THE LEITH HILL PRACTICE NEW PATIENT REGISTRATION

Patient's details: **Please complete in BLOCK CAPITALS and tick [√] as appropriate**

**** Please make sure all greyed out sections are completed ****

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Rev ☐ Other	Surname:
Date of Birth:	First Name:
NHS No:	Previous Surname/s:
☐ Male ☐ Female	Town and Country of Birth:
Home Address:	
	Postcode:
Tel Home:	Mobile/Work: Email:

IF YOU ARE REGISTERING A CHILD UNDER 16:

Mother's: First Name: Surname:

IF YOU ARE REGISTERING A CHILD UNDER 5:

☐ I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

PLEASE HELP US TRACE YOUR PREVIOUS MEDICAL RECORDS BY PROVIDING THE FOLLOWING INFORMATION:	
Your previous address in the UK:	Name of previous doctor while at that address:

IF YOU ARE FROM ABROAD:

Your first UK address where registered with a GP:

Name of GP whilst living at that address:

If previously registered in UK, date of leaving:	Date you first came to live in UK:

IF YOU ARE RETURNING FROM THE ARMED FORCES:

Address before enlisting:

Service or Personnel number:	Enlistment date:

ETHNIC GROUP:

White: ☐ British ☐ Irish ☐ Other	If Other please specify:
Black: ☐ Caribbean ☐ African ☐ Other	If Other please specify:
Asian: ☐ Indian ☐ Pakistani ☐ Chinese ☐ Other	If Other please specify:

Mixed: ☐ White + Black Caribbean ☐ White + Black African ☐ White + Asian ☐ Other

If Other please specify:

IF YOU NEED YOUR DOCTOR TO DISPENSE MEDICINES AND APPLIANCES:

☐ I live more than 1 mile in a straight line from the nearest chemist

DO YOU HAVE ANY SPECIAL COMMUNICATION NEEDS? ☐ **Yes** ☐ **No**

If yes: ☐ **Sign Language** ☐ **Large Print** ☐ **Other**

DO YOU REQUIRE ACCESS TO OUR ONLINE APPOINTMENT BOOKING AND REPEAT MEDICATION REQUESTING SERVICE (SYSTMONLINE)?

☐ **Yes** ☐ **No** If yes, you must provide your email address (on previous page).

Please contact the surgery if you do not receive a verification email within 10 days.

GENERAL DATA PROTECTION REGULATION (GDPR)

The security of patient data is our priority, we respect privacy and work hard to meet strict regulatory requirements. In line with the new regulations, we have recently updated our Privacy Notices. Please ask at Reception if you wish to see them in detail.

CARERS:

Do you have a carer? (If yes please give details) ☐ Yes ☐ No

Are you a carer? (If yes please give details) ☐ Yes ☐ No

If you answer yes to above: name of person you care for / relationship:

NHS ORGAN DONOR REGISTRATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death (Please tick as appropriate)

☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas ☐ Any part of the body

Signature confirming consent to organ donation **Date**

For more information, please ask for the leaflet on joining the NHS Organ Donor Register at Reception

NHS BLOOD DONOR REGISTRATION

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years ☐

Signature confirming consent to inclusion on the NHS Blood Donor Register **Date**

For more information, please ask for the leaflet on joining the NHS Blood Donor Register at Reception

Signature of patient **Signature on behalf of patient** **Date**

Summary Care Records

NHS

Your emergency care summary

CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice

A. Please complete in BLOCK CAPITALS

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

Forename(s) .....

Address .....

Postcode..... Phone No..... Date of birth .....

NHS Number (if known)..... Signature .....

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

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

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

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please contact your GP practice.

FOR NHS USE ONLY

Actioned by practice: yes / no Date.....