

For practice use only

Identity verified through (tick all that apply)	Vouching ☐ Vouching with information in record ☐ Photo ID ☐ Proof of residence ☐	Name of verifier	Date
Name of person who authorised (if applicable)			Date

Thank you for completing for this form. Please keep the rest of the copies.

Clarendon Medical Centre
Dr Waheed Hussain MBChB MRCP
Manningham Health Centre, Lumb Lane, Bradford BD8 7SY
Tel: 01274 736996 Web: www.clarendonmedicalcentre.nhs.uk

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 until the child turns 11. On the child's 11th 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

Patient Copy

ZERO TOLERANCE POLICY

The Practice has a zero tolerance policy which covers verbal and physical abuse being either over the telephone, in the doctor's room or at the reception area towards the staff or any other member of public at the practice.

If you have been verbally abusive towards a member of staff, we would inform you that this behaviour will not be tolerated.

We would like to inform you that the Practice does have a complaints policy in place and if you felt the need to complain then can be done without being abusive. Your complaint would be investigated through the normal channels.

The practice pledges to provide a patient centred service, however the practice also has expectations from its patients which include:

1. Treat NHS staff with dignity, respect, consideration and reasonableness
2. Respect the confidentiality of other patients in the practice
3. Respect the professional opinion of practices and not to make incorrect information and assertions.
4. Maintain a professional doctor patient status
5. Respect the policies and protocols of the practice such as chaperoning
6. To keep appointments
7. Provide honest and correct accounts to the practice
8. Provide positive and negative feedback to the practice

It is possible that you may not realise the impact your behaviour had on the staff. However I hope you will understand that we do have a Zero Tolerance Policy and any incidents of a similar nature could result in us considering your future with the practice.

Thank you for taking the time to read this letter and, as mentioned, we would be happy to receive any comments you may have as we appreciate that your own perception of events may differ and we would welcome your feedback and the opportunity to resolve any misunderstandings.

Yours sincerely

Registrations Manager

Patient Copy

DID NOT ATTEND POLICY

INTRODUCTION

Approximately 145 appointments per month are classified as 'Did Not Attend' (DNA) - i.e. the patient did not turn up for the appointment and did not contact the surgery in advance to cancel/change appointment. The effects of these are:

- An increase in the waiting time for appointments
- Frustration for both staff and patients
- A waste of resources
- A potential risk to the health of the patient

GENERAL POLICY

It is important that any DNA policy is agreed as a practice and patients are made aware of the policy and the reason for implementing. Whilst it is important to be consistent, there will be exceptions on an individual case-by-case basis. The policy can be conveyed by notices in the waiting room, as well as a copy of the system on the surgery website. It should also be discussed by the patient participation group, as their support is important in supporting the process.

If a patient fails to attend a pre-booked appointment on more than one occasion in the space of 6 months, an informal warning letter will be sent to the patient, advising them that a further occurrence could risk removal from the practice.

If the patient fails to attend another appointment, the matter will be discussed at a practice meeting and a majority agreement will be reached as to whether the patient will be removed from the practice list. In this case a formal warning letter will be issued.

Warning letters are valid for a period of 6 months. Removal based on warnings greater than 6 months old will be invalid – in this case a further formal warning and period of grace will be required.

If you fail to attend appointments without informing us, we will write to you asking if there are any specific problems preventing you from letting us know.

If you repeatedly fail to attend for appointments, you may be removed from the practice list and have to find an alternative GP Practice.

Patient Copy