

# Ramsey Health Centre

## New Patient Registration Form - Adult

Please complete all pages in full using block capitals

<b>Name:</b>		<b>Date of Birth:</b>	
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Welcome to Ramsey Health Centre! Please provide us with the following information so that we have an accurate record of your choices regarding treatment and information sharing.

### Practice Newsletter

Would you like to receive our email newsletter?

Yes  No (please provide email address on following form)

### Electronic Prescribing Service (EPS)

Ramsey Health Centre has a Dispensary for use by those patients who live **more than 1 mile from a pharmacy.**

If you collect repeat prescriptions from your GP and live **less than one mile from a pharmacy** then you can choose for us to electronically send your prescription to a pharmacy that is more convenient for you.

Please select your preferred pharmacy from the list. This can be changed at any time.

- Ramsey Pharmacy, **Great Whyte**  
 Wards of Warboys, **Warboys**  
 J.W. Anderson, **Somersham**  
 Tesco In-store Pharmacy, **Huntingdon**  
 Other (please provide name & Address):

### Patient Participation and Patient Reference Groups

Ramsey Health Centre is committed to improving the services we provide. The Patient Participation and Patient Reference Groups are a mechanism for us to gain valuable feedback from our patients about their experiences, views and ideas for improving our services.

The Patient Participation Group (PPG) meets with the Practice team every 3 months to discuss such matters; however, we appreciate that many of our patients have busy working days, mobility issues, childcare responsibilities etc. and are unable to commit their time to regular meetings. To be truly representative of our entire population we have established a Patient Reference Group (PRG) whom we contact periodically by email so that we can also include your views, opinions and thoughts on our services and enable you to directly influence our delivery.

If you would like to have your say and be part of either our PPG or PRG, please indicate your preference below or contact the Practice Manager for more information.

I would like to join the Patient Reference Group (PRG)

Yes  No

I would like to join the Patient Participation Group (PPG)

Yes  No

### Your Health Record

EDSM (Enhanced Data Sharing Model) enables us, with your consent, to share your medical records with those Health Professionals in the NHS who are involved in your care (for example District Nurses, Community Services teams). Only NHS staff can access shared information and being an electronic service an audit log is maintained showing when and who has accessed medical records.

Do you consent to your GP Practice sharing your health record with other NHS organisations who care for you?

- Yes (*recommended option*)  
 No, never

Do you consent to your GP Practice viewing your health record from other NHS organisations that care for you?

- Yes (*recommended option*)  
 No

Women Only			
Do you use any contraception?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If needed, please book appointment.
Do you have a coil or implant in situ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date inserted:
Are you currently pregnant or think you may be?	<input type="checkbox"/> Yes	No	Expected due date:

Text Message Service
<i>It is your responsibility to keep us updated with any changes to your telephone number, email &amp; postal address. We may contact you with appointment details, test results or health campaigns.</i>
<b>If you <u>do not</u> consent to being contacted by SMS, please tick here:</b> <input type="checkbox"/> Dissent from SMS messages

New Patient Health Check
<i>A new patient health check appointment helps us to assess and review your health care needs and record clinical data such as height, weight and blood pressure.</i>
<b>Would you like us to book you an appointment with one of our nursing team?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Full Prospective Online Medical Record Access
<i>From November 1st 2023 Full Prospective Medical Record Access is available online for all patients aged 16 and over. Online Access allows you to order repeat medications, book appointments, view Summary records &amp; view entries made on your GP record (including letters, results etc). At Ramsey Health Centre, we have decided to ask your permission before this is enabled, as this gives us a chance to check your understanding and be sure access to your data is safe for you. We are aware that not everyone will want access to their full record on the internet at this time, and some patients may have concerns about their personal medical records being made available on their smartphones or online, especially if other people have access to their devices.</i>
<b>If you would like to opt-in to viewing your full prospective medical record, please complete and return the following form along with relevant ID documents.</b>

Signature			
Signature	I confirm that the information I have provided is true to the best of my knowledge.		
	..... <input type="checkbox"/> Signed on behalf of patient (Please provide relationship to patient)		
Name		Date	

<b>FOR RHC USE ONLY (PATIENT SERVICES)</b>	Form given out by: (Initials and date)
Form Received & identity verified by: (initials and date)	Method: <input type="checkbox"/> Vouching <input type="checkbox"/> Photo ID & proof of residence (2x Total)

# Ramsey Health Centre

## Application for online access to my medical record (Aged 16 and above)

Surname											Date of Birth						
First name																	
Address																	
Postcode																	
Email																	
Telephone number											Mobile number**						
**Please tick here if you consent to receiving communications from us via text message																<input type="checkbox"/>	

**I wish to access my medical record online. I understand and agree with each statement (tick ALL):**

1. I will be responsible for the security of the information I see or download and I have read and understood the information on the next page.	<input type="checkbox"/>
2. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
3. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
4. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
5. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible	<input type="checkbox"/>

Signature	Date
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### FOR RHC USE ONLY (ADMIN)

Email verified?	Reminder/s sent:	GP consent task sent to:	on:
Authorised by: (GP initials)	Task date:	Date account created & passphrase sent: ...../...../.....	
Any other info:			
Reviewed: February 2025 Saved in: s:/dept-admin team/Emily McGregor/SystmOnlineonline/Access to own Records Requests			

## **Online Access to Medical Records – Important Notes (Please Read)**

### **PLEASE NOTE:**

- It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately. Access can also be gained on some phones using fingerprints or Face ID – please consider this.
- If you have concerns about this, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.
- If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.
- The practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone they feel it could harm or be put at risk.

### ***Key considerations***

#### ***Forgotten history***

There may be something you have forgotten about in your record that you might find upsetting.

#### ***Abnormal results or bad news***

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

#### ***Choosing to share your information with someone***

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

#### ***Coercion***

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

#### ***Misunderstood information***

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

#### ***Information about someone else***

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

## How to register with a GP surgery

To register yourself or someone else with a GP surgery, fill in this form and give it to the surgery you want to register with.

### You should:

- use a 'tick' or 'x' for boxes where necessary
- complete all sections that apply to you or the person you are registering
- provide as much information as possible
- use BLOCK CAPITALS
- if you cannot answer a question or it does not apply write 'Not applicable' or 'N/A'
- only use black or blue ink
- ask at the reception desk of the surgery you want to register with if you need help completing this form

### Which sections should be completed?

- Part A - all sections that apply.
- Part B - this section is optional, but will help the GP provide the best care.
- Part C - only complete these sections if you do not normally live in the UK.

You may be contacted by the GP surgery if you do not complete all the relevant sections.

### Register online

It is quick and secure to register with a new GP surgery online. Check the website of the surgery you want to register with for a link for the 'Register to a GP surgery' service.

## PART A

Try to provide as much information as possible. If a question does not apply to you or the person you are registering write 'Not applicable' or 'N/A'.

### Section 1 - Who is registering?

<b>1</b> Are you registering
<input type="checkbox"/> Yourself (Go to Section 2 - Patient details) <input type="checkbox"/> Someone else

Only provide your details if you are registering someone else.

<b>2</b> Your name <input type="text"/>	<b>4</b> Your contact phone number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>3</b> Your relationship to the person you are registering <input type="text"/>	



You can help save lives as a blood or organ donor. Become someone's lifeline. Visit [www.nhsbt.nhs.uk/lifeline](http://www.nhsbt.nhs.uk/lifeline) or call us on 0300 123 23 23.

## Section 2 - Details of patient registering

<b>1</b>	<b>Title</b> <input type="text"/>	<b>13</b>	<b>Name and address of UK GP surgery you registered with</b> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
<b>2</b>	<b>First name</b> <input type="text"/>	<b>14</b>	<b>Have you ever lived somewhere else in the UK?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b>	<b>Last name</b> <input type="text"/>	<b>15</b>	<b>Last address in the UK</b> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
<b>4</b>	<b>Middle name (if you have one)</b> <input type="text"/>		The NHS and your GP surgery can use these details to call, text or email you about health care services. All phone numbers must be registered in the UK.
<b>5</b>	<b>Previous last name</b> <input type="text"/>	<b>16</b>	<b>Home phone number</b> <input type="text"/>
<b>6</b>	<b>Date of birth DD MM YYYY</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>17</b>	<b>Mobile phone number</b> <input type="text"/>
<b>7</b>	<b>What is your sex as recorded on your NHS record?</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Not specified or known	<b>18</b>	<b>Email address</b> <input type="text"/> <input type="text"/>
<b>8</b>	<b>NHS number (if you have it)</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>19</b>	<b>Name of emergency contact</b> <input type="text"/>
<b>9</b>	<b>Village, town or city of birth</b> <input type="text"/>	<b>20</b>	<b>Phone number of emergency contact</b> <input type="text"/>
<b>10</b>	<b>Country of birth</b> <input type="text"/>	<b>21</b>	<b>Their relationship to you</b> <input type="text"/>
<b>11</b>	<b>Current address</b> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="checkbox"/> No fixed address	<b>22</b>	<b>Name of next of kin</b> <input type="text"/>
<b>12</b>	<b>What postcode did you give to the last GP surgery you registered with?</b> <input type="text"/>	<b>23</b>	<b>Phone number of next of kin</b> <input type="text"/>
		<b>24</b>	<b>Their relationship to you</b> <input type="text"/>

## Section 3 - Patients under 18 years

### For children under 12 months only

**1** Where were they born?

- England     Northern Ireland     Wales  
 Isle of Man     Scotland     Outside the UK

**2** Where was the mother living when the baby was born?

Postcode

### For patients under 18 years

**1** Do you attend any of the following?

- School     Nursery     Home school  
 None of these

**2** Address

Postcode

**3** Are any of these involved in your care?

- Hospital specialist     Health worker  
 Social worker     None of these

**4** Have you had all your routine vaccinations?

- Yes     No     Don't know

**5** Did you get your routine vaccinations in the UK?

- Yes     No     Don't know

## Section 4 - Additional information

**1** What is your ethnic group?

Choose one section from A to E, then tick one box to best describe your ethnic group or background.

**(A) White**

- English, Welsh, Scottish, Northern Irish or British  
 Irish     Gypsy or Irish Traveller

Any other White background

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**(B) Mixed or multiple ethnic groups**

- White and Black Caribbean  
 White and Black African  
 White and Asian

Any other Mixed or Multiple ethnic background

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**(C) Asian or Asian British**

- Indian     Pakistani     Bangladeshi  
 Chinese

Any other Asian background

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**(D) Black/African/Caribbean/British**

- African     Caribbean

Any other Black, African or Caribbean background

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**(E) Other ethnic group**

- Arab

Any other ethnic group

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- Prefer not to say

## Section 4 - Additional information

<p><b>2</b> Have you registered with a UK GP before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>3</b> If you have moved to the UK, what date did you arrive?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>4</b> Have you ever served in the UK Armed Forces or were you ever registered with a Ministry of Defence GP in the UK or overseas?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say</p> <p>If you were given a FMED133A form (sometimes called an FMED1 form) when you left the UK Armed forces, you should give this to your GP surgery.</p> <p><b>5</b> Do you need an interpreter for your appointments?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>6</b> What language?</p> <p><input type="text"/></p> <p><input type="checkbox"/> British Sign Language (BSL)</p> <p><b>7</b> Are you a carer?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>8</b> What is your relationship to the person you are caring for?</p> <p><input type="text"/></p> <p><b>9</b> What type of carer are you?</p> <p><input type="checkbox"/> Young carer, under 18 <input type="checkbox"/> Paid as a job</p> <p><input type="checkbox"/> Unpaid, but may get benefits <input type="checkbox"/> Foster carer</p>	<p><b>10</b> Do you have a carer?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>11</b> What is your relationship to your carer?</p> <p><input type="text"/></p> <p><b>12</b> What type of carer are they?</p> <p><input type="checkbox"/> Young carer, under 18 <input type="checkbox"/> Paid as a job</p> <p><input type="checkbox"/> Unpaid, but may get benefits <input type="checkbox"/> Foster carer</p> <p><b>13</b> Carer's contact telephone number</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>14</b> What pharmacy do you want your prescriptions sent to?</p> <p>Pharmacy address</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Postcode</p> <p><input type="text"/></p> <p>You can sometimes collect your prescription items from your GP surgery instead of having to go to a pharmacy. Your surgery may discuss this with you</p> <p><b>15</b> Do you live more than 1 mile from your nearest pharmacy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>16</b> Would you have serious difficulty getting medicines or appliances from your nearest pharmacy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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### Do you want important information from your GP record to be available to other health and care professionals?

Your GP surgery needs permission to share important information from your GP record. This is called a Summary Care Record (SCR). Your SCR can only be shared with health and care staff across England who are providing you with direct care. It gives them access to vital information from your GP record.

- Yes, share a Summary Care Record with additional information**  
Includes details of your medicines, allergies, adverse reactions and additional information, which includes details of any significant illnesses and health problems, operations and vaccinations
- Yes, share a Summary Care Record without additional information**  
Includes details of your medicines, allergies and adverse reactions only
- No, do not share a Summary Care Record**  
Details of your medicines, allergies, adverse reactions and any additional information will not be shared with anyone involved in your direct care



# PART B

You do not have to complete this section. But any information you do give will help the GP give you the best care.

## Section 5 - Patient health

### 1 Have you ever had any of these conditions?

- Alzheimer's disease or dementia  
 Asthma     Cancer     Diabetes  
 Epilepsy     Heart disease  
 High blood pressure (hypertension)  
 Stroke     Thyroid disease

### 2 What best describes you?

- I smoke     I used to smoke  
 I have never smoked     Prefer not to say

### 3 On average, how many cigarettes do you smoke a day?

### 4 What date did you stop smoking? DD MM YYYY

### 5 How often do you drink alcohol?

- Never     Monthly or less  
 2 to 4 times a month     2 to 3 times a week  
 4 or more times a week     Prefer not to say

### 6 How many units of alcohol do you drink on a typical day when you are drinking?

1 pint of 4% beer is 2.5 units. a small 125ml glass of wine is 1.5 units and a 25ml shot of spirits is 1 unit.

Units

### 7 How often have you had six or more units of alcohol on a single occasion in the last year?

- Never     Less than monthly  
 Monthly     Weekly     Daily or almost daily  
 Prefer not to say

### 8 What is your weight?

Kilograms    Or    Stone    Pounds

        

### 9 What is your height?

Centimetres    Or    Foot    Inches

        

### 10 Allergies

### 11 Mental health conditions

## Section 5 - Patient health (continued)

**12** Disabilities

**13** Other medical conditions

**14** Give details of any medication you are taking

Are any of these repeat prescriptions?

Yes  No

**15** Do you or your carer need to be communicated in an accessible format?

For example, braille, audio, large format or EasyRead.

Tell us what you need

**16** Do you or your carer need any reasonable adjustments to make your visit to the GP surgery accessible?

For example, an audible or visual alert in the waiting room, access to a hearing loop or the support of a note taker.

Tell us what you need

## PART C

### Section 6 - Patients from abroad

Complete this section if you are:

- visiting the UK and do not normally live here.
- currently living in the UK, but do not think of it as your permanent country of residence. For example, you are studying here or have come to the UK as part of your job.
- a permanent resident in the UK and receive a pension or benefit from a European country.

#### Information on eligibility to free care outside the GP practice

Anyone can register with a GP practice and receive free medical care from that practice. However, should you be referred for treatment outside the practice or need unplanned care, for example at a hospital, charges may apply if you are a visitor or temporary resident.

Some groups of visitors or temporary residents are eligible to receive this care free of charge. Documentation may be required to demonstrate eligibility.

Examples of those eligible include:

- refugees, asylum seekers, those receiving certain forms of state support
- suspected or confirmed victims of modern slavery and human trafficking
- temporary residents with a valid visa of over 6 months. You may have paid the immigration health surcharge with your visa application. Note that assisted conception services remain chargeable to this group
- visitors from the EEA will need to provide their EHIC (European Health Insurance Card), which covers immediately necessary unplanned treatment, or a S2 form which covers planned treatment.

Additionally, some services are free of charge to all visitors, including diagnosis and treatment for infectious diseases and sexually transmitted infections.

Immediate necessary care, maternity care and other urgent care that cannot wait until a chargeable visitor's departure from the UK will not be withheld or delayed due to charges. But non-urgent treatment will not be given until full payment is received.

More information can be found in the patient leaflet available from the GP practice.

#### Select the statement that applies to you

I understand I may have to pay for NHS treatment outside of the GP practice.

I do not have to pay for NHS treatment outside of the GP practice and have documents to prove this.

I do not know if I have to pay for treatment.

# PART C

## Section 6 - Patients from abroad (continued)

Giving us this information means that if you need NHS care outside the GP practice and you are entitled to that care without charge, it will be easier for you to demonstrate this entitlement.

We'll use the information to establish your chargeable status in order to recover NHS costs from countries responsible for your healthcare where applicable. This will not impact your entitlement to register with the GP practice or to receive free GP services.

**1 Tick one of the following**

<input type="checkbox"/> I have an S1 form issued by an EU or EEA member state	<input type="checkbox"/> I am in receipt of a European pension or benefit
<input type="checkbox"/> I am entitled to an EHIC card, but I do not have one	<input type="checkbox"/> I am in the UK as part of my employment
<input type="checkbox"/> I have an EHIC card issued by an EU or EEA member state	<input type="checkbox"/> None of these

**Enter details from your EHIC**

<b>1 Country code</b> <input type="text"/>	<b>5 Personal identification number</b> <input type="text"/>
<b>2 Name</b> <input type="text"/>	<b>6 Identification number of the institution</b> <input type="text"/>
<b>3 Given name</b> <input type="text"/>	<b>7 Identification number of the card</b> <input type="text"/>
<b>4 Date of birth DD MM YYYY</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>8 Expiry date DD MM YYYY</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

### How will your EHIC and S1 data be used?

By using your EHIC for NHS treatment costs your EHIC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process. Your EHIC or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.