



New Patient Registration Form

Please complete this confidential questionnaire and the PRF1 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)

Section 1 – Who is registering?

Yourself (Go to Section 2 – Patient Details): <input type="checkbox"/> Yes	*Someone else: <input type="checkbox"/> Yes
--	---

***Only provide your details if you are registering someone else**

Your Name: Contact Phone Number:	Your relationship to the person you are registering:
---	---

Section 2 – Details of patient registering

Your Name:	Date of Birth:
-------------------	-----------------------

If over 16 years old, please go to Section 5

Section 3 – Parent / Guardian contact details:

Parent/ Guardian 1 – details:	Contact Number:
	E-mail Address:
Parent/ Guardian 2 – details:	Contact Number:
	E-mail Address:

Section 4 - Immunisation History

Immunisation History (If known) - please tick all that apply OR please provide a copy of the Immunisations from the red book if available.	Diphtheria	Measles	German Measles	Tetanus	Polio	MMR
	Whooping Cough		Pre-school booster		Triple vaccine (Diphtheria, Tetanus & Pertussis) All 3 doses	
	Annual Influenza		Pneumococcal		Other:	

Section 5 - About You

Occupation:	Marital Status (if applicable):
--------------------	--

Are you or any member or your immediate family a fisherman/woman?

Yes No

Your Religion /Belief	Buddhist	Christian	Hindu	Jewish	Muslim	Sikh
	None	Prefer not to say	Other – please state			

Section 6 - Your Medical History:

<p>Are you currently pregnant or had a child in the last year?</p>	<p><input type="checkbox"/> Yes If yes, due date if known ___/___/___ <input type="checkbox"/> No or N/A <input type="checkbox"/> Have a child under 12 months old</p>
<p>Additional Information / Support Needed</p>	<p>Adults only: Do you receive support from any other professional agency? (e.g., probation services, mental health teams, domestic abuse services, social services)? If yes, please provide details:</p> <div data-bbox="456 539 1422 701" style="border: 1px solid black; height: 70px; width: 100%;"></div> <p>If you require support to access the agency, please contact the Surgery.</p> <p>Are you, or is your child, a young carer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you, or does your child have a social worker, or have they had support from a social worker within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you, or does your child receive additional support from any other professional agency, (e.g., Speech and Language, CAMHS)? If yes, please provide details:</p> <div data-bbox="456 1093 1422 1227" style="border: 1px solid black; height: 60px; width: 100%;"></div> <p>If you or they require support to access the service, please contact the Surgery.</p>
<p>Additional Information / Medications</p>	<p>Please supply a copy of your current repeat slip if you have one</p> <p>Are you currently on any:</p> <p>ADHD (Attention-deficit/hyperactivity disorder) Medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please be aware, we may not be able to prescribe unless a local NHS agreement is in place. Please contact the surgery to arrange a GP Review.</p> <p>HRT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details and contact the surgery to book a review:</p> <div data-bbox="456 1850 1422 2074" style="border: 1px solid black; height: 100px; width: 100%;"></div>

Section 7 - Online Services / NHS App

Through Online Services / NHS App you can book certain appointments, view some areas of your medical record (such as consultation notes, documents, blood test results, immunisations, allergies etc) and manage your repeat medication.

To find out more about the NHS App please follow link: <https://www.nhs.uk/nhs-app/about-the-nhs-app/>. To register or to login please follow link: <https://www.nhsapp.service.nhs.uk/login>

If you would like to sign up for Online Services, please sign the box below. We will **need to see photographic ID** (unless you have already passed the verification via the NHS App). We will send your Linkage Key/ Account ID and ODS code via **the e-mail address you have provided** to enable you to complete your registration or to Link to Compass House if already have an account.

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**. Please see Proxy Access info below.

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 old, unless a consent form is signed and dated by the patient (if able). This will also be the case when they turn 16.

2 – Due to Data Protection - if you share an e-mail address with a 3rd 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

3 – If you would like to set up Proxy Access (this is Online Services Access to parts of your medical records) for a family member, carer or representative, please follow link for more information and the Proxy Access Form: <https://compasshousemedical.com/online-services/>

I would like to sign up for Online Services	Please tick		Please print your name, sign and date:		
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name:	Signature:	Date:

Section 8 - 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.

Section 9 - 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/>

Section 10 - 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 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

Appointments:

Please follow link for our Appointments Guide: https://bit.ly/appointments_guide

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