



## New Patient Registration Form

### Adult & Children Over 11 Years Old

Please complete this confidential questionnaire and the GMS1 Form  
(One for each member of the family to be registered with the Practice)  
Please tick and complete in **BLOCK CAPITALS** where applicable  
Please bring a Passport/Driving Licence to confirm your identity (if you have one)

Contact Details	
Full Name:	Date of Birth:
Tel number: Mobile:	Email address:
Gender: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/> .....	
Consent to receive text message communication for health & surgery matters: <input type="checkbox"/> Yes <input type="checkbox"/> No	Consent to receive e-mail communication for health & surgery matters: <input type="checkbox"/> Yes <input type="checkbox"/> No
Next of Kin Name and relation to you:	Next of Kin contact number/s:

About You			
Occupation:	Marital Status:		
Are you or any member or your immediate family a fisherman/woman?	Yes:	No:	
Are you a Carer?	YES	NO	If YES, are you registered as a Carer?
			YES      NO
If you have a Carer, please state their <u>name, relation, contact details (including phone number)</u> <u>Please sign and date if you agree for them to have access to any of your medical records by ticking the relevant box (or boxes).</u> <b>Please let us know if you change your mind and no longer want your carer to have access to your records.</b>	<b>Carer's Details (include all info as per <u>left hand side</u>):</b>  <b>Access Required:</b> <input type="checkbox"/> Appointments Only <input type="checkbox"/> Prescriptions Only <input type="checkbox"/> Blood Tests Results Only <input type="checkbox"/> All Medical Records		
	Signed:		Dated:

Ethnic Group								
<b>Ethnic Origin:</b> (Please tick box/ complete)	<input type="checkbox"/> White (British)	<input type="checkbox"/> White (Irish)	<input type="checkbox"/> Mixed – white and black Caribbean					
<input type="checkbox"/> Mixed – white and black African	<input type="checkbox"/> Mixed – White and Asian	<input type="checkbox"/> Asian or Asian British - Indian	<input type="checkbox"/> Asian or Asian British - Pakistani					
<input type="checkbox"/> Asian or Asian British - Bangladeshi	<input type="checkbox"/> Black - Caribbean	<input type="checkbox"/> Black - African	<input type="checkbox"/> Chinese					
<input type="checkbox"/> Gypsy Roma	<input type="checkbox"/> Other white background	<input type="checkbox"/> Other Mixed background	<input type="checkbox"/> Other Asian background					
<input type="checkbox"/> Other black background	<input type="checkbox"/> Other ethnic group:				<input type="checkbox"/> Prefer not to say			
If English is not your 1 <sup>st</sup> language, do you need a translator? <input type="checkbox"/> YES** <input type="checkbox"/> NO **If YES please confirm your 1 <sup>st</sup> language: <input type="text"/>								
<b>Your Religion /Belief</b>	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish			<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh
	<input type="checkbox"/> None	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Other – please state:					

Your Medical History and Medications:	
Are you currently pregnant or had a child in the last year?	<input type="checkbox"/> Yes If Yes, Due Date if known ____/____/____ <input type="checkbox"/> No or N/A <input type="checkbox"/> Have a child under 1 year old

<b>Do you have any allergies or sensitivities?</b> Please give details							
<b>List of Medical Diagnoses (if known)</b>							
<b>Please list any medication you are currently taking: (Strength and Dose instruction)</b>	<i>(Please supply a copy of your current repeat slip <a href="#">instead</a> if you have one)</i>						
<b>Preferred Prescription Collection Point</b>	Name of your preferred Pharmacy:				Do they deliver your medication?		
	Postcode:				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
	<input type="checkbox"/> From Surgery (Indicate which location)	<input type="checkbox"/> Brixham	<input type="checkbox"/> Galmpton	Please create a passcode below to collect (can be a number or a word) [ _____ ]			

## Smoking, Alcohol Consumption and BMI

Are you currently a smoker?	Yes	No	Have you ever been a smoker?	Yes	No
If so, how many cigarettes / cigars / tobacco do you smoke in a week?			<i>If you are a smoker and want to stop, please tick here and our cessation advisor will contact you</i>		
How much alcohol do you drink in a week (Units)? <i>(One unit = 1 small glass of wine, a single measure of spirits, or 1/2 a pint of beer)</i>					
Alcohol questions for age 16+ Q1-3 Please answer 0=Never, 1= Less than monthly, 2= Monthly 3= Weekly 4=Daily or Almost Daily  Q4 Please answer 0=No, 2= Yes, but not in the last year 4=Yes, during the last year	Q1	How often do you have 8 (men)/6 (women) or more drinks on one occasion?			
	Q2	How often in the last year have you not been able to remember what happened when drinking the night before?			
	Q3	How often in the last year have you failed to do what was expected of you because of drinking?			
	Q4	Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?			
Your height:	Feet / inches	cm	Your Weight:	Stones / lbs.	kg

## Specific Needs:

Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated. If you have any particular communication needs please complete our Accessible Information: Patient requirement Form

Please state any Sensory Impairment you have (i.e. Speech, Hearing, Sight):	Details:	N/A
Please state any Physical disabilities you have:	Details:	N/A
Please state any Mental disabilities you have:	Details:	N/A
Please state any requirements you have to be able to access the Practice premises	Details:	N/A
Please state any Religious or Cultural needs:	Details:	N/A
Are you an 'Assistance Dog' User?	Details:	N/A
Please state any phobias you have:	Details:	N/A
Other Information	Details:	N/A

## Online Services

Through Online Services you can book appointments, view some areas of your medical record (such as blood test results, immunisations and allergies) and manage your repeat medication.

If you use the NHS App and passed verification, you will still need to contact us so we can set up your Online Account at the surgery.

If you would like to sign up for Online Services, please sign the box below. We will **need to see photographic ID**. We will send your Linkage Key/ Account ID and ODS code via **the e-mail address you have provided** to enable you to fully register with your chosen provider.

If you would like to sign up for additional online access, which will include problem list, consultation notes, documents, please contact the surgery to request this as a Subject Access Request. Please note this can take up to 28 Days to process.

### **PLEASE NOTE**

1 – Under the new GDPR (General Data Protection Regulations) **we are unable to accept applications on behalf of parents/ guardians of children over the age of 11 without their written consent**. If you are a parent/ guardian and have access to your child's online services, this will be revoked once the child is 11 years unless a consent form is signed and dated by the patient.

2 – Due to Data Protection - if you share an e-mail address with a 3<sup>rd</sup> party (your - spouse/ partner/child) you will not be able to register two accounts with same provider under the same e-mail address. You will need a different e-mail address each. For any online queries you can e-mail us: [online.compass@nhs.net](mailto:online.compass@nhs.net)

I would like to sign up for Online Services	Please tick		Print Your Name and Signature:  If you would like to set up Proxy Access please follow the link below for more information: <a href="https://compasshousemedical.com/online-services/">https://compasshousemedical.com/online-services/</a>	Date:
	YES	NO		

## Privacy Notice

### How does the practice use my personal data?

- We use your personal data in order to provide you with care and treatment and to ensure your treatment and advice, and the treatment of others is safe and effective.

Please find the practice privacy notice on the website:

<https://compasshousemedical.com/privacy-policy> or speak to a member of staff for more information about your rights or for a copy of the practice's privacy notice.

## Summary Care Record

### What is a Summary Care Record (SCR)?

If you are registered with a GP practice in England, you will already have an SCR unless you have previously chosen not to have one. It includes the following basic information:

- Medicines you are taking
- Allergies you suffer from
- Any bad reactions to medicines.

It also includes your name, address, date of birth and unique NHS Number which helps to identify you correctly.

### What choices do you have?

You can now choose to include more information in your SCR, such as significant medical history (past and present), information about management of long-term conditions, immunisations and patient preferences such as end of life care information, particular care needs and communication preferences.

If you would like to do this, please tick and sign below and we will update your medical record to include sharing this information.

Please update my summary care record to include additional information

Signed.....Print Name.....

### Who can see my SCR?

Only authorised care professional staff in England who are involved in your direct care can have access to your SCR. Your SCR will not be used for any other purposes.

These staff:

- Need to have a Smartcard with a chip and passcode
- Will only see the information they need to do their job
- Will have their details recorded every time they look at your record

For more information visit [www.nhs.uk/records](http://www.nhs.uk/records)

To Opt-out of any information being shared please inform the Receptionist when handing over your form.

## Your Health Records

### Manage your choice

**Online:** <https://www.nhs.uk/your-nhs-data-matters/>

Use this service to request that your confidential patient information is not used beyond your own individual care.

**Telephone:** 0300 303 5678 Open: 9am to 5pm Monday to Friday (excluding bank holidays). You may contact the NHS Digital Contact Centre to verify your identity and discuss your data sharing choices. We may be able to guide you through the online service or set a choice on your behalf.

**Parents or legal guardians** may also set and manage a choice on behalf of their child under the age of 13.

You can set and manage a choice on behalf of **another individual, who is unable to manage their choice independently**. For example, if you have power of attorney.

**If you decide to opt out**, this will be respected and applied by NHS Digital and Public Health England. These organisations collect, process and release health and adult social care data on a national basis. Your decision will also be respected and applied by all other organisations that are responsible for health and care information by March 2020.

**An opt-out will only apply to the health and care system in England.** This does not apply to your health data where you have accessed health or care services outside of England, such as in Scotland and Wales.

**If you choose to opt out, your data may still be used during some specific situations. For example, during an epidemic where there might be a risk to other people's health.**

**For more information on where opt outs do not apply visit:** <https://www.nhs.uk/your-nhs-data-matters/where-your-choice-does-not-apply/>

## Other Info

### Patient Participation Group (PPG)

Compass House Medical Centres has over 150 patients who form our PPG, and we are always seeking new members, whether face-to-face or virtual. Our PPG work in partnership with the practice and contribute to the continuous improvement of services and quality of care. They also help to improve communication between the practice as its patients, and provide practical support for the practice and help to implement change. If you would like to join our PPG please email [compasshouse.ppg@nhs.net](mailto:compasshouse.ppg@nhs.net) or visit our website for further information.

### Health Checks

Once your registration has been processed if you would like to book a Health check with one of our nursing team then please contact our Patient Care Advisors on 01803 855 897

**Please visit our website:** <https://compasshousemedical.com> for more information on our services and for any important practice updates