

New Patient Registration Form - ADULT

Please complete this form and then email: general.ebhc@nhs.net along with photo ID (passport or driving licence) and proof of address (utility bill in the last 3 months)

PATIENT DETAILS

SURNAME*:	FIRSTNAME*:
DATE OF BIRTH*:	SEX*: MALE FEMALE NONBINARY
MOBILE PHONE No*:	HOME PHONE No*:
NHS NUMBER*:	MARITAL STATUS:
DOOR ACCESS KEY CODE (if required for home visit):	
ADDRESS:	
LANGUAGE:	BIRTH: CITY COUNTRY

ETHNICITY (Please tick a box)

White British	Mixed Other	Black African
White Irish	Indian	Black-Other
White Other	Pakistani	Chinese
White & Black Caribbean	Bangladeshi	Other ethnic group (enter below)
White & Black African	Asian-Other	
White & Asian	Black Caribbean	
		Entered in UK:

NEXT OF KIN AND CARER STATUS

EMERGENCY CONTACT NAME:
EMERGENCY CONTACT NUMBER:
EMERGENCY CONTACT RELATIONSHIP:
ARE YOU A CARER FOR SOMEONE?... NAME & CONTACT DETAILS:
DOES SOMEONE CARE FOR YOU?... NAME & CONTACT DETAILS:

CONSENT

MEDICAL RECORD SHARING allows your GP medical records to be made available to authorised healthcare professionals involved in your care. **IF YOU DO NOT WANT YOUR GP RECORD SHARED TICK HERE:**

It is our policy to never sell any of your information to 3rd party organisations or share information which is not directly beneficial to the delivery of care to you individually or our practice population.

SUMMARY CARE RECORD contains details of your key health information – medications, allergies and adverse reactions. They are accessible to authorised healthcare staff in A&E Departments throughout England. You will always be asked your permission before anybody looks at your Summary Care Record. **IF YOU DO NOT WANT TO SHARE YOUR SUMMARY CARE RECORD TICK HERE:**

The Care.data Programme Collates information about you and the care you receive. It links information from all the different places where you receive care, such as your GP, hospital and community services, to help them provide a full picture of your medical needs and the care you are receiving. This data is made available to NHS Commissioners so that they can design integrated services and is shared with third parties for research purposes.

I WISH TO OPT OUT FROM MY PERSONAL CONFIDENTIAL DATA BEING SHARED OUTSIDE MY GP PRACTICE:

I WISH TO OPT OUT FROM MY DATA BEING SHARED WITH THIRD PARTIES:

CONSENT TO DISCUSS MY MEDICAL RECORDS this allows a family member/spouse to discuss your full medical records with your GP on your behalf.

I WISH TO GIVE CONSENT TO DISCUSS MY MEDICAL RECORDS ON MY BEHALF.

RELATIONSHIP TO THE PATIENT CONTACT NUMBER

ONLINE ACCESS

The primary method of communication with the practice is via the NHS app wherever possible. This allows you to do the following without needing to contact the surgery by phone:

- ✓ Book / Cancel appointments
- ✓ Order repeat prescriptions
- ✓ View your detailed medical history
- ✓ View your test results

To obtain Online Access via the NHS app: <http://www.nhs.uk/nhsapp> which can be accessed via tablet and smartphone. It is your responsibility to ensure that your access details are not used by anyone else. If you lose your log-in details you can request a user ID reminder and/or password reset from the system. The Practice does not have access to your password. If you print out any information from your record, it is your responsibility to keep it secure. If you are worried about keeping printed copies safe, we recommend that you do not make copies at all.

YES I WOULD LIKE TO REGISTER FOR ONLINE ACCESS*

Please allow 7 days from submitting this form, before you download the app

NO I WOULD NOT LIKE TO REGISTER FOR ONLINE ACCESS*

If **YES** please provide the following information Email address*:

If you would like to access the health record of your child(ren) who are under the age of 16, please contact the practice and ask for a proxy form, for "patient access".

ELECTRONIC PRESCRIPTION SERVICE*

All prescriptions must be sent via EPS, where possible. This helps with paper wastage and means prescriptions can be sent straight to your preferred chemist. You must set this up now, even if you do not currently take any medication. You will be able to change your preference in the future, should you wish.

Please select from one of our local pharmacies below. This is not an exhaustive list, if you would like to use a pharmacy that isn't listed please enter their details.

S V R, 147 E Barnet Rd, EN4 8QZ

Brand Russell, 280 E Barnet Rd, EN4 8TD

Lloyds, 209 Woodhouse Rd, N12 9AY

Other Pharmacy not stated above (Name, Address & Postcode):

TEXT MESSAGE COMMUNICATION

The practice communicates heavily by text message. Please read the following carefully.

I consent to the practice contacting me on my mobile number by text message for any purpose relating to my health, including appointment reminders, health promotion and confidential medical information.

I acknowledge that I must cancel appointments in advance, if I am unable to attend, by replying to the appointment confirmation text message. Failure to do so may result in my removal from the practice.

I understand that it is my responsibility to make sure my contact details are correct and update the practice of any changes to that information. East Barnet Health Centre will not be held responsible for confidential information being sent to incorrect contact details in this case.

I am happy to receive **all** information,
including clinical information by text*

I do **not** wish to receive any
information by text*

PATIENT DECLARATION: To the best of my knowledge all the preceeding answers are true and correct.

Sign*

Print Name*

Date*