



HARTLAND WAY REGISTRATION FORM

Please complete both the GMS1 form and Registration Form and send it back with a copy of photographic identification to CROCCG.Hartlandwaysurgery@nhs.net. If you are unable to email these documents please contact the surgery

Registrations can take 7 days to process.

Full Name:	Date of Birth:
Title:	Home Number:
Address:	Mobile Number:
Email Address:	Town of Birth:
Country of Birth:	Next of Kin:
Relationship of Next of Kin:	
Gender:	

By providing us with your mobile and email address you consent to us contacting you via text message and email communication if you do not wish for us to do this, please leave blank.

Please list other residents of your home who are registered with us:
Name
Date of Birth:

Third Party Consent: (Consent to release information to a person of your choice)	
Full Name:	Telephone Number:

<p>Are you looking after someone? Let us know if you are looking after someone who is ill, frail, disabled, or has mental health and/or emotional support needs, or substance misuse problems.</p>	Yes/No
<p>Is someone looking after you? Let us know if a family member, friend or neighbor looks after you. If yes, they are your carer. You are welcome to invite your carer to accompany you to visits at the practice.</p>	Yes/No
Carer's Name:	Relationship to you:
Telephone number of carer:	Is your carer registered with us?
Address of carer:	

Your Religion:

Your Ethnic Origin:

Do you need an interpreter: Yes/No

If yes please can you confirm the language required:

Do you need help with mobility/hearing/speaking? Please note what you require below:

Are you currently?

Homeless Yes/No A Refugee Yes/No An Asylum Seeker Yes/No

Are you housebound? Yes/No

Lifestyle

SMOKING

- Current smoker
- Ex-smoker
- Never Smoked

If you are a current smoker, how many do you smoke per day?

If you are a current smoker, would you like to receive advice on how to stop smoking?

ALCOHOL CONSUMPTION

How often do you drink Alcohol?

How many units do you drink on a typical day?

One alcohol unit is measured as 10ml or 8g of pure alcohol. This equals one 25ml single measure of whisky (ABV 40%) or a third of beer (ABV 5-6%) or half a standard (175ml) glass of red wine (ABV 12%) <https://www.drinkaware.co.uk/alcohol-facts/alcoholic-units/what-is-an-alcohol-unit/>

Medication

Please enter your desired pharmacy details for electronic prescriptions

Medical Record Sharing

Summary Care Record

Contains details of your key health information – medications, allergies and adverse reactions. They are accessible to authorised healthcare staff in A&E throughout England. This S.C.R can be enhanced to include your active problems if you consent. Please **tick** the “express” box below if you would like this. You will always be asked your permission before anybody looks at your summary care record.

If you would like your Summary Care Record Enhanced, please tick here

If you **DO NOT** want to have a Summary Care Record, please tick here

Medical Care Records - Allows your complete GP medical record to be made available to authorised healthcare professionals, involved in your care. You will always be asked your permission before anybody looks at your shared medical record. **If you DO NOT want to share your GP record please tick here**

The Care.data Programme - Collates information about you and the care you receive. It links information from all the different places where you receive care, such as your GP, hospital, and community services, to help them provide a full picture of your medical needs and the care you are receiving. This data is made available to NHS Commissioners so that they can design integrated services and is shared with third parties for research purposes. To opt out please ask reception for a leaflet.

Patient Participation Group

The practice is committed to improving the service we provide to our patients.

- To do this it is vital that we hear from people about their experiences, views and ideas for making services better.
- By expressing your interest, you will be helping us to plan ways of involving

patients that suit you.

- It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the practice.
- If you are interested in getting involved in the PPG, please tick yes in the box below and we will arrange for the Practice Patient Participation Group application form to be given to you at your initial consultation.

Yes – I am interested in becoming involved in the PPG

No – I am not interested in becoming involved in the PPG