

**LOXWOOD MEDICAL PRACTICE**  
*Your partner for a healthier future*

The Surgery, Farm Close, Loxwood, BILLINGSHURST  
West Sussex RH14 0SU  
Telephone 01403 752246 / 753499  
Emergency 01403 752246 Fax 01403 752916  
[www.loxwoodmedicalpractice.co.uk](http://www.loxwoodmedicalpractice.co.uk)

## **NEW PATIENT REGISTRATION PACK**

Thank you for expressing an interest in registering yourself as a patient of Loxwood Medical Practice. Our registration list is open and we are able to register those patients who live within our boundary area.

In order to register you successfully we will need you to complete all the attached paperwork and to see a least two forms of identification. One should be in the form of a photo ID and the other show proof of where you live. Examples are:



**PHOTO ID:** driving licence or passport



**PROOF OF RESIDENCY\*:** any utility bill which clearly displays your name and address.

*\*Examples include - phone bill, bank statements, oil bill, council tax bill, electricity or water bill, house/car/contents insurance - any type of bill will do.*

Please allow 2 working days for the surgery to complete the necessary paperwork.

### **After Registration**

Once you are registered you will need to phone the surgery to book your new patient medical appointment with one of our nurses. You will need to bring along a urine sample (sterile containers available at reception) and this completed New Patient Health questionnaire.

You can also choose to register for SystmOnline which allows you to book and cancel your appointments, order repeat medication, view your summary care record and request access to view your coded medical record all online at a time convenient to you. Please ask reception for SystmOnline forms or download the forms from our website [www.loxwoodmedicalpractice.co.uk](http://www.loxwoodmedicalpractice.co.uk)

### **Children 5 years and under**

Any children aged 5 years and under will need to have an additional pink form completed, which registers them with the health visitor. Forms are available at reception.

# NEW PATIENT HEALTH QUESTIONNAIRE

To be completed by parent/guardian of under 16s

We would be grateful if you could complete this health questionnaire to enable us to update your medical records. Please bring the completed questionnaire to your new patient medical appointment.

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<b>SURNAME:</b>	<b>FIRST NAME:</b>
<b>Former Name:</b>	<b>Date of Birth:</b>
<b>Sex:</b>	<b>Age:</b>
<b>House Name:</b>	<b>Marital Status:</b>
<b>Road:</b>	<b>Occupation:</b>
<b>Locality:</b>	<b>Company:</b>
<b>Town:</b>	<b>Office Phone:</b>
<b>Postcode:</b>	
<b>Home Phone:</b>	
<b>Mobile:</b>	
(I give consent to receive messages by text) <input type="checkbox"/>	
<b>E-mail:</b>	
(I give consent to receive messages by email) <input type="checkbox"/>	
<b>Carer</b> – Do you look after someone? Does someone look after you?	

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## HEALTH QUESTIONS

*When you first register we do not have access to your full past medical record. It would therefore be very helpful if you would complete the following questions.*

**Past Medical History** - please list any serious illnesses, operations, accidents, allergies or disabilities. For women please include pregnancies and any problems with pregnancy or delivery.

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<b>Year:</b>	<b>Problem:</b>

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**Medication** – Please give details overleaf of any treatment or drugs that you currently use. **You need to provide a copy of your previous repeat prescription or the original boxes**, with labels, that your medication comes in, to your New Patient Medical appointment.

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<b>Drug Name &amp; Strength:</b>	<b>Frequency of use:</b>	<b>Condition Treated by drug:</b>
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Your medication will be added to your medical record by your GP, please allow 48 hours before collecting. If you require medication urgently you will need to arrange a telephone consultation with a prescribing healthcare professional. **It is not possible for you to collect medication at the time of your New Patient Medical.**

**DRUG ALLERGIES AND ADVERSE REACTIONS – if any treatment has upset you please give details**

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<b>Drug Name:</b>	<b>Problem Caused:</b>
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Continue on a separate sheet if required

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**Other Allergies:**

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**SMOKING**

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**Smoking (please circle one)**  
**Never Smoked / Ex-Smoker up to \_\_\_\_\_per day / Current Smoker up to \_\_\_\_\_per day**

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## ALCOHOL USAGE QUESTIONNAIRE

<b>U N I T S</b>	 <b>2</b>	 <b>1.5</b>	 <b>2</b>	 <b>1</b>	 <b>9</b>
	Pint of regular Beer/Lager/Cider	Alcopop or Can of Lager	Glass of Wine (175ml)	Single Measure of Spirits	Bottle of Wine

How many units of alcohol do you consume in a week? \_\_\_\_\_

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more alcoholic drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>Total</b>						

## OTHER FACTORS & FAMILY HISTORY

### Other factors:

Please tick any of the following conditions that you suffer from:

- Asthma
- Diabetes
- Epilepsy
- Angina
- Heart Attack
- Stroke

### Family History:

*Please list any illnesses that run in your family:*

**Mother's side:**

**Father's side:**

**Brothers & sisters:**

**Other:**

Has any member of your immediate family (i.e. mother, father, brothers and sisters) had a heart attack or stroke under the age of 60?

What is your height?

What is your weight?

## EXERCISE

Please tick the description that best describes your exercise routine

**ACTIVE** Exercise for 30 minutes, 5 times per week

**MODERATE** Exercise for 30 minutes, 2-3 times per week

**IN ACTIVE** No exercise at all

**UNABLE TO EXERCISE**

## FEMALES ONLY

When was your last cervical smear?

**DATE:**

Was it normal?

Yes /  No /  Don't Know

Have you been immunised against Rubella

Yes /  No /  Don't Know

If not, do you know that you are immune from Rubella?

Yes /  No /  Don't Know

Are you using a form of contraception?

Yes /  No

Are you on hormone replacement therapy (HRT)?

Yes /  No

## COMMUNICATION NEEDS

Do you have any communication requirements?

Braille     Large Print     Translation service     Sign Language

Any other (*please write in*).....

**What is your first language?**

## Sharing and your consent

We would like to obtain your permission and consent to sharing your medical record with NHS England and other healthcare professionals. Please tick your preference to all items;

### Summary Care Records (SCR)

***A system intended to support clinical decisions in emergency care.***

I would like to opt out of the Summary Care Records Programme and have completed the appropriate form.

For more information visit <https://digital.nhs.uk/summary-care-records/patients>

### Other NHS Organisations

Other NHS organisations which we may refer you to in the future can see your full electronic, medical record, if they use the same clinical software on their computers as we do, if you give your permission to sharing your full record. If you do not give permission to sharing, a printed summary of your past, relevant medical history is always sent with the original referral letter.

I give consent to sharing my record via TPP SystemOne

I do not consent to sharing my record via TPP SystemOne

### General Data Protection Regulations (GDPR)

If you do not wish your email address to be added to our mailing list for general update emails and newsletters please tick

If you wish to withdraw consent at any time for communication via email or mobile telephone sms messages please contact the surgery on 01403 752246 or email [loxwood.txt@nhs.net](mailto:loxwood.txt@nhs.net)

**Please make sure you attend a 'New Patient Medical' appointment with a nurse.**

## Privacy Notice – Direct Care, (routine care and referrals)

### Plain English explanation

This practice keeps data on you relating to who you are, where you live, what you do, your family, possibly your friends, your employers, your habits, your problems and diagnoses, the reasons you seek help, your appointments, where you are seen and when you are seen, who by, referrals to specialists and other healthcare providers, tests carried out here and in other places, investigations and scans, treatments and outcomes of treatments, your treatment history, the observations and opinions of other healthcare workers, within and without the NHS as well as comments and aide memoires reasonably made by healthcare professionals in this practice who are appropriately involved in your health care.

When registering for NHS care, all patients who receive NHS care are registered on a national database, the database is held by NHS Digital, a national organisation which has legal responsibilities to collect NHS

GPs have always delegated tasks and responsibilities to others that work with them in their surgeries, on average an NHS GP has between 1,500 to 2,500 patients for whom he or she is accountable. It is not possible for the GP to provide hands on personal care for each and every one of those patients in those circumstances, for this reason GPs share your care with others, predominantly within the surgery but occasionally with outside organisations.

If your health needs require care from others elsewhere outside this practice we will exchange with them whatever information about you that is necessary for them to provide that care. When you make contact with healthcare providers outside the practice but within the NHS it is usual for them to send us information relating to that encounter. We will retain part or all of those reports. Normally we will receive equivalent reports of contacts you have with non NHS services but this is not always the case.

Your consent to this sharing of data, within the practice and with those others outside the practice is assumed and is allowed by the Law.

People who have access to your information will only normally have access to that which they need to fulfil their roles, for instance admin staff will normally only see your name, address, contact details, appointment history and registration details in order to book appointments, the practice nurses will normally have access to your immunisation, treatment, significant active and important past histories, your allergies and relevant recent contacts whilst the GP you see or speak to will normally have access to everything in your record.

You have the right to object to our sharing your data in these circumstances but we have an overriding responsibility to do what is in your best interests.

Please see below.

We are required by Articles in the General Data Protection Regulations to provide you with the information in the following 9 subsections.

1) <b>Data Controller</b> contact details	Dr John Mitchinson, <a href="mailto:loxwood.txt@nhs.net">loxwood.txt@nhs.net</a> 01403 752246
2) <b>Data Protection Officer</b> contact details	Dr John Mitchinson, <a href="mailto:loxwood.txt@nhs.net">loxwood.txt@nhs.net</a> 01403 752246
3) <b>Purpose</b> of the processing	Direct Care is care delivered to the individual alone, most of which is provided in the surgery. After a patient agrees to a referral for direct care elsewhere, such as a referral to a specialist in a hospital, necessary and relevant information about the patient, their circumstances and their problem will need to be shared with the other healthcare workers, such as specialist, therapists, technicians etc. The information that is shared is to enable the other healthcare workers to provide the most appropriate advice, investigations, treatments, therapies and or care.
4) <b>Lawful basis</b> for processing	The processing of personal data in the delivery of direct care and for providers' administrative purposes in this surgery and in support of direct care elsewhere is supported under the following Article 6 and 9 conditions of the GDPR: <i>Article 6(1)(e) '...necessary for the performance of a task carried out in the public interest or in the exercise of official authority...'</i> <i>Article 9(2)(h) 'necessary for the purposes of preventative or occupational medicine for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services...'</i> We will also recognise your rights established under UK case law collectively known as the "Common Law Duty of Confidentiality"
5) <b>Recipient or categories of recipients</b> of the processed data	The data will be shared with Health and care professionals and support staff in this surgery and at hospitals, diagnostic and treatment centres who contribute to your personal care.
6) <b>Rights to object</b>	You have the right to object to some or all the information being processed under Article 21. Please contact the Data Controller or the practice. You should be aware that this is a right to raise an objection, that is not the same as having an absolute right to have your wishes granted in every circumstance
7) <b>Right to access and correct</b>	You have the right to access the data that is being shared and have any inaccuracies corrected. There is no right to have accurate medical records deleted except when ordered by a court of Law.
8) <b>Retention period</b>	The data will be retained in line with the law and national guidance. <a href="https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016">https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016</a>
9) <b>Right to Complain.</b>	You have the right to complain to the Information Commissioner's Office, you can use this link <a href="https://ico.org.uk/global/contact-us/">https://ico.org.uk/global/contact-us/</a> or calling their helpline Tel: 0303 123 1113 (local rate) or 01625 545 745 (national rate) There are National Offices for Scotland, Northern Ireland and Wales, (see ICO website)

\* "Common Law Duty of Confidentiality", common law is not written out in one document like an Act of Parliament. It is a form of law based on previous court cases decided by judges; hence, it is also referred to as 'judge-made' or case law. The law is applied by reference to those previous cases, so common law is also said to be based on precedent.

The general position is that if information is given in circumstances where it is expected that a duty of confidence applies, that information cannot normally be disclosed without the information provider's consent.

In practice, this means that all patient information, whether held on paper, computer, visually or audio recorded, or held in the memory of the professional, must not normally be disclosed without the consent of the patient. It is irrelevant how old the patient is or what the state of their mental health is; the duty still applies.

Three circumstances making disclosure of confidential information lawful are:

- where the individual to whom the information relates has consented;
- where disclosure is in the public interest; and
- where there is a legal duty to do so, for example a court order.