

CLAPHAM FAMILY PRACTICE – NEW UNDER 16 PATIENT REGISTRATION FORM

EMIS#

GENERAL INFORMATION ABOUT YOU

PLEASE COMPLETE EVERY QUESTION AND IN BLOCK CAPITALS

Title	First Names	Surname	
Date of Birth	/ /		
Previous Surname	Email address		
Home Telephone	Gender – Please Circle Male Female	Mobile Telephone	
IF YOU WOULD NOT LIKE TO RECEIVE ANY COMMUNICATION BY TEXT MESSAGES PLEASE TICK HERE			
IF YOU WOULD NOT LIKE TO RECEIVE ANSWERPHONE MESSAGES REGARDING RESULTS, PLEASE TICK HERE			
Town and Country of Birth	NHS number		
Current Address	Previous UK address		
	Post Code:	Post Code:	
Name of previous GP in UK	Address of previous GP in UK		Post Code:
If you are from abroad please supply your FIRST UK address where registered with a GP		Post code:	
If you previously resided in the UK what was the Date of leaving? / /		If from abroad what was the date that you first came to live in the UK? / /	
Do you have private insurance?		YES	NO

Please either bring this form in person to Reception, or send by post or email.
 Clapham Family Practice, Reception, Mary Seacole Centre, 89 Clapham High Street,
 London SW4 7DB. Tel: 0203 049 6600. Email: LAMCCG.claphamfamily@nhs.net



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NATIONALITY & LANGUAGE

What is your Country of birth?		Do you need an Interpreter or translator?	
What do you consider your Nationality?		Can you read English?	
What is your main spoken Language?		Do you need large print?	
Which language do you prefer to read?		Do you use lip reading?	
		Do you rely on British Sign language?	
What is your religion? If none please state none			

ETHNICITY

Please tick the one option that is most appropriate in one heading only

1 Asian or British Asian		4 Mixed Background	
Bangladeshi		White + Asian	
Indian		White + Black African	
Pakistani		White + Caribbean	
Other Asian (please State)		Any other mixed (please state)	
2 White		4 Black or Black British	
British		African	
Irish		Caribbean	
Other white (please state)		Any other black background (please state)	
3 Chinese or other Ethnic Group			
Chinese		Any other? Please state	

NEXT OF KIN

Title		First Name		Relationship	
Surname					
Address				Telephone	Home:
					Work:
					Mobile:
Post Code		Do you consent to share records with your next of kin? Yes / No (Please Circle)			

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FAMILY & CONTACT DETAILS

Brother's & Sisters Details (IF APPLICABLE)		
Surname	First Names	Date of Birth

Parents Details		
Surname	First Names	Date of Birth

School / Carer Details		
Nursery	Child Minder / Carer	School
NAME	NAME	NAME
ADDRESS	ADDRESS	ADDRESS
TELEPHONE NUMBER	TELEPHONE NUMBER	TELEPHONE NUMBER

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PARENTAL CONSENT FOR RESPONSIBLE ADULT CONSULTATION ATTENDANCE

RESPONSIBLE ADULT #1

This is a formal contract between Clapham Family Practice and you.

I give consent for to attend in place of me, any consultation they can agree on my behalf any treatment or vaccination needed.

Third Party Relationship to child:

Signed:

Print Name:

Childs Name:

RESPONSIBLE ADULT #2

This is a formal contract between Clapham Family Practice and you.

I give consent for to attend in place of me, any consultation they can agree on my behalf any treatment or vaccination needed.

Third Party Relationship to child:

Signed:

Print Name:

Childs Name:

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Disclosure

I agree to disclose all material facts regarding my healthcare to practice clinicians. The practice agrees that we will not share any information about you without your consent. Referrals to social services or specialist services which are made at your request imply consent.

Appointments

I agree to attend on time for all appointments. I agree to call the practice to cancel any appointments that I cannot attend. I acknowledge that should I arrive late for an appointment I may be asked to rebook. I accept that the practice has the right to remove me from the list if I do not adhere to this agreement. The practice agrees to notify you if your appointment is being cancelled by the practice and offer you an appropriate alternative.

Emergency Appointments

I acknowledge that the practice operates on an appointment system and that I will be offered an appointment within two working days or a telephone consultation when appropriate. I acknowledge that a limited number of emergency appointments may be available each morning for conditions that are regarded by the patient as medical emergencies which have arisen in the previous 48 hours and require immediate medical treatment. I appreciate that this is a triage service and may result in a request that I make a routine appointment. I am aware that sick notes or repeat prescriptions will not be entertained in emergency appointments.

Home Visits

A doctor can see 8 patients during the time it takes to visit a patient at home. Home visits ought to remain confined to house bound patients. I agree that when possible I will only request a home visit when I am unable to come to the surgery and I will request a visit no later than 11:00am. I acknowledge that if I request a home visit the on call doctor will telephone me and advise me of the most appropriate care option. Home visits can only be to your registered address.

Zero tolerance

The practice has a zero tolerance for prejudice on the basis of race, creed, gender or sexuality. This applies to patients as well as staff. I accept that the practice can remove me from the list if I behave in an abusive, aggressive, threatening manner to any other patient or to a staff member.

Patient Group

The practice has a patient group which advises on services and administration. Would you be prepared to put your name forward for this group when a vacancy arises?

PLEASE CIRCLE **YES** **NO**

PLEASE TICK HERE IF YOU ARE SIGNING ON BEHALF OF THE PATIENT

Print Name:

Signed:

Date:

CLAPHAM FAMILY PRACTICE – PATIENT INFORMATION SHARING

NHS Patient Information Sharing – My Choices

Please complete and/or tick the grey boxes below to detail your personal decisions regarding the following aspects of NHS patient data sharing:

It is very important you sign this form to say that you understand and accept the risks to your personal health care if you do decide to opt out of Summary Care Record.

Hand the completed form in to your GP Surgery; they will scan this form into your NHS GP Medical Records and enter the appropriate computer codes.

Patients full NAME

Patients DATE OF BIRTH

1. SCR - NHS SUMMARY CARE RECORD

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.

Please tick only one box.

- Express consent for medication, allergies and adverse reactions only
- Express consent for medication, allergies, adverse reactions and additional information
- Express dissent – Patient does not want a Summary Care Record and fully understands the risks involved with this decision

2. CARE.DATA

care.data is a new programme where information on GP records will be shared with the Health and Social Care Information Centre (HSCIC). This is to help the NHS plan and improve patient care for the whole country. GP surgeries by law have to allow this transfer of information (data).

However, if you choose not to allow information about you to be shared, you can opt out. If you opt out, your GP can put a code on your records so they can't be shared.

- I wish to dissent from disclosure of patient identifiable information about me to HSCIC
- I wish to dissent from disclosure of information about me from HSCIC to other external organisations

Signed:

Date:

ACTIONED BY PRACTICE YES NO DATE: / /

CLAPHAM FAMILY PRACTICE – PATIENT WELCOME



Dear Patient

Thank you for taking the time to complete these forms. This information enables us to ensure that we can design and deliver services more effectively for your needs.

Please remember that information held in your medical records is **confidential** and will only be shared with your consent.

Public Health research often requires the collection of anonymised data about large numbers of people. This practice is part of Lambeth Datanet and population information is used to ensure that services developed locally accurately reflect the varied needs of the population.

The NHS is a free service for those who are entitled to it. The role of Primary Care clinicians is to assess your condition and decide the best method of investigation or management. Onward referral to specialist services on the NHS or under private insurance is based on need and often requires some investigations and treatments to be initially provided in primary care.

Further information about the services we provide is available in the Practice leaflet and on our website www.theclaphamfamilypractice.co.uk.

When you first attend the Practice, please bring with you a document showing recent proof of your address, within our catchment area and within the last three months.

Once registered you will receive a new NHS Card within 8 to 12 weeks.

For information on booking appointments and ordering repeat prescriptions online, please ask Reception once you have registered.

FOR OFFICE USE ONLY	
STAFF NAME	
DATE STAMP	