

ENDERLEY ROAD MEDICAL CENTRE

41-45 ENDERLEY ROAD, HARROW WEALD, MIDDX, HA3 5HF

Tel: 0208 863 3333

NEW PATIENT REGISTRATION

To register as a patient at Enderley Road, please bring this completed application form to the Medical Centre. You **MUST** produce one document from each of the 2 sections below, one confirming Residency and one confirming Identity.

Registrations will only be processed once documents have been checked by Reception Staff

PERSONAL DETAILS

Surname Forenames

Address Date of Birth

..... Home Telephone No

Postcode Work/Mobile No

E-mail address

CONSENT FOR EMAIL/TEXT CORRESPONDENCE

I give consent and authorization for the staff at Enderley Road Medical Centre to correspond with me either by email or text, private information about me or for me. I understand that I may revoke this authorization at any time by submitting my request in writing.

Yes No

Signature

SECTION 1

You must provide ONE example from the list below as proof of Identity for each person over 16years of age you wish to register.

Tick the relevant box

- Current Passport Medical Card/Birth Certificate
- Immigration Documents

SECTION 2

You must provide ONE example from the list below as proof of residency.

Tick the relevant box (The items below must be dated within the last 3 months)

- Council Tax Bill/Letter/Payment Book
- Housing Association Rent Book/Statement/Letter/Tenancy Agreement
- Current Television Licence
- Current Utility Bill (excluding mobile phone bills) Current Bank statement

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Tel: 08444 127111

ETHNIC ORIGIN

The Enderley Road practice serves a multi-ethnic and multi-cultural population. The recording of patients' ethnic group is necessary as this helps us to identify patterns of illness and need among different ethnic groups.

Please indicate to which ethnic group you feel you belong.

- | | |
|--|---|
| <input type="checkbox"/> ASIAN – BANGLADESHI | <input type="checkbox"/> BLACK – AFRICAN |
| <input type="checkbox"/> ASIAN – INDIAN | <input type="checkbox"/> BLACK – CARIBBEAN |
| <input type="checkbox"/> ASIAN – PAKISTANI | <input type="checkbox"/> BLACK – ANY OTHER BACKGROUND |
| <input type="checkbox"/> ASIAN – ANY OTHER BACKGROUND | <input type="checkbox"/> WHITE – BRITISH |
| <input type="checkbox"/> MIXED – WHITE & ASIAN | <input type="checkbox"/> WHITE – IRISH |
| <input type="checkbox"/> MIXED – WHITE & BLACK AFRICAN | <input type="checkbox"/> WHITE – ANY OTHER BACKGROUND |
| <input type="checkbox"/> MIXED – WHITE & BLACK CARIBBEAN | <input type="checkbox"/> OTHER – CHINESE |
| <input type="checkbox"/> MIXED – ANY OTHER BACKGROUND | <input type="checkbox"/> OTHER – ANY OTHER |

PLEASE SPECIFY

I DO NOT WISH TO SAY

MAIN LANGUAGE SPOKEN

Information on an individual's ethnic group is **STRICTLY CONFIDENTIAL** as are all other patient details.

Access to all your information will be restricted to staff involved in your direct care.

MEDICAL HISTORY

1. Please use the self check machine to record:-

Height Weight

2. Have you ever had any operations, illnesses or have any medical conditions? Please list:-

.....

Do you take any regular medications? Please list:-

.....

.....

3. Are you allergic to any medication? Please list:-

.....

4. How many cigarettes do you smoke per day?

Have you ever smoked? Yes No When did you stop smoking?.....

5. How much exercise do you do in a week?.....

6. How much alcohol do you drink in a week ?.....

How often do you have a drink containing alcohol?

Never Monthly or less 2 to 4 times a month

2 to 3 times a week 4 or more times a week

How many standard drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 3 or 4 5 or 6 7 to 9 10 or more

How often do you have 6 or more standard drinks on one occasion?

Never Less than monthly Monthly Weekly Daily or almost daily

FAMILY HISTORY

Have any of your blood relatives suffered from (who and at what age)

Heart Disease

High blood pressure.....

Diabetes.....

Stroke.....

Cancer (please specify which cancer).....

Other serious illness.....

FEMALE PATIENTS ONLY

When did you have your last smear?.....Was the result normal? Yes No

GENERAL INFORMATION

Are you a carer?.....

Who do you care for?.....

SUMMARY CARE RECORDS

All patients at this practice will automatically have a Summary Care Record (SCR) generated. This information will be available to other Health Care Providers with your consent. If you would prefer not to have a SCR, please ask for an Opt Out form at Reception.

More information about the SCR is available at www.nhscarerecords.nhs.uk or telephone 0300 123 3020. Leaflets are also available at Reception.

ELECTRONIC PRESCRIPTION SERVICE

If you would like to use this service, please register at your nominated pharmacy.

ONLINE SERVICES

If you would like to register for Online Access, please request 3 months after registration.

TUBERCULOSIS SCREENING

Please fill in the following questions if you are aged 16-35

Have you been in England less than five years? YES No

Have you been previously tested or treated for TB in the UK YES No

Were you born or have you spent six months or more in a high incidence country. (Please see the list below)

YES No

COUNTRY

Countries of origin eligible for LTBI testing and treatment

Afghanistan	Indonesia	South Africa
Angola	Kenya	South Sudan
Bangladesh	Kiribati	Swaziland
Benin	Laos PDR	Timor-Leste
Bhutan	Lesotho	Togo
Botswana	Liberia	Tuvalu
Burkina Faso	Madagascar	Uganda
Burundi	Malawi	Tanzania
Cote d'Ivoire	Mali	Zambia
Cabo Verde	Marshall Islands	Zimbabwe
Cambodia	Mauritania	
Cameroon	Mauritius	
Central African Republic	Micronesia	
Chad	Mongolia	
Comoros	Mozambique	
Congo	Myanmar	
DRP Korea	Namibia	
DR Congo	Nepal	
Djibouti	Niger	
Equatorial Guinea	Nigeria	
Eritrea	Pakistan	
Ethiopia	Papua New Guinea	
Gabon	Philippines	
Gambia	Republic of Moldova	
Ghana	Rwanda	
Greenland	Sao Tome and Principe	
Guinea	Senegal	
Guinea-Bissau	Seychelles	
Haiti	Sierra Leone	
India	Somalia	

Insert practice name

Insert practice logo

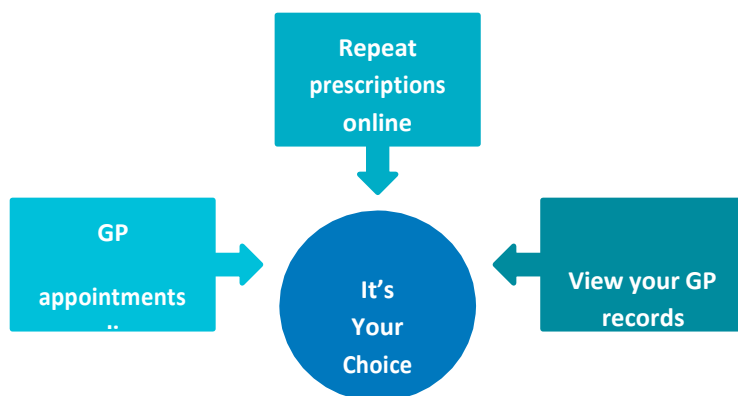
Online Services Records Access Patient information leaflet 'It's your choice'

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. 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.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

ENDERLEY ROAD MEDICAL CENTRE

Application for online access to my medical record

N.B. Please complete all details below and bring the form to Reception along with two items of identification, one of which should contain a photograph. Acceptable documents include passports, photo driving licences and bank statements, but not bills.

Surname		Date of birth
First name		
Address		
Email address		
Telephone number		Mobile number

I wish to have access to the following online services (please 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"/>

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

1. I have read and understood the information leaflet provided by the practice	<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. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>

Signature	Date
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For practice use only

Patient NHS number		
Identity verified by (Name)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Level of record access authorised All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/>	Notes / explanation	
Authorised by(GP):	Date:	
Date account created		
Date passphrase sent		