



The Abingdon Surgery, 65 Stert Street, Abingdon, OX14 3LB

Tel: 01235 523126

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PATIENT REGISTRATION FORM

PERSONAL DETAILS

Title:	Forename(s):	Surname:
Date of Birth:	NHS No:	
Male/Female (please circle)	Marital Status:	
Address:		
Postcode:	Home Telephone No:	
Work Telephone No:		
Mobile No:	E-mail address:	
I agree that I may be contacted from time to time via SMS and e-mail with practice news, advice about my health and/or appointment reminders. <input type="checkbox"/>		
Previous Doctor Name:		
Previous Doctor Address:		
Next of Kin	Name & relationship:	Contact No:

ETHNICITY

This surgery, in line with other healthcare providers, collects information about the ethnic group of patients. Please note we are not asking about citizenship or nationality, but about the ethnic group to which you feel you belong. All the information we received will be treated with the strictest confidence.

Should you prefer not to disclose your ethnic background, please tick here.....

Please tick below

British	FIRST LANGUAGE SPOKEN
Irish	English? Yes No
Any other White background (<i>please write below</i>)	If No, please give details of first language:
White and Black Caribbean	
White and Black African	Do you need an interpreter? Yes No
White and Asian	
Any other mixed background (<i>please write below</i>)	HEIGHT:ft.....inches /metres
Indian	
Pakistani	WEIGHT: st.....lbs /kg
Bangladeshi	
Any other Asian background (<i>please write below</i>)	SMOKING:
Caribbean	Do you smoke? Yes No

African	If yes, since when?
Any other Black background (<i>please write below</i>)	How many per day?
	If you have smoked in the past when did you stop?
Chinese	Would you like to stop smoking?
Any other (<i>please write below</i>)	

CARERS

Are you a carer for someone or does someone care for you? If so, please complete a Carers Details form from reception.

MEDICAL HISTORY

*Please give details, including the year, of any serious illnesses, accidents or operations you have ever had:

*Are you currently under the care of a hospital specialist? If so please give details:

*Are you allergic to anything? If yes please give details:

*Are you currently on a hospital waiting list? If yes, please give details:

<i>Hospital</i>
<i>Consultant</i>
<i>Treatment</i>
<i>Date on waiting list</i>

*Do you currently or have you ever suffered from any of the following? Please tick:

Asthma	Epilepsy
Blindness/Glaucoma	Hay Fever
Bowel problems	Heart Attack/Heart disease
Cancer	High blood pressure
Depression	Stroke
Diabetes	Ulcers or chronic indigestion

*Are you taking any drugs or medication prescribed by a doctor? Please give details:

<i>Name of medication/tablets</i>	<i>Dose or strength</i>	<i>How many times a day?</i>





*Do you have a family history (parents/siblings) of any of the following?

<i>Disease</i>	<i>Relationship</i>



Diabetes
Heart Disease
Asthma
High blood pressure
Stroke
*Do you have any major handicap or disability? If yes, please give details:
*Do you undertake regular sport or exercise? If yes, please give details of the type and frequency :
*How would you describe your diet? Please circle
High fat Balanced Low fat Vegetarian

ALCOHOL
How many units of alcohol do you drink a week?units/week

One standard drink is...

 Half pint of regular beer or cider	 1 small glass of wine	 1 single measure of spirits	 1 small glass of sherry	 1 single measure of aperitifs
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The following quantities of alcohol contain more than 1 standard drink

2	3	1.5	2	4	2	9
						
Pint of Regular beer/lager/cider	Pint of Premium beer/lager/cider	Alcopop or can/bottle of Regular Lager	Can of premium Lager or Strong Beer	Can of Super Strength Lager	Glass of wine (175ml)	Bottle of wine

WOMEN ONLY
How many pregnancies have you had?
Did you have any associated difficulties? (e.g. miscarriage, still-birth, difficult delivery etc.)
Are taking any oral contraceptives? If yes, which brand and how long have you been taking them?
Any previous brand?

If no, are you using any other birth control?
Have you had a cervical smear test? If yes, please give date of last test.
Have you had a breast screening test? If yes, please give date of last test.
Have you had a hysterectomy? If yes, please give date.

WE ARE ENCOURAGING OUR PATIENTS TO NOMINATE A PHARMACY TO WHICH PRESCRIPTIONS CAN BE SENT ELECTRONICALLY. THIS MEANS YOU DO NOT NEED TO COME INTO THE SURGERY TO COLLECT YOUR PRESCRIPTION. PLEASE STATE WHICH PHARMACY YOU WISH TO NOMINATE.

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PATIENT COMMUNICATION NEEDS

We want to get better at communicating with our patients. If you need someone to support you at appointments because of a disability or sensory impairment, please let us know below:

Do you need information in braille, large print or easy read?

.....

Do you need a British Sign Language interpreter or advocate?

.....

Do you lip read or use a hearing aid or communication tool?

.....

Can you explain what support would be helpful?

.....



Summary Care Record and Oxfordshire Care Summary – your choice

Please note that these records are *NOT CONNECTED* with the Health and Social Care Information Centre (HSCIC) single database care.data project, and will be used *only* for the purpose of enabling informed care to be supplied directly to you as an individual.

Your patient record is held securely and confidentially on the electronic system at your GP practice.

If you require treatment in another NHS healthcare setting such as an Emergency Department or Minor Injury Unit, those treating you would be better able to give you appropriate care if some of the information from the GP practice were available to them.

This information can now be shared electronically via:

1. The Summary Care Record: used nationally across England
2. The Oxfordshire Care Summary: used locally across Oxfordshire

In both cases, the information will be used *only by authorised health care professionals directly involved in your care*. Your permission will be asked before the information is accessed, unless the clinician is unable to ask you and there is a clinical reason for access.

A parent or guardian can request to opt out children under 16 but ultimately it is the GP's decision whether to create the records or not, because of their duty of care to the child. If you are the parent or guardian of a child under 16 and feel that they are able to understand, then you should make this information available to them.

Are you happy for us to share this electronic information with clinicians in other NHS organisations who are involved in your care? If you would rather we didn't, we will put an entry on your record which will prevent your information from being shared.

Please select **ONE** option in **BOTH** tables below and complete patient details overleaf.

<i>Your choice for <u>SCR</u></i>	<i>Please tick <u>one</u> box only</i>
I would like my information shared through the Summary Care Record	
I do <i>not</i> want my information shared through the Summary Care Record	
I would like a Summary Care Record with additional information added **	

<i>Your choice for <u>OCS</u></i>	<i>Please tick <u>one</u> box only</i>
I would like my information shared through the Oxfordshire Care Summary	
I do <i>not</i> want my information shared through the Oxfordshire Care Summary	

It is important to complete and return this form, as your new practice cannot make a decision for you. Without your direction, we cannot guarantee that your wishes will be met, even if you have previously made a similar choice in another practice.

<i>Patient details</i> (please write in CAPITAL LETTERS)			
Title:		Forenames:	
Surname/Family name:			
Address:			
Phone number(s):			
Date of birth:		NHS number (if known):	
<i>If the person signing below is not the patient, please also enter the signatory's name and relationship to the patient, e.g. PARENT, GUARDIAN, ATTORNEY</i>			
Full name:		Status:	
Signature:		Date:-	

<i>Differences between the Oxfordshire Care Summary and the Summary Care Record</i>		
	Oxfordshire Care Summary	Summary Care Record
Shared	<ul style="list-style-type: none"> • Across Oxfordshire • Across health care settings, including urgent care, community care and outpatient departments • With GPs, and with clinicians employed by Oxford Health NHS Foundation Trust and Oxford University Hospitals Trust 	<ul style="list-style-type: none"> • Across England • Across health care settings, including urgent care, community care and outpatient departments • With GPs, and with clinicians employed by any NHS Trust or organisation involved in your care across England
Information source	<ul style="list-style-type: none"> • GP record • Other medical records held by different NHS organisations in Oxfordshire 	<ul style="list-style-type: none"> • GP record
Content	<ul style="list-style-type: none"> • Your current medications • Any allergies you have • Any bad reactions you have had to medicines • Your medical history and diagnoses • Test results and X-ray reports • Your vaccination history • General health readings such as blood pressure • Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls • Care / management plans • Correspondence such as referral letters and discharge summaries. 	<ul style="list-style-type: none"> • Your current medications • Any allergies you have • Any bad reactions you have had to medicines <p>**Additional information includes:</p> <ul style="list-style-type: none"> - Significant problems (past and present) - Significant procedures (past and present) - Anticipatory care information - End of life care information – as per EOLC dataset ISB 1580 - Immunisations <p>Further information can be added (upon request to your GP)</p>
For more information, visit:	<ul style="list-style-type: none"> • http://www.oxfordshireccg.nhs.uk/your-health/oxfordshire-care-summary/ 	<ul style="list-style-type: none"> • www.nhscarerecords.nhs.uk • http://systems.hscic.gov.uk/scr/gppractices/additional/index.html • http://www.oxfordshireccg.nhs.uk/your-health/summary-care-record/