Registration Form

Please write clearly to avoid any delay in your registration

Personal Details

Title:	☐ Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Dr	Gender	☐ Male ☐ Female
First Name :		Surname:	
Date of Birth:		NHS Number:	
Home Address:			
Postcode:		Home No:	
Mobile No:			
Email:		Occupation:	
Country of Birth:		Town of Birth:	
If born in London, please state the borough you were born in:			
Have you had a GP in the UK?	☐ Yes ☐ No	If no please provide the date you entered the UK:	
Name of previous GP surgery & postcode:			

Next of Kin Details

Full Name		Relationship to you:	
Home No:		Mobile Number:	

Ethnicity & Language

Please select your ethnic group:			
	☐ White British	☐ White Irish	☐ Other White Ethnic Group
	☐ Pakistani	☐ Indian	☐ Bangladeshi
	☐ Chinese	☐ Other Asian Ethnic Group	☐ Black African
	☐ Black Caribbean	☐ Other Black Ethnic Group	☐ Black African & White
	☐ Black Caribbean & White	☐ Asian & White Mixed	

Main Language:		Do you require an interpreter?	☐ Yes ☐ No

Carer Details

Do you have a carer?	☐ Yes ☐ No	Are you a carer?	☐ Yes ☐ No
Carers Name:		Name of person you care for:	
Carers Address:		Their address:	
Contact Number		Contact Number	

Smoking & Alcohol

Smoking Status:	☐ Never Smoked ☐ Current Smoker ☐ Ex-Smoker Date stopped:___________________	Type of Smoker :	☐ Cigarette Smoker ☐ Cigar Smoker ☐ Pipe Smoker
If current or ex-smoker please state how many smoked per day:			
Would you like to be referred to the Stop Smoking Service?	☐ Yes ☐ No ☐ N/A		
Alcohol Status:	☐ Current Drinker ☐ Ex-Drinker ☐ Never Drunk Alcohol	How often do you have a drink containing Alcohol?	☐ Never ☐ Monthly or Less ☐ 2 - 4 times a month ☐ 2 - 3 times a week ☐ 4 or more times a week
How many units of alcohol do you drink on a typical day when you are drinking?	☐ 1 or 2 ☐ 3 or 4 ☐ 5 or 6 ☐ 7 or 8 ☐ 10 or more	How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily

Medical History

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Do you or have you suffered from any of the following?	☐ Asthma ☐ High Blood Pressure	☐ Diabetes ☐ Cancer	☐ Epilepsy ☐ Pneumonia
Please list any medication you take:			
Are you allergic to any medication? If yes please state:	☐ Yes ☐ No	Medication name:___	
Are you allergic to anything else? If yes please state:	☐ Yes ☐ No	Allergic to:___	

Family History

Does anyone in your family suffer from (present/ in the past) any of the following health problems, if so please indicate their age in the table below?

	Mother	Father	Aunt	Uncle	Grandmother	Grandfather	Sister	Brother
Heart Attack								
Diabetes								
Stroke								
Asthma								
High Blood Pressure								
Cancer								

Vaccination History ***Please provide a copy of immunisation records including travel vaccinations***

Please provide details of any vaccinations you have had:

Vaccination	**Date Given**	**Where was it given?**

Online Services

In order to access a range of on-line services including appointment making, repeat prescription requests and to view a summary of your records please tick here ☐ **NB Photo-ID required.**

Text message Services

We sometimes send appointment text message reminders so please let us know if you would prefer us not to.

Would you like to receive text message reminders?	☐ Yes ☐ No

Patient signature:		**Date completed:**	

FOR SURGERY USE ONLY			
Proof of address checked & address confirmed	☐ Yes ☐ No	Checked by:	
Photo ID verified	☐ Yes ☐ No		
Date registration added to Systm One:		Added by:	

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NHS
Hammersmith and Fulham
Clinical Commissioning Group

Sharing your medical information

Your choices

Health professionals are trained to keep your records secure and to manage them responsibly and in confidence.

Your GP can now see your medical record held in other health organisations that provide your care e.g. your hospital or health centre. Health professionals e.g. your hospital doctor, district nurse, or physiotherapist treating you can also see your full GP record if you give your permission when they see you.

Sharing your records benefits you because:

- You won't need to repeat your medical history.
- You avoid unnecessary appointments and tests.
- Your health professional has the right information at the right time.

Please enter your name and dob and select one option for 1) and 2)

Name: ………………………………………………. Date of Birth: ……………..……..

1) Your practice sharing your record with other healthcare organisations

☐ **Yes**, I am happy for my GP practice to share my full medical record with other organisations providing my care.

☐ **No**, do not share my medical records with other organisations.

N.B. Selecting no might delay your treatment or mean repeated tests. Professionals and emergency departments will not have up to date information about you.

2) GP practice seeing your record from other healthcare organisations

☐ **Yes**, I am happy for the GP practice to see records held about me by other organisations providing my care.

☐ **No**, I do not want the GP practice to see records held about me by other organisations.

N.B. Selecting No means that your GP might not have up to date information from other organisations to continue caring for you safely. Mistakes could be made because your information from other organisations is not joined up.

For more information:

Click: http://www.hammersmithfulhamccg.nhs.uk/what-we-do/your-patient-record
Call: 0800 881 5209
Email: sharing.information@nhs.net
Ask: staff at your GP practice

For practices Use Only: Set share out & share in preferences on SystmOne