

# Dr P Craven, Dr S Garlapati & Dr A Garlapati

## New Patient Registration Form

Today's Date:

Please complete this confidential questionnaire (one for each member of the family to be registered with the Practice).

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

If you are newly arrived in this country, please bring your passport to confirm your date of birth and entitlement to NHS treatment.

<b>Full Name:</b>					<b>Telephone Number:</b>		
<b>Mr / Mrs / Miss / Ms / Other.....</b>					<b>Work Number:</b>		
<b>Address and Postcode:</b>					<b>Mobile Number:</b>		
					<b>E-mail Address:</b>		
					<b>Next of Kin:</b>		
					<b>Next of Kin Contact Number:</b>		
<b>Date of Birth:</b>		<b>Previous / Mother's surname if different:</b>			<b>Town &amp; Country of Birth:</b>		
<b>Marital Status:</b>		<b>Gender:</b>	<b>Male:</b>	<b>Female:</b>	<b>Other residents of your home:</b>		
<b>Occupation:</b>							
<b>Names &amp; Ages of Children:</b>							
<b>Housing (Select one)</b>	<b>House</b>	<b>Maisonette</b>	<b>Flat</b>	<b>Mobile Home</b>	<b>NHS Number (If Known)</b>		
<b>Previous Address &amp; Postcode:</b>					<b>Please give consent below to allow us to contact you via email or text message:</b> <div> <div>Yes</div> <div>No</div> </div>		
<b>Previous Doctor Name &amp; Address:</b>					<b>Preferred Method</b>	<b>Text</b>	<b>Email</b>
					<b>If applicable, date you first came to live in Britain:</b>		
<b>Have you ever been in the Armed Forces?</b>		<div> <div>YES</div> <div>NO</div> </div> <b>Army / Royal Navy / Royal Air Force (Please Circle)</b>			<b>Discharge Date:</b>		
<b>Your height:</b>	<b>Feet / inches</b>	<b>cm</b>	<b>Your weight:</b>	<b>Stones / lbs.</b>	<b>kg</b>		
<b>Your Religion:</b>	<b>C of E</b>	<b>Catholic</b>	<b>Other Christian (state)</b>	<b>Buddhist</b>	<b>Hindu</b>	<b>Muslim</b>	
	<b>Sikh</b>	<b>Jewish</b>	<b>Jehovah's Witness</b>	<b>No religion</b>	<b>Other religion (state)</b>		

<b>Your Ethnic Origin: (select one)</b>		White (UK)		White (Irish)		White (Other)	
Caribbean		African		Asian		Other Mixed Background	
Indian / Brit Indian		Pakistani / Brit Pakistani		Bangladeshi / Brit Bangladeshi		Other Asian Background	
Other Black Background		Chinese		Other		Ethnic Category not stated	
<b>Your main or 1<sup>st</sup> language Spoken / Understood: (select one)</b>		English	Hindi	Gujurati	Urdu	Bengali /Sytheti	Punjabi
Polish	Ukrainian	French	German	Spanish	Other: (Please Specify)		
<b>Smoking, Alcohol Consumption and Exercise:</b>							
<b>Are you currently a smoker?</b>		Yes	No	<b>Have you ever been a smoker?</b>		Yes	No
<b>If so, how many cigarettes / cigars / tobacco do you smoke in a week?</b>				<b>How much alcohol do you drink in a week (Units)?</b>			
<i>If you are a smoker and want to stop, please ask for information about local smoking cessation services.</i>				<i>(One unit = 1 small glass of wine, a single measure of spirits, or 1/2 a pint of beer)</i>			
<b>How often do you exercise?</b>		No. times per week		Type(s) of exercise:			
<b>Your Medical Background:</b>							
<b>What illnesses have you had &amp; When?</b>							
<b>What operations have you had and When?</b>							
<b>Do you have any medical problems at present?</b>							
<b>Please list any tablets, medicines or other treatments you are currently taking: (incl. dose + frequency)</b>							
<b>Are you able to administer your own medicines?</b>		Yes	No – please detail specific issues (e.g. swallowing, opening containers)				

	Diabetes	Heart Attack	Heart attack under age of 60	Bowel Cancer		
	Breast Cancer		High Blood Pressure	Asthma	Stroke	
	Thyroid Disorder		Any other important Family Illness?			

What immunisations have you had? (please tick all that apply)	Diphtheria	Measles	German Measles	Tetanus	Polio	MMR
	Whooping Cough		Pre-school booster	Triple vaccine (Diphtheria, Tetanus & Pertussis) – 3 doses		

Please detail below any specific needs you have so the Practice can ensure they are identified and accommodated	
Please state any Sensory Impairment you have (i.e. Speech, Hearing, Sight):	
Are you an 'Assistance Dog' User?	
Please state any Physical disabilities you have:	
Please state any Mental disabilities you have:	
Please state any requirements you have to be able to access the Practice premises:	
Please state any Religious or Cultural needs:	
Do you require the help of a Translator / Interpreter?	
Please state any specific nutritional requirements you have:	
Please state any allergies and sensitivities you have:	
Please state any phobias you have:	
If you are a Carer, please state the name / address / phone number of the person you care for:	<u>Person Cared For Contact Details:</u>
If you have a Carer, please state their name / address / phone number and sign here if you wish us to disclose information about your health to your Carer:	<u>Carer Contact Details:</u>
	<u>Signed:</u> <u>Date:</u>

Do you have a "Living Will" (a statement explaining what medical treatment you would not want in the future)?	Yes / No	<i>If "Yes", can you please bring a written copy of it to your New Patient Consultation</i>
Have you nominated someone to speak on your behalf (e.g. a person who has Power of Attorney)?	Yes / No	If "Yes", please state their name / address / phone number:

**Women only:**

When was your last smear done?	Date	Was this at your GP's Surgery?	Yes	NO
What was the result of the smear?				
Date of last mammogram (if applicable):	Date	Method of contraception (if used):		
Do you wish to see a doctor in this practice for contraceptive services (including the pill, coil or cap)?			Yes	NO

**Summary Care Records.**

The NHS are changing the way your health information is stored and managed.  
The NHS Summary Care record is an electronic record of important information about your health.  
It will be available to health care staff providing your NHS Care. An information pack has been provided.

Are you happy to have a Summary Care Record?	Yes	No	More Time Required to decide:
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**Patient Participation Group**

The Practice is committed to improving the services we provide to our patients.  
To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better.  
By expressing your interest, you will be helping us to plan ways of involving patients that suit you.  
It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.  
If you are interested in getting involved, please tick the box below and we will arrange for the Practice Patient Participation Group Application Form to be given to you at your initial consultation.

Yes, I am interested in becoming involved in the Practice Patient Participation Group (Please tick the "Yes" Box)	Yes
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Patient Signature:		Signature on behalf of Patient:	
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*Your physical examination will include having your height, weight and blood pressure taken, and a specimen of urine for testing (it would be helpful if you would bring a specimen with you when coming to the Practice).*

*The Consultation will also establish relevant past medical and family history, including:*

- Medical factors - illnesses, immunisations, allergies, hereditary factors, screening tests, current health
- Social factors - employment, housing, family circumstances
- Lifestyle factors - diet and exercise, smoking, alcohol and drug abuse

**Thank you for completing this form**

*For more information about the services we offer, please refer to your new patient pack  
or see our website: [www.allenstreetclinic.com](http://www.allenstreetclinic.com)*

**IDENTIFICATION DOCUMENTS REQUIRED WHEN REGISTERING AS A NEW  
PATIENT**

When returning the completed registration form, please bring your proof of identification. We are unable to register you without this.

**PROOF OF NAME**  
**(One of the following)**

Birth Certificate  
Marriage Certificate  
Driving Licence (valid)\*  
Passport (valid)\*

**PROOF OF ADDRESS; MUST BE DATED WITHIN THE LAST 3 MONTHS**  
**(One of the following)**

Utility Bill  
Council Rent Book  
Bank Statement  
Credit Card Statement  
Letter from Benefits Agency

**\*Please note if applying for Online Access to your medical records, photo ID  
must be produced\***

**Information for our patients**

**We're improving how we communicate with patients.  
Please tell us if you need information in a different format or need  
communication support.**

## Out of area registration

New arrangements introduced from January 2015 give people greater choice when choosing a GP practice. Patients may approach any GP practice, even if they live outside the practice area, to see if they will be accepted on to the patient list.

GP practices have always had the ability to accept patients who live outside their practice area. Regardless of distance from the practice, the practice would still provide a home visit if clinically necessary.

The new arrangements mean GP practices now have the option to register patients who live outside the practice area but without any obligation to provide home visits.

Out of area registration (with or without home visits) is voluntary for GP practices meaning patients may be refused because they live out of area.

If your application is considered the GP practice will only register you without home visits **if it is clinically appropriate and practical in your individual case**. To do this we may:

- Ask you or the practice you are currently registered with questions about your health to help decide whether to register you in this way
- Ask you questions about why it is practical for you to attend this practice (for example, how many days during the week you would normally be able to attend)

If accepted, you will attend the practice and receive the full range of services provided as normal at the surgery. If you have an urgent care need and the surgery cannot help you at home we may ask you to call NHS 111 and they will put you in touch with a local service (this may be a face to face appointment with a local healthcare professional or a home visit where necessary).

We may decide that it is not in your best interests or practical for you to be registered in this way. In these circumstances we may offer you registration with home visits, for example:- if you live just outside the practice area or we may not register you and advise you should seek to register (or remain registered) with a more local practice.

If accepted, but your health needs change, we may review your registration to see if it would be more appropriate for you to be registered with a GP practice closer to your home.

This new arrangement only applies to GP practices and patients who live in England. For further information visit the NHS Choices website ([www.nhs.uk](http://www.nhs.uk)).

**Allen Street Clinic**  
[Access to GP Online Services Form](#)

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

My preferred method of contact is (**tick all that apply**) ☐ Mobile ☐ Email

I agree for the Practice to contact me via text messaging and/or email ☐ Yes ☐ No

I wish to have access to the following online services (**tick all that apply**):

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Access to my medical records which are currently available	<input type="checkbox"/>

[Application for online access to my medical record](#)

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

I have read and understood the information on the reverse of this form	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

***\*\*Please note that you will need to collect your login details from the surgery before you can gain access to the online service\*\****

Signature		Date	
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**For practice use only**

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Name of Verifier	Date
Staff Name authorising Access			Date

## Important Information

### Please read before returning this form

If you wish, you can now use the internet/mobile phone to book appointments with a GP, request repeat prescriptions for any medications you take regularly, look at your test results, Immunisations and medical records all online. Also, you can still call the surgery for any queries regarding the above services. It's your choice.

**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 for any reason you cannot do this, we recommend that you contact the practice so that they can remove your online access until you are able to reset your password.

**If you print out any information from your records, it will be your responsibility to keep this safe and secure. If you are at all worried about keeping printed copies safe and secure, 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 the following happening are very small, you will be asked if you have read and understood the following before you are given login details from our Staff Member.

### **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.

### **Misunderstanding Medical 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.

## Further Information

For more information about keeping your healthcare records safe and secure please visit our website: [www.allenstreetclinic.com](http://www.allenstreetclinic.com)



## Information for new patients: about your Summary Care Record

### Dear Patient,

If you are registered with a GP practice in England you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

### You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf

- a) **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies and adverse reactions only.
- b) **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies and adverse reactions and further medical information that includes: Your significant illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- c) **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

Please note that it is not compulsory for you to complete this consent form. If you choose not to complete this form, a Summary Care Record containing information about your medication, allergies and adverse reactions and additional further medical information will be created for you as described in point b) above.

The sharing of this additional information during the pandemic period will assist healthcare professionals involved in your direct care and has been directed via the Control of Patient Information (COPI) Covid-19 – Notice under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002.

If you choose to complete the consent form overleaf, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

## Summary Care Record Patient Consent Form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP Practice:

### Yes – I would like a Summary Care Record

☐ Express consent for medication, allergies and adverse reactions only

**or**

☐ Express consent for medication, allergies, adverse reactions and additional information

### No – I would not like a Summary Care Record

☐ Express dissent for Summary Care Record (opt out)

Name of Patient: .....

Address: .....

Postcode: ..... Date of Birth: .....

NHS Number (if known): .....

Signature: ..... Date: .....

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name: .....

**Please circle one:**      Parent              Legal Guardian              Lasting power of attorney  
for health and welfare

If you require any more information, please visit <http://digital.nhs.uk/scr/patients> or phone NHS Digital on 0300 303 5678 or speak to your GP practice.

## SHARED MEDICAL RECORDS



### OPT-IN/OUT FORM

#### MUST BE COMPLETED IN ALL CASES

I AGREE TO A SHARED MEDICAL RECORD I DO NOT AGREE ☐

TO A SHARED MEDICAL RECORD ☐

Health services in North Staffordshire and Stoke-on-Trent are introducing a new system of sharing medical records.

If you attend the Accident and Emergency Department, Acute Medical Unit, Surgical Assessment Unit or the Frail Elderly Assessment Unit at University Hospital of North Staffordshire, the Consultants/Doctors there will be able to view some of your GP medical record - but only with your permission.

#### A. Please complete in BLOCK CAPITALS

Title .....Surname / Family name .....

Forename(s).....

Address.....

.....

Postcode..... Telephone No.....Date of birth.....

NHS number (if known).....Signature.....

#### B. If you are filling out this form on behalf of another person or child, please ensure you fill out their details in section A and your details in section B

Your name.....Your signature.....

Relationship to patient.....Date.....

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#### Office use only:

Opt-out code added to patient's medical record:

Actioned by practice: yes/no

Date.....

This service is offered jointly by Stoke-on-Trent Clinical Commissioning Group, North Staffordshire Clinical Commissioning Group and University Hospital of North Staffordshire



## How we keep your records confidential

Everyone working for the NHS has a legal duty to keep information about you confidential.

### We have a duty to

- Maintain full and accurate records of the care we provide to you
- Keep records about you confidential, secure and accurate
- Provide information in a format that is accessible to you (i.e., in large type if you are partially sighted).

We **will not** share information that identifies you for any reason, unless:

- you ask us to do so;
- we ask, and you give us specific permission;
- we must do this by law;
- we have special permission for health or research purposes or
- we have special permission because the interests of the public are thought to be of greater importance than your confidentiality



**Our guiding principle is that we are holding  
your records in  
STRICT CONFIDENCE**

## Who are our partner organisations?

We may share information with the following main partner organisations:

- NHS England
- Our Commissioners
- NHS Trusts / Organisation (Hospitals, CCG's)
- Ambulance Service
- Social Services

We may also share your information, **with your** consent and subject to strict sharing protocols about how it will be used,

With:

- Education Services
- Local Authorities
- Voluntary Sector Providers
- Private Sector

**Anyone who receives information from us also has a legal duty to:**

**KEEP IT CONFIDENTIAL!**

### If you believe the Trust has breached any of your Data Protection Rights.

You have a right to complain to the UK supervisory Authority as below.

Information Commissioner:  
Wycliffe house  
Water Lane  
Wilmslow  
Cheshire SK9 5AF  
Tel: 01625 545745  
<https://ico.org.uk/>

## How we use your Information

**Allen Street Clinic**

**Updated for the GDPR 2016  
and Data Protection Act 2018**

*Better information, better health*

### This leaflet explains:

- **Why the Practice collects information about you and how it is used**
- **Who we may share information with**
- **Your right to see your health records and how we keep your records confidential**

## Why we collect information about you

In the Practice we aim to provide you with the highest quality of health care. To do this we must keep records about you, your health and the care we have provided or plan to provide to you.

These records may include:

- Basic details about you, such as address, date of birth, next of kin
- Contact we have had with you such as clinical visits
- Details and records about your treatment and care
- Results of x-rays, laboratory test etc.,
- Relevant information from people who care for you and know you well, such as health professionals and relatives

It is good practice for people in the NHS who provide care to:

- **discuss and agree with you what they are going to record about you**
- **give you a copy of letters they are writing about you; and**
- **show you what they have recorded about you, if you ask.**

We will only store your information in identifiable form for a long as in necessary in and in accordance with the NHS England's Rules found here: -

[NHS Records Management code](#)

## How your records are used

The people who care for you use your records to:

- Provide a good basis for all health decisions made by you and care professionals
- Allow you to work with those providing care
- Make sure your care is safe and effective, and
- Work effectively with others providing you with care

**Others may also need to use records about you to:**

- check the quality of care (such as clinical audit)
- protect the health of the public
- keep track of NHS spending
- manage the health service
- help investigate any concerns or complaints you or your family have about your health care
- teach health workers and
- help with research

Some information will be held centrally to be used for statistical purposes. In these instances, we take strict measures to ensure that individual patients cannot be identified.

We use anonymous information, wherever possible, but on occasions we may use personally confidential information for essential NHS purposes such as research and auditing. However, this information will only be used with **your consent**, unless the law requires us to pass on the information.

## The Legal Part

You have a right to privacy under the General Data Protection Regulation 2016 (GDPR) and the Data Protection Act. The Practice needs your personal, sensitive and confidential data in order perform our statutory health duties, in the public interest or in the exercise of official authority vested in the controller in compliance with Article 6 (e) of the GDPR and for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the in compliance with Article 9, (h) of the GDPR.

You have the right to ask for a copy of all records about you.

- Your request should be made to the practice holding your information
- We are required to respond to you within one Month
- You will need to give adequate information (for example full name, address, date of birth NHS number etc.)

To Access your record contact:

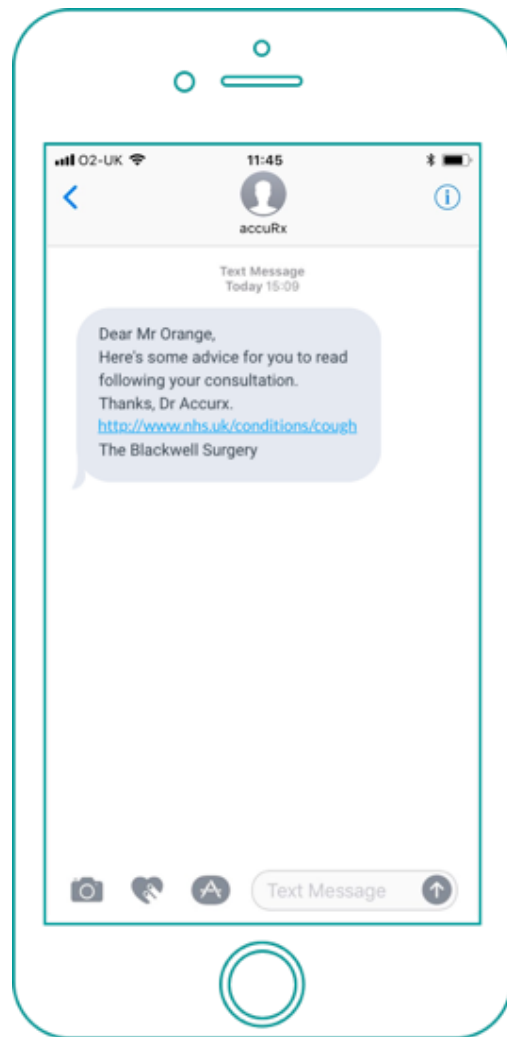
Reception Team, Allen Street Clinic, Allen Street, Cheadle, Staffordshire **Tel: 01538 752674**

**If you think anything is inaccurate or incorrect, please inform the Practice as soon as possible. For other rights about the use of your information please see our website.**

The Practice Data Protection Officer is **Hayley Gidman, Head of Information Governance, Midlands and Lancashire CSU.**  
**Email: [mlcsu.dpo@nhs.net](mailto:mlcsu.dpo@nhs.net) Tel : 01782 872648**



# We are now using Chain SMS to message patients!



## Chain SMS is...

A system which allows us to easily send text messages to patients. It means we can be much more proactive about some communications, messaging you quickly and securely, so you are not waiting around to hear from us!

## Some examples of how we might use it...

- Reminders or notifications (e.g. prescription ready)
- Responding to simple queries (e.g. if you had a quick question about your medication)
- Letting you know we tried to call
- Sending you advice at the end of a consultation

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The Practice name will always be at the bottom of the message. You won't be able to reply them. Please help us to help you by keeping your number up to date. If you don't want us to contact you in this way please let us know.