

# The Border Practice – PATIENT REGISTRATION

**To register, please complete the following information.  
All new patients must make an appointment for a New Patient Check**

FOR OFFICE USE ONLY				
PLEASE TICK ID SEEN: PASSPORT <input type="checkbox"/>	(Passport No: _____)	DRIVING LICENCE <input type="checkbox"/>	UTILITY BILL <input type="checkbox"/>	BANK STATEMENT <input type="checkbox"/>
OTHER <input type="checkbox"/>	(Please state _____)	PATIENT ID VERIFIED BY: _____		(PRINT NAME)

<b>Forenames:</b>	<b>Surname:</b>	<b>Date of Birth:</b>
<b>Address:</b>		
<b>Post Code:</b>		
<b>Home Telephone:</b>	<b>Mobile Telephone:</b>	<b>Work Telephone:</b>
<b>Occupation:</b>	<b>Ethnic Origin:</b>	<b>First Spoken Language:</b>
<b>Tick here if you want to <u>opt out</u> of SMS text messaging <input type="checkbox"/></b>	<b>Tick here if you would like to register for online appointments <input type="checkbox"/></b>	<b>If you would like details of your named GP, please call surgery 10 days after Registering</b>

Do you smoke? **Yes**  **No**  If Yes, how many per day: \_\_\_\_\_  
Never Smoked  Stopped  (Date Stopped) \_\_\_\_\_  
What type e.g. Cigarettes, Cigars, Pipe, Tobacco, Other \_\_\_\_\_

<b>Please provide details of any regular medication:</b>	
<b>Next of Kin:</b> (Name and Contact Number)	

Are you a Carer? **Yes**  **No**

Is the person that you care for registered at this practice? **Yes**  **No**  If yes please give their details:

\_\_\_\_\_

Are you being cared for? **Yes**  **No**  If yes, who is your Carer? Please give their details:

\_\_\_\_\_

## **IMPORTANT INFORMATION ON YOUR HEALTH RECORD (Please read carefully)**

The NHS are introducing a new Summary Care Record (SCR), which will be used to support your emergency care. Because the Summary Care Record is an electronic record it will give healthcare staff faster, easier access to essential information about you, to help provide you with safe treatment when you need care in an emergency or when your GP Practice is closed. Further information can be found at [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk)

In addition to the SCR the Health & Social Care Information Centre (HSCIC) hold information such as your postcode and NHS number, but not your name, to link records in a secure system, so your identity is protected. Information can then be used by others, such as researchers and those planning health services for statistical analysis, to make sure we provide the best care possible for everyone. Further information can be found at [www.nhs.uk/caredata](http://www.nhs.uk/caredata)

For further details on both the SCR and HSCIC, and the choices you have, please ask Reception for information leaflets or if you would like to opt-out, please complete the reverse of this form.

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## Summary Care Record & Health & Social Care Information Centre Opt-Out Form



Your emergency care summary



Health & Social Care  
Information Centre

**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

	<i>Please Tick</i>
<b>1a. YES I would like a full sharing Summary Care Record</b>	
<b>1b. YES I would like a Summary Care Record created containing my medications, allergies and adverse reactions or sensitivities to medications</b>	
<b>1c. NO I do not want a Summary Care Record</b> Please be aware that if you choose not to have a Summary Care Record healthcare staff may not have access to important information about you in an emergency but be assured that you will be cared for to the best of their ability.	
<b>2a. YES I am happy for my information to be used for statistical analysis by the Health and Social Care Information Centre to improve health services</b> Information such as your date of birth, gender, postcode and NHS number, but not your name will be used to link your records in a secure system	
<b>2b. YES I am happy for my information to be disclosed by the Health and Social Care Information Centre to approved third parties</b>	
<b>2c. NO I do not want my personal data to be disclosed to Health and Social Care Information centre or to approved third parties</b>  Your personal information will not leave the GP Practice	

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_