



Do you have any special communication needs?  Yes  No

If yes:  Sign Language  Large Print  Other

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**CONFIDENTIAL MEDICAL REGISTRATION FORM**

**Please complete all pages in FULL using BLOCK capitals**

Surname

First Names (in full)

Previous Surnames

**Title:**  Mr  Mrs  Miss  Ms  Male  Female

Date of Birth (day/month/year)  NHS Number

Town & country of Birth

Address   
Post Code:

Telephone number:  Mobile number:

**ONLINE ACCESS**

As a practice we are now using "patient access" meaning you can book appointments and order prescriptions anytime, anywhere. To join you will need to follow the instructions attached and provide us with your email address.

Yes I would like to register

Email address:

**NHS Organ Donor registration:**

**Organ Donation Law changed in England on 20<sup>th</sup> May 2020**

What has changed? Organ donation in England has moved to an 'opt out' system. You may also hear it referred to as 'Max and Keira's Law'. This means that all adults in England will be considered to have agreed to be an organ donor when they die unless they have recorded a decision not to donate or

are in one of the excluded groups:-

- Those under the age of 18
- People who lack the mental capacity to understand the new arrangements and take the necessary action
- Visitors to England, and those not living here voluntarily
- People who have lived in England for less than 12 months before their death

Your family will still be approached and your faith, beliefs and culture will continue to be respected. You still have a choice whether or not you wish to become a donor.

If you wish to opt out of organ donation you will need to visit <https://www.organdonation.nhs.uk/register-your-decision> or ring 03001232323

**NHS Blood Donor registration:**

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature to confirm consent to inclusion on the NHS Blood Donor Register at the bottom of this form.

*For more information, please ask for the leaflet on joining the NHS Blood Donor Register. My preferred address for donation is (only if different from above eg your place of work)*

..... Post code: .....

**Please tell us about yourself:**

Are you a carer?  Yes  No

Do you have a carer?  Yes  No

If yes, please tell us the name & address of your Carer:

Are you happy for us to contact your carer about you?

Yes  No

**Personal Medical History.....**

Have you ever suffered from any important medical illness, operation or admission to hospital? If so please enter details below:

Condition	Year diagnosed	Ongoing Yes/No

		Yes/No
		Yes/No

**Family History.....**

Have any close relatives (*father, mother, sister, brother only*) ever suffered from any of the following:  
(please indicate who in the boxes)

Heart attack Under age of 65	Stroke	Diabetes	High blood pressure	Asthma	Glaucoma	Cancer

**Allergies .....**

Please list any allergies you have to any drugs/medication:

**List of current medication .....**

Please provide us with your repeat medication card or Prescription counterfoil. If you do not have a prescription counterfoil, we can try to obtain this information by accessing your Summary Care Record (SCR). Please tick this box if you consent to us accessing your SCR for this purpose

Name of medication	Dosage

**Lifestyle .....**

Please enter your height & weight:

Height:	Weight:
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**Lifestyle smoking .....**

Do you smoke:  Yes  No  
If yes, do you smoke:  Cigarette  Cigars  Pipe

Are you an ex-smoker?  Yes  No

When did you give up?



Relationship:

Where you have provided information on how to contact you, can you confirm you are happy for Bodriggy Health Centre to contact you by the following:

By email  Yes  No This will be to send you test results letters, newsletter and the like

By text  Yes  No This will be to send you reminders of appointments via text and inform you of test results

**Preferred method of contact** Text message  Email

**Summary Care Record**

A Summary Care Record (SCR) is an electronic patient record, a summary of National Health Service patient data held on a central database covering England, part of the NHS National Programme for IT.

Only authorised healthcare staff with appropriate level of security are able to access your Summary Care Record

**Tick the following relevant boxes:-**

Express consent for medical, allergies, adverse reactions, AND additional information

***The additional information is not yet active as yet but by ticking the above box you are giving consent in readiness***

Express dissent (opted out) – you do not want a Summary Care Record

**If you wish to OPT OUT from having your clinical information being held on this database please ask at reception for an OPT OUT form.**

**Signature .....**

I confirm that the information that has been provided is true to the best of my knowledge.

Signed:

Date:

Signature on behalf of patient  Signature of patient