

## Patient Registration Form

### **Personal Details**

Title: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

### **Contact Details**

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

### **Occupation**

Employed / Unemployed / At School / College (delete as appropriate)

School / College: \_\_\_\_\_

### **Next of Kin / Emergency Contact**

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Contact details: Telephone \_\_\_\_\_ Mobile: \_\_\_\_\_

### **Ethnic Origin**

Please give ethnicity detail: \_\_\_\_\_

Languages spoken: \_\_\_\_\_ Interpreter Required: \_\_\_\_\_

### **Smoking Status**

Smoker: YES / NO (please delete as appropriate)

### **Online Services**

I would like to register for:

**Text messaging** (appointment confirmation and reminders, health information and review)

YES / NO (please delete as appropriate)

**Email and access to Online Services** (make/cancel appointments, order repeat prescriptions, access to medical record)

YES / NO (please delete as appropriate)

**Summary Care Record** (an electronic medical record containing key health information available to NHS healthcare staff caring for you in an emergency or when a GP practice is closed)

YES / NO (please delete as required. If no please ask for an opt out form from Reception)

**Information Sharing**

I \_\_\_\_\_ have today been given the opportunity to discuss sharing of my patient record and have understood the information in the Patient Registration Pack.

I understand that the same record is used to store information recorded by different members of the care teams who are currently involved in providing care, including but not limited to, doctors surgeries, district nurses, health visitors, physiotherapists, podiatrists, social care and child health. I understand that I will be asked to give consent by each care team before they are able to access any shared data about me.

**Share Out**

**I would / would not** (delete as required) like the information recorded at Bilborough Medical Centre & Assarts Farm Medical Centre to be available to other care teams who are involved in my care where I have granted those care teams access to see my shared data.

**Share In**

**I would / would not** (delete as required) like the information recorded at other care teams who are involved in my care to be seen by members of the team at Bilborough Medical Centre and Assarts Farm Medical Centre, where I have granted those care teams access to add my shared data.

I understand I can change my decision at any time.

Patient Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

\_\_\_\_\_  
Vouched for by (name) \_\_\_\_\_ Date \_\_\_\_\_

ID Taken, Type and Number \_\_\_\_\_  
\_\_\_\_\_