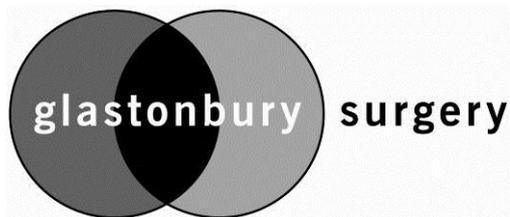


**Welcome to**  
**Glastonbury Surgery**



**Please complete all pages and return to reception with photo ID and proof of address**

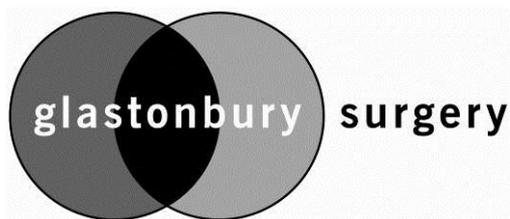
<b>Name</b>		<b>Date of Birth</b>		
<b>Previous name</b>		<b>Landline</b>		
<b>Email address</b>		<b>Mobile</b>		
<i>We will use your mobile number to remind you of appointments you have booked and reviews you are due</i>				
<b>Address</b>				
<b>Previous address</b>				
<b>Name and address of your previous GP</b>				
<b>Place of birth</b>		<b>If born abroad, date moved to the UK</b>		
<b>Should you need any medication, which pharmacy would you like to collect from?</b>				
Knights	Tesco Wirral Park	Boots Glastonbury	Boots Vine Health Park	Touts Street
Other:				
<b>Please tick if you would like to</b>				
<input type="checkbox"/> Order repeat medication online <input type="checkbox"/> Book routine GP appointments online <input type="checkbox"/> See your medical records summery online				
<i>For this we will sign you up to the Patient Online Access system (available for patients aged over 16 only)</i>				

**If you would like to receive written information in another format, for example large print, please advise our reception team on 01458 833666**

*Reception: For Photo ID,  
I have seen*

*For proof of address,  
I have seen*

# Carers Registration Form



**Carers provide unpaid care by looking after an ill, frail, or disabled family member, friend or partner (Carers UK 2010)**

It is useful for us to know which of our patients have taken on extra caring roles and have become a Carer. If you would like your notes to indicate that you are a carer, please complete this form and hand it to a member of staff at Reception. This information will be kept confidential.

## **YOUR DETAILS**

Name:	Date of Birth:
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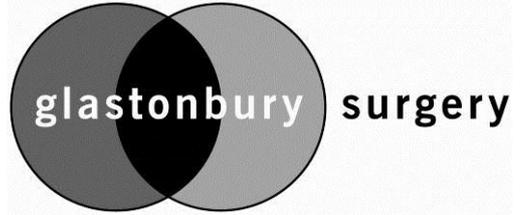
## **WHO YOU CARE FOR**

Name:	Date of Birth:	
Address:		
E-mail:		
Telephone:	GP:	
Your relationship to this person:		
Reason for needing care:		
Hours of care provided by you each week:		
<input type="checkbox"/> I am the next of kin	<input type="checkbox"/> I am the emergency contact	<input type="checkbox"/> I am the main carer

- I would like this to be recorded on my notes
- I would like this to be recorded on the notes of the person I care for

I understand that this information is confidential and will not be given to any person or organisation without my permission.

# Medical History



Name:
Height:

Date of Birth:
Weight:

Please tick if you have ever served in HM Armed Forces (Regular or Reserves)	
Service or Personnel number	

*If you suffer from any of the conditions listed below, please enter the date of original diagnosis*

Coronary Heart Disease		Diabetes		Chronic Kidney Disease	
Heart Failure		Epilepsy		Atrial Fibrillation	
Stroke / TIA		Cancer		Peripheral Artery Disease	
Hypertension		Asthma		Osteoporosis	
Chronic Obstructive Pulmonary Disease		Dementia		Rheumatoid Arthritis	

Please list any current meds including dosage

Please list any Allergies

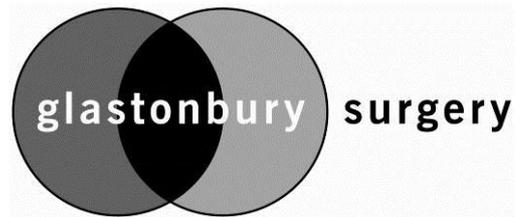
*If any of your blood relations suffer from any of the conditions below, please enter the relationship*

Stroke	
Diabetes	
Asthma	

Heart Attack / Angina	
High Blood Pressure	
Other serious illness	

For office use only	Scanned by		Task sent by	
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## Lifestyle



**EXERCISE.** It is recommended that adults should aim to do a minimum of 2 ½ hrs moderate exercise over a week, in sessions of 10 mins or more. Eg, 30 mins on at least 5 days each week.

Please tick which type of exercise regime applies most to you:

Active	<input type="checkbox"/>	Moderately Active	<input type="checkbox"/>
Moderately Inactive	<input type="checkbox"/>	Inactive	<input type="checkbox"/>

**SMOKING IS BAD FOR YOUR HEALTH!** There is help available if you would like to quit smoking. Please pick up a leaflet at the surgery or contact the NHS Stop Smoking Service on 0303 033 9840

Do you smoke?	YES / NO	Have you ever smoked?	YES / NO	How much do/did you smoke per day?	<input type="text"/>
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**ALCOHOL.** It is recommended that you drink no more than 2 to 3 units per day and 14 per week. For each unit you drink over the daily limit, the risk to your health increases

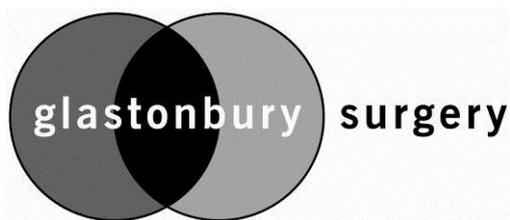
Please circle which of the following applies to you

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

How many units of alcohol do you consume in an average week?	<input type="text"/>
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**Save a life today**  
**Sign up to the NHS Blood and Transplant register**  
**on either 0300 123 2323 or [www.nhsbt.nhs.uk](http://www.nhsbt.nhs.uk)**

## **Patient Data Security Policy**



**All NHS staff have a legal duty to respect your data and keep it safe.**

As part of your medical care, we hold personal information about you such as your name, address, and date of birth. We are also required to hold details of any medical conditions and treatment you receive. This is in compliance with the General Data Protection Regulations, where we are considered an Official Authority using your data for Health and Social Care.

We use this information to make decisions about your care and to provide you with safe and effective treatment. We have a range of security measures in place to protect your data and to ensure it is only accessed by those who are authorised to do so.

If we use a third party service provider to process data on our behalf, we will always have an agreement in place to ensure they keep your data secure and do not use or share information other than in accordance with our instructions. Details regarding specific third party service providers can be supplied on request, and examples include:-

IT services & support; patient facing services (such as Patient Online Access); text reminder services; electronic prescription services; and payment providers (for example if you were paying for a HGV medical)

This is all overseen by Dr Alastair Corfield – our nominated Data Controller. We also have a Data Processing Officer who can be contacted via the Somerset Care Commissioning Group [somccg.dataprotection@nhs.net](mailto:somccg.dataprotection@nhs.net)

There are times when we believe it is in your best interests to share your medical history with Health Care Professionals not employed by Glastonbury Surgery, for example the 999 service or if you need to be referred for specialist care. We recommend you remain part of all these sharing services. However, if you would like to opt out please complete the attached form.

You have the right to access your own health records and have any inaccuracies corrected. If you would like to do so, please ask Reception about the Patient Online Access service.

***Please return to Reception so we can record that you have seen this policy. Thank you.***

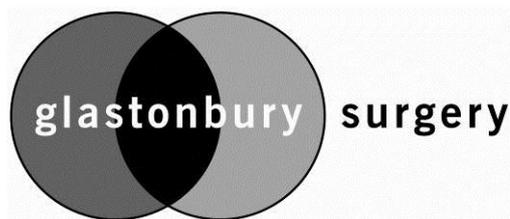
Name:

Date of Birth:

Signature:

Date signed:

## NHS Data Sharing Services



**We recommend you remain part of all these services.  
If you would like to opt out, please complete this form and return to Reception**

### **1. Summary Care Record**

If you find yourself in an emergency situation, your Summary Care Record would allow the 999 service to view basic parts of your medical history such as current medication and allergies. We recommend you take no action and remain part of this critical service.

To opt out of this service, please tick this box and sign below.

### **2. Other NHS professionals**

If you need to be referred for specialist care, this service will allow the consultant to see your medical history. They will always ask your permission before they attempt to access your data. We recommend you take no action and allow your specialist to provide safe and effective care.

To opt out of this service, please tick this box and sign below.

### **3. Local Data Sharing**

We are lucky to have many groups in the area which may be helpful to some of our patients. This service allows us to pass on limited parts of your data if we believe it is in your best interest to do so. You will always be asked permission before any data is accessed.

To opt out of this service, please tick this box and sign below.

### **4. Patient Data Choice Programme 2018**

As a practice, we share anonymous patient data with government agencies so that they can plan ahead. For example, if funding became available to build a new care home, this service would help decide where that care home should be built. We recommend you take no action and allow your anonymised data to help form a complete picture of what the NHS needs now and in the future.

We are unable to opt you out of this service. If you would like to opt out of this service you will need to do so yourself. Please see [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters) for details.

Name:

Date of Birth:

Signature:

Date signed: