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| **PATIENT NAME (CAPITALS):**  **Walford Mill Medical Centre**  **Knobcrook Road, Wimborne, Dorset, BH21 1NL**  **(01202) 886999**  **New Patient Registration Form**  **C:\Users\Reception\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\PJJ45M3D\853px-Stub_doctors.svg[1].pngOver 16s**  **For Reception use only**   * SCR Consent checked? * Signature * DR assigned and Patient informed? 🞏 YES Initials of GP ……………………………………….. * Does the patient require any help with communication? 🞏 YES   *State what is required …………………………………………………….*  Online services ID if required (sign-in within 48 hrs of receiving logon details)  Registration form checked by…………………………………………  Date……………………………………    Walford Mill Medical Centre |

**Do you have any special communication needs?** 🞏 YES 🞏 NO

**Do you require an interpreter?** 🞏 YES 🞏 NO

If YES, please state what you need below i.e. sign language or LARGE PRINT

…………………………………………………………………………………………… *(Should your needs change, please inform Reception as soon as possible to ensure your records are updated)*

**CONFIDENTIAL MEDICAL REGISTRATION FORM**

**Please complete all pages in FULL using BLOCK capitals**

Surname:

First Names (in full):

Previous Surnames (If applicable):

Title: 🞏 Mr 🞏 Mrs 🞏 Miss 🞏 Ms 🞏 Other ……………

🞏 Male 🞏 Female 🞏 Prefer not to specify

Date of Birth: NHS Number (if known):

Town & Country of Birth:

Current Address:

Telephone number: Mobile number:

**Please state which number you would prefer to be contacted on in the first instance :**

🞏 Home 🞏 Mobile

Email address:

Where you have provided information on ***how*** to contact you, are happy for Walford Mill Medical Centre to contact you by the following:

By email 🞏 Yes 🞏 No

By text 🞏 Yes 🞏 No

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

Your previous address in UK:

Name & address of previous Doctor while at that address:

**If you are from abroad:**

Your first UK address where registered with a GP:

If previously living in the Date you first

The UK, date of leaving: came to UK:

**If you are returning from the Armed Forces:**

Address before enlisting:

Enlistment date: Service/ Personnel

number:

**Please tell us about yourself:**

Military Veteran? 🞏 Yes 🞏 No

Are you a carer? 🞏 Yes 🞏 No Do you have a carer? 🞏 Yes 🞏 No

If yes, please tell us the name, address & telephone number of your carer *or*

who you care for:

Are you happy for us to contact your carer about you 🞏 Yes 🞏 No

if necessary?

Ethnic origin: (*Leave blank if prefer not to say)*

Medical history (please tick all current or past illnesses):

🞏 Heart Disease/Angina 🞏 Diabetes 🞏 COPD

🞏 High blood pressure 🞏 Stroke/TIA 🞏 Hypothyroidism

🞏 Asthma 🞏 Cancer 🞏 Dementia

🞏 Osteoporosis 🞏 Rheumatoid Arthritis 🞏 Epilepsy

🞏 High Cholesterol 🞏 Other *(state below)*

…………………………………………………………………

Do you have any allergies? 🞏 Yes 🞏 No

If yes, please provide further details: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Please provide details of any medication you take **or** attach a repeat prescription from your previous GP to the form:

Name of medication: Dose:

……………………………………………………… …………………………………

……………………………………………………… ..……………………..…………

……………………………………………………… …………………………………

……………………………………………………… …………………………………

……………………………………………………… …………………………………

Do you have a disability? 🞏 Yes 🞏 No

If yes, please provide further details: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Next of kin**

**vej**

Name: Contact number:

Relationship to you:

Address if different from patient:

**NHS Organ Donor Registration**

Patients are now automatically opted-in to the Organ Donation Programme.

For further information or to opt out please go to: [www.organdonation.nhs.uk](http://www.organdonation.nhs.uk) or telephone 0300 123 23 23

**Lifestyle**

Do you smoke? 🞏 Yes 🞏 No

If yes, how many per day? 🞏 1-9/day 🞏 10-19/day 🞏 20-39/day 🞏 40+/day

Would you like help to quit? 🞏 Yes 🞏 No

Are you an ex-smoker? 🞏 Yes 🞏 No

If yes, when did you give up?

What is your average alcohol consumption? ……………Units (per week)

(1 unit = ½ pint larger/cider, 1x single measure of spirit, 1x125ml glass of wine)

What is your weight? …………….. .st/lb or …………………KG

What is your height? ……………....ft/in or …………………CM

**Women ONLY**

**vej**

Have you ever had a Cervial Smear? 🞏 YES 🞏 NO

If yes, please fill out below:

When:

Where:

Results - Normal 🞏 Abnormal 🞏

Are you currently pregnant? 🞏 YES 🞏 NO

If yes, please tell us your due date: ……………………………………….

**Pharmacy**

**vej**

Please confirm which pharmacy you would like your prescriptions to go to:

🞏 Walford Mill 🞏 Colehill 🞏 Boots Wimborne

🞏 Wellbeing Sturminster Marshall

🞏 Other

Name:

Address:

**Online access**

**vej**

Do you require online access for prescription requests or booking appointments? 🞏 Yes 🞏 No

If yes, once your registration is complete (usually takes up to 7 working days) please bring in some photo ID (driving licence, passport, bus pass, etc) you will be given a logon ID and password. You will need go to our website and log in within 48 hours or the access will be rescinded.

**Data sharing consent choices**

**vej**

To maintain continuity of clinical care, we upload **certain** medical information (medication, allergies, and a basic summary of your medical conditions and recent treatment) so that it is available to other healthcare organisations (e.g. Emergency Departments). **Please see the enclosed privacy notice for more information.**

**You must complete the data sharing form at the end of this registration before you can be registered at the practice**

**Signature**

**vej**

I confirm that the information I have provided is true to the best of my knowledge:

Signed: ………………………………..……….. Date: …………………………

Signature of patient 🞏 Signature on behalf of patient 🞏

**Please bring your completed registration form to the Practice in person, along with 2 forms of I.D.**

* A form of Identification

(any of the following)

* Passport
* Photo Driving Licence
* Works ID photo card
* NHS badge
* Bus Pass
* Address verification

(any of the following)

* Bank statement
* Rent book / Mortgage statement
* Utility bill / Council tax bill
* Solicitor’s letter confirming purchase of house (if just moved)
* Insurance documents

**NO LATER THAN 3 MONTHS OLD**

|  |  |
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| Walford Mill Medical Centre  **Knobcrook Road, Wimborne, BH21 1NL Tel: 01202 886999**  **Email:** [**walford.mill@nhs.net**](mailto:walford.mill@nhs.net) | |
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Please complete the information below with your choices on sharing your data and hand in to Reception.

**Name:**

**Date of Birth:**

**Address:**

**Data for research**

You can opt out of sharing your NHS data for research purposes via: **nhs.uk/your-nhs-data-matters** or **0300 303 5678**.

🞏 **Yes –** I would like to consentfor medication, allergies, adverse reactions and additional information to be available on my summary care record for other healthcare professionals involved in my care

*Express consent for medication, allergies, adverse reactions and additional information (XaXbZ)*

🞏 **No –** I do not want other health professionals to see my healthcare information (Summary Care Record)

*Express dissent for Summary Care Record (opt out) (XaXj6)*

🞏 **Or** – I would only like a list of medications and allergies available to other healthcare professionals. *Express consent for medication, allergies and adverse reactions only (XaXbY).*

**Signed:**

**Date:**

|  |  |
| --- | --- |
| Walford Mill Medical Centre  **Knobcrook Road, Wimborne, BH21 1NL Tel: 01202 886999**  **Email:** [**walford.mill@nhs.net**](mailto:walford.mill@nhs.net) | |
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**Fair Processing Privacy Notice**

**Your Information, Your Rights**

Being transparent and providing accessible information to patients about how we will use your personal information is a key element of the Data Protection Act 2018 and the EU General Data Protection Regulations (GDPR).

The following notice reminds you of your rights in respect of the above legislation and how your GP Practice will use your information for lawful purposes in order to deliver your care and the effective management of the local NHS system.

This notice reflects how we use information for:

* The management of patient records;
* Communication concerning your clinical, social and supported care;
* Ensuring the quality of your care and the best clinical outcomes are achieved through clinical audit and retrospective review;
* Participation in health and social care research; and
* The management and clinical planning of services to ensure that appropriate care is in place for our patients today and in the future.

**Data Controller**

As your registered GP Practice, we are the data controller for any personal data that we hold about you.

**What information do we collect and use?**

All personal data must be processed fairly and lawfully, whether is it received directly from you or from a third party in relation to your care.

We will collect the following types of information from you or about you from a third party (provider organisation) engaged in the delivery of your care:

* ‘Personal data’ meaning any information relating to an identifiable person who can be directly or indirectly identified from the data. This includes, but is not limited to name, date of birth, full postcode, address, next of kin and NHS number

**And**

* ‘Special category / sensitive data’ such as medical history including details of appointments and contact with you, medication, emergency appointments and admissions, clinical notes, treatments, results of investigations, supportive care arrangements, social care status, race, ethnic origin, genetics and sexual orientation.

Your healthcare records contain information about your health and any treatment or care you have received previously (e.g. from an acute hospital, GP surgery, community care provider, mental health care provider, walk-in centre, social services). These records may be electronic, a paper record or a mixture of both. We use a combination of technologies and working practices to ensure that we keep your information secure and confidential.

**Why do we collect this information?**

The NHS Act 2006 and the Health and Social Care Act 2012 invests statutory functions on GP Practices to promote and provide the health service in England, improve quality of services, reduce inequalities, conduct research, review performance of services and deliver education and training. To do this we will need to process your information in accordance with current data protection legislation to:

* Protect your vital interests;
* Pursue our legitimate interests as a provider of medical care, particularly where the individual is a child or a vulnerable adult;
* Perform tasks in the public’s interest;
* Deliver preventative medicine, medical diagnosis, medical research; and
* Manage the health and social care system and services.

**How is the information collected?**

Your information will be collected either electronically using secure NHS Mail or a secure electronic transferred over an NHS encrypted network connection. In addition, physical information will be sent to your Practice. This information will be retained within your GP’s electronic patient record or within your physical medical records.

**Who will we share your information with?**

In order to deliver and coordinate your health and social care, we may share information with the following organisations:

* Local GP Practices in order to deliver extended primary care services
* NHS - *Dorset Healthcare University NHS Foundation Trust, Poole Hospital NHS Foundation Trust,* [*Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust*](http://www.rbch.nhs.uk/)*, Poole Hospital NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust, South Western Ambulance Service NHS Foundation Trust, Dorset Health and wellbeing board*, *Dorset Diabetic Eye Screening Service.*
* 111 and Out of Hours Service
* Local Social Services and Community Care services
* Voluntary Support Organisations commissioned to provide services by Dorset Clinical Commissioning Group.

Your information will only be shared if it is appropriate for the provision of your care or required to satisfy our statutory function and legal obligations.

Your information will not be transferred outside of the European Union.

Whilst we might share your information with the above organisations, we may also receive information from them to ensure that your medical records are kept up to date and so that your GP can provide the appropriate care.

In addition, we receive data from NHS Digital (as directed by the Department of Health) such as the uptake of flu vaccinations and disease prevalence in order to assist us to improve “out of hospital care”.

**How do we maintain the confidentiality of your records?**

We are committed to protecting your privacy and will only use information that has been collected lawfully. Every member of staff who works for an NHS organisation has a legal obligation to keep information about you confidential. We maintain our duty of confidentiality by conducting annual training and awareness, ensuring access to personal data is limited to the appropriate staff and information is only shared with organisations and individuals that have a legitimate and legal basis for access.

Information is not held for longer than is necessary. We will hold your information in accordance with the Records Management Code of Practice for Health and Social Care 2016.

**Consent and Objections**

**Do I need to give my consent?**

The GDPR sets a high standard for consent. Consent means offering people genuine choice and control over how their data is used. When consent is used properly, it helps you build trust and enhance your reputation. However, consent is only one potential lawful basis for processing information. Therefore, your GP Practice may not need to seek your explicit consent for every instance of processing and sharing your information, on the condition that the processing is carried out in accordance with this notice. Your GP Practice will contact you if they are required to share your information for any other purpose which is not mentioned within this notice. Your consent will be documented within your electronic patient record.

**What will happen if I withhold my consent or raise an objection?**

You have the right to write to withdraw your consent at any time for any particular instance of processing, provided consent is the legal basis for the processing. Please contact your GP Practice for further information and to raise your objection.

**Health Risk Screening / Risk Stratification**

Health Risk Screening or Risk Stratification is a process that helps your GP to determine whether you are at risk of an unplanned admission or deterioration in health. By using selected information such as age, gender, NHS number, diagnosis, existing long term condition(s), medication history, patterns of hospital attendances, admissions and periods of access to community care your GP will be able to judge if you are likely to need more support and care from time to time, or if the right services are in place to support the local population’s needs.

To summarise Risk Stratification is used in the NHS to:

* Help decide if a patient is at a greater risk of suffering from a particular condition;
* Prevent an emergency admission;
* Identify if a patient needs medical help to prevent a health condition from getting worse; and/or
* Review and amend provision of current health and social care services.

Your GP will use computer-based algorithms or calculations to identify their registered patients who are at most risk, with support from the local Commissioning Support Unit (CSU) and/or a third party accredited Risk Stratification provider. The risk stratification contracts are arranged by NHS   
  
Dorset Integrated Care Board (ICB) in accordance with the current Section 251 Agreement. Neither the CSU nor your local ICB will at any time have access to your personal or confidential data. They will only act on behalf of your GP to organise the risk stratification service with appropriate contractual technical and security measures in place.

Your GP will routinely conduct the risk stratification process outside of your GP appointment. This process is conducted electronically and without human intervention. The resulting report is then reviewed by a multidisciplinary team of staff within the Practice. This may result in contact being made with you if alterations to the provision of your care are identified.

A Section 251 Agreement is where the Secretary of State for Health and Social Care has granted permission for personal data to be used for the purposes of risk stratification, in acknowledgement that it would overburden the NHS to conduct manual reviews of all patient registers held by individual providers.

As mentioned above, you have the right to object to your information being used in this way. However, you should be aware that your objection may have a negative impact on the timely and proactive provision of your direct care. Please contact the Practice Manager to discuss how disclosure of your personal data can be limited.

**Sharing of Electronic Patient Records within the NHS**

Electronic patient records are kept in most places where you receive healthcare. Our local electronic system (SystmOne) enables your record to be shared with organisations involved in your direct care, such as:

* GP Practices
* Community services such as district nurses, rehabilitation services and out of hospital services.
* Child health services that undertake routine treatment or health screening
* Urgent care organisations, minor injury units or out of hours services
* Community hospitals
* Palliative care hospitals
* Care Homes
* Mental Health Trusts
* Hospitals
* Social Care organisations
* Pharmacies

In addition, NHS England have implemented the Summary Care Recordwhich contains information including medication you are taking and any bad reactions to medication that you have had in the past.

In most cases, particularly for patients with complex conditions and care arrangements, the shared electronic health record plays a vital role in delivering the best care and a coordinated response, taking into account all aspects of a person’s physical and mental health. Many patients are understandably not able to provide a full account of their care or may not be in a position to do so. The shared record means patients do not have to repeat their medical history at every care setting.

Your record will be automatically setup to be shared with the organisations listed above, however you have the right to ask your GP to disable this function or restrict access to specific elements of your record. This will mean that the information recorded by your GP will not be visible at any other care setting.

You can also reinstate your consent at any time by giving your permission to override your previous dissent.

The Dorset Care Record is also being rolled out in Dorset in 2018. The record will include personal contact details, diagnosed conditions, medications, allergies, test results, referrals, clinic letters and hospital discharge information. This information will be available over the Dorset Care Record over the next two years. Your information will be confidential and only looked at by authorised staff who are directly involved in your care. You can choose to opt out of the system at any time. For more information on the Dorset Care Record you can visit the website: [www.dorsetforyou.gov.uk/dorset-care-record](http://www.dorsetforyou.gov.uk/dorset-care-record), email [dorsetcarerecord@dorsetcc.gov.uk](mailto:dorsetcarerecord@dorsetcc.gov.uk) or write to The Dorset Care Record Partnership, County Hall, Colliton Park, Dorchester, Dorset, DT1 1XJ.

**Health Intelligence**

The Practice shares your diabetes related data with the Diabetic Eye Screening Programme operated by Health Intelligence (commissioned by NHS England). This supports your invitation for eye screening (where you are eligible and referred by the Practice) and ongoing care by the screening programme. This data may be shared with any Hospital Eye Services you are under the care of to support further treatment and with other healthcare professionals involved in your care, for example your Diabetologist.

For further information, take a look at Health Intelligence’s Privacy Notice on the diabetic eye screening website: www.despdorset.co.uk

**Invoice Validation**

If you have received treatment within the NHS, the local Commissioning Support Unit (CSU) may require access to your personal information to determine which Integrated Care Board is responsible for payment for the treatment or procedures you have received. Information such as your name, address, date of treatment and associated treatment code may be passed onto the CSU to enable them to process the bill. These details are held in a secure environment and kept confidential. This information is only used to validate invoices in accordance with the current Section 251 Agreement and will not be shared for any further commissioning purposes.

**Your Right of Access to Your Records**

The Data Protection Act and General Data Protection Regulations allows you to find out what information is held about you including information held within your medical records, either in electronic or physical format. This is known as the “right of subject access”. If you would like to have access to all or part of your records, you can make a request in writing to the organisation that you believe holds your information. This can be your GP, or a provider that is or has delivered your treatment and care. You should however be aware that some details within your health records may be exempt from disclosure, however this will in the interests of your wellbeing or to protect the identity of a third party. If you would like access to your GP record, please submit your request in writing to:

Secretarial Support, Walford Mill Medical Centre, Knobcrook Road, Wimborne, BH21 1NL

**Complaints**

In the event that your feel your GP Practice has not complied with the current data protection legislation, either in responding to your request or in our general processing of your personal information, you should raise your concerns in the first instance **in writing** to the Practice Manager at:

Walford Mill Medical Centre, Knobcrook Road, Wimborne, BH21 1NL

If you remain dissatisfied with our response you can contact the Information Commissioner’s Office at Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF – Enquiry Line: 01625 545700 or online at [www.ico.gov.uk](http://www.ico.gov.uk)