

**RAVENSWORTH SURGERY**

Horsley Hill Road  
 South Shields, NE33 3ET  
 Tel: 0191 455 2093  
 Email [NOT for personal health related queries]:

**THE MEDICAL CENTRE**

Wear Street  
 Jarrow, NE32 3JN  
 Tel: 0191 428 0606  
[Stynccg.a88608@nhs.net](mailto:Stynccg.a88608@nhs.net)

**APPLICATION TO REGISTER-PLEASE COMPLETE IN FULL ALONG WITH GMS1 FORM**

**PLEASE ALSO ENSURE YOU READ ALL SUPPLEMENTARY INFORMATION AND COMPLETE CHOICES WHERE INDICATED/DESIRED, THIS IS ESPECIALLY IMPORTANT REGARDING USAGE AND SHARING OF YOUR PERSONAL INFORMATION.**

**PATIENT INFO**

Title <i>β</i>		Forename <i>β</i>		Surname <i>β</i>	
Date of Birth <i>β</i>		NHS Number <i>β</i>		Marital Status <i>β</i>	
				<input type="checkbox"/> Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid	
				Sex <i>β</i>	
				<input type="checkbox"/> M <input type="checkbox"/> F	
Home Name / Number & Street <i>β</i>			Town / City <i>β</i>		Postcode <i>β</i>
Nursing Home Pt <input type="checkbox"/> or Residential Home Pt <input type="checkbox"/>			Home Telephone Number:		
Email address[only used to validate and verify patient] :			Mobile Telephone Number:		
Occupation →					
Have you served in the Armed Forces? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, during which period of time [this helps identify any missing medical records, which the forces would be holding]:					
Ethnic Origin <i>β</i>					
<input type="checkbox"/> White British <input type="checkbox"/> Black or Black British <input type="checkbox"/> Asian or Asian British <input type="checkbox"/> Chinese <input type="checkbox"/> Mixed <input type="checkbox"/> Other [state].....					
What is your main spoken language? : ..... Will you require an interpreter? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Do you have any information or communication difficulties [ie: visual/hearing/other]?.....					
If so, how can we meet your needs in this respect?.....					

**NEXT OF KIN INFO (Emergency Contact)**

Title <i>β</i>		Forename <i>β</i>		Surname <i>β</i>	
Date of Birth <i>β</i>		NHS Number <i>β</i>		Marital Status <i>β</i>	
				<input type="checkbox"/> Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid	
				Sex <i>β</i>	
				<input type="checkbox"/> M <input type="checkbox"/> F	
Home Name / Number & Street <i>β</i>			Town / City <i>β</i>		
County <i>β</i>			Postcode <i>β</i>		
Home Telephone Number <i>β</i>			Mobile Telephone Number <i>β</i>		
Occupation :					
Relationship to Patient <i>β</i>					
<input type="checkbox"/> Spouse / Partner <input type="checkbox"/> Mother / Father <input type="checkbox"/> Brother / Sister <input type="checkbox"/> Son / Daughter <input type="checkbox"/> Uncle / Aunt <input type="checkbox"/> Other					
.....					

**CARER INFO**

Do you have a carer (anyone who looks after you during illness, this could be husband or wife, relative or friend) ?  
 YES  NO If yes, what is their relationship to you?.....

Title <i>β</i>		Forename <i>β</i>		Surname <i>β</i>	
Date of Birth <i>β</i>		NHS Number <i>β</i>		Marital Status <i>β</i>	
				<input type="checkbox"/> Single <input type="checkbox"/> Mar <input type="checkbox"/> Div <input type="checkbox"/> Sep <input type="checkbox"/> Wid	
				Sex <i>β</i>	
				<input type="checkbox"/> M <input type="checkbox"/> F	
Home Name / Number & Street <i>β</i>			Town / City <i>β</i>		
County <i>β</i>			Postcode <i>β</i>		
Home and/or Mobile Telephone Number :					
Are <b>you</b> a carer to anyone? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, to whom? ie: spouse/parent etc [no names]:					

### FAMILY HISTORY

Is there a history of any of the following? *β* If yes, please state whether parent/sibling/aunt/uncle etc

Diabetes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Coronary Heart Disease	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Chronic Obstructive Airways Disease:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Asthma:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hypertension:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Osteoporosis:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

### CURRENT MEDICATION

Please list any medication you are currently taking, including over the counter medicines, HRT or contraceptives. *β*


### HEALTH PROMOTION AND PREVENTIVE CARE

**Children:** up to date with childhood immunisations?  YES  NO

**Adults:** Please list any holiday/occu.health vax given:

**Females:**

Aged 25 to 65, are you up to date with smears?

YES  NO

When was your last smear?

Are you currently pregnant?

YES  NO

Where was your last smear taken?

If yes, Date of ECD *β*

If you are using contraceptives please specify *β*

### DECLARATION

Please note this practice focuses on health education and preventative care and therefore encourages patients to take responsibility for their own healthcare by being up to date with childhood immunisations, cervical smears and other health related screening.

A New Patient Medical with the HCA or Practice Nurse is a final stage to registration-please ensure you keep that appointment but, should something prevent you from attending, please contact reception beforehand to change the date & time.

Please bring a urine sample with you to this appointment-sample bottles available from reception.

I accept responsibility for my own healthcare working in partnership with the practice and confirm I have read all supplementary information given about contact preferences, data sharing and data sharing choices as well as indicating whether or not I give consent for NOK and/or carers to be contacted in emergency situations.

Signed:

Date:

### OFFICE USE ONLY

ACCEPTED

REJECTED

## **IMPORTANT DATA SHARING INFORMATION AND CHOICES ADVICE SHEET-RAVENSWORTH SURGERY**

**1-Summary Care Record.** This practice is an SCR practice.

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 who 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 by ticking the relevant box.

**Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.

**Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your 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.

**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.

*If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions.*

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

**2- Community Team sharing.** This practice shares information with relevant community teams whom may need to care for you ie; district nurses, community matrons etc. Your **WHOLE** medical record will be visible. This also means that we will be able to view what the community teams have done for you.

Each community health care professional should ask your permission **BEFORE** linking in to view your medical record, unless exceptional and/or life threatening risks are prevalent.

Sharing your whole record with professionals caring for you, ensures continuity and safer care.

If you **DO NOT** want your record to be shared in this manner, please indicate here :

**3-Data leaving GP surgery** ie non-identifiable information on certain illnesses, for purposes of monitoring % increase or decrease in said illnesses. If you **do not** wish ANY of your information to leave the GP surgery, other than to be used for your individual care, please confirm you wish to make a TYPE 1 Objection here :

**4-NHS Digital** also collects data from a **variety of sources**, not just GP surgeries. Please read the leaflet enclosed.

If you wish to “**opt out**” of NHS Digital using any of your information from ANY care provider services, please telephone them on the number given or go online-the surgery **CANNOT** do this for you.

**5-Mjog text messaging and Accurx SMS messaging-** The surgery uses Mjog & AccuRx mobile ‘phone messaging services to remind of appointments and occasionally other health related matters. Please ensure your personal mobile ‘phone number is always updated with us.

If you wish to opt out of this service please tick here :

**6-NOK and/or Carers.** Where you have given details of NOK and/or carers, there may be instances when we need to urgently discuss medical problems and/or recommendations for your health care and we have been unable to speak with you directly [*ie: we cannot get in touch via your contact details or you have failed to respond*]-under such circumstances may we contact your NOK and/or carer to discuss the concerns with them? Yes  No