

# **Drs, Ross, Cameron, Howes, Santhanam & Malone**

## **The Northolme Practice**

Kos Clinic  
Roydlands Street  
Hipperholme  
HALIFAX HX3 8AF  
Tel: 01422 205154



Northowram Surgery  
Northowram Green  
Northowram  
HALIFAX HX3 7JE  
Tel: 01422 206121

## **Patient Registration Form**



**[www.thenortholmepractice.co.uk](http://www.thenortholmepractice.co.uk)**

**Please help us to help you by completing this form. The information you provide will remain strictly confidential.**

**Please ask reception staff for help if you have any problems completing this form.**

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## NEW PATIENT HEALTH CHECK

Dear Patient

Thank you for registering with The Northolme Practice. We aim to give you the best care possible.

As a newly registered patient, we would like to invite you to have a **New Patient Health Check**. The health check will enable the Practice to discuss any medical problems you may have or any medication that you may be taking. Also to record any relevant family history there may be.

**You may need to book an appointment with a GP before repeat prescriptions can be given. Please bring all your medications with you when you attend for your first appointment.**

**Would you like to make an appointment for a New Patient Health Check with our Healthcare Assistant?**

Yes ☐ No ☐

Yours sincerely

Drs, Ross, Cameron, Howes, Santhanam, & Malone.

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## PATIENT PARTICIPATION GROUP

The Northolme Practice has a Patient Participation Group that meets twice per year. The Practice is keen to involve patients in the development of services and care. At Northolme we are always looking for patients from all age groups, social and cultural backgrounds to join the group. If you would like more information about the group please speak to one of the receptionists or pick up a leaflet from reception.

## EQUALITY AND DIVERSITY MONITORING

In order that Northolme can provide healthcare that meets the needs of the local population, please could we ask you to provide the following information:

### MARITAL STATUS

Single (never married) ☐ Married ☐ Civil Partnership ☐  
 Widowed ☐ Divorced or dissolved civil partnership ☐

### ETHNICITY

<input type="checkbox"/> (White) British	<input type="checkbox"/> (Asian or Asian British) Bangladeshi
<input type="checkbox"/> (White) Irish	<input type="checkbox"/> (Asian or Asian British) Other Asian ethnic group
<input type="checkbox"/> (White) Other white ethnic group	<input type="checkbox"/> (Black or Black British) Black Caribbean
<input type="checkbox"/> (Mixed) White and Black Caribbean	<input type="checkbox"/> (Black or Black British) Black African
<input type="checkbox"/> (Mixed) White and Black African	<input type="checkbox"/> (Black or Black British) Other black ethnic group
<input type="checkbox"/> (Mixed) White and Asian	<input type="checkbox"/> Chinese
<input type="checkbox"/> (Asian or Asian British) Indian	<input type="checkbox"/> Other ethnic group
<input type="checkbox"/> (Asian or Asian British) Pakistani	<input type="checkbox"/> Decline to state

Main spoken language

### RELIGIOUS BELIEF

Buddhism ☐ Christianity ☐ Hinduism ☐ Islam ☐  
 Judaism ☐ Sikhism ☐ No Religion ☐ Atheism ☐  
 Other  Prefer not to say ☐

### SEXUAL ORIENTATION

Heterosexual (opposite sex) ☐ Bisexual (both sexes) ☐  
 Lesbian woman ☐ Gay man ☐ Prefer not to say ☐

### REGISTERED DISABLED

Yes ☐ No ☐ Prefer not to say ☐  
 Registered blind ☐ Registered deaf ☐ Physical disability ☐  
 Multiple disability ☐ Disability ☐ On Learning disability register ☐  
 Impaired mobility ☐ Dependence on enabling machine or device ☐

Please tell us the type of disability you have:

**COMMUNICATION NEEDS**

Do you have any communication or information support needs? Yes ☐ No ☐

Do you need information in braille, large print, or easy read format?

Braille ☐

Large print ☐

Easy read format ☐

How do you prefer to be contacted?

Face to face ☐

Telephone ☐

Letter ☐

Do you need a British sign language interpreter or advocate? Yes ☐ No ☐

Can you explain what support would be helpful?

**ARE YOU A CARER?** A carer is someone who looks after a relative, friend or neighbour who could not manage without their help.

Are you a carer? Yes ☐ No ☐ Do you have a carer? Yes ☐ No ☐

**ARE YOU A MILITARY VETERAN?**

Have you served in the military and left the service? Yes ☐ No ☐

## Patient's details

Please complete in BLOCK CAPITALS and tick ☐ as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		Surname
Date of birth		First names
NHS No.	Previous surname/s	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Town and country of birth
Home address		
Postcode		Telephone number

## Please help us trace your previous medical records by providing the following information

Your previous address in UK	Name of previous GP practice while at that address
Address of previous GP practice	

## If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving	Date you first came to live in UK
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## Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: ☐ Regular   ☐ Reservist   ☐ Veteran   ☐ Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting:	
Postcode	
Service or Personnel number:	Enlistment date: DD MM YY   Discharge date: DD MM YY (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

## If you need your doctor to dispense medicines and appliances\*

- ☐ I live more than 1.6km in a straight line from the nearest chemist  
☐ I would have serious difficulty in getting them from a chemist

\*Not all doctors are authorised to dispense medicines

<input type="checkbox"/> Signature of Patient	<input type="checkbox"/> Signature on behalf of patient
Date / /	

## What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

**White:** ☐ British ☐ Irish ☐ Irish Traveller ☐ Traveller ☐ Gypsy/Romany ☐ Polish

☐ Any other white background (please write in): .....

**Mixed:** ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian

☐ Any other Mixed background (please write in): .....

**Asian or Asian British:** ☐ Indian ☐ Pakistani ☐ Bangladeshi

☐ Any other Asian background (please write in): .....

**Black or Black British:** ☐ Caribbean ☐ African ☐ Somali ☐ Nigerian

☐ Any other Black background (please write in): .....

**Other ethnic group:** ☐ Chinese ☐ Filipino

☐ Any other ethnic group (please write in): .....

**Not stated:** ☐

Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

**NHS England use only**

Patient registered for

☐ GMS

☐ Dispensing

## To be completed by the GP Practice

Practice Name

The Northolme Practice

Practice Code

B84008

☐ I have accepted this patient for general medical services on behalf of the practice

☐ I will dispense medicines/appliances to this patient subject to NHS England approval.

*I declare to the best of my belief this information is correct*

Authorised Signature

Name Date

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Practice Stamp

Drs Ross, Cameron, Howes,  
Santhanam & Malone  
The Northolme Practice  
Kos Clinic, Roydlands Street,  
Hipperholme,  
Halifax. HX3 8AF

## SUPPLEMENTARY QUESTIONS

### PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a) ☐ I understand that I may need to pay for NHS treatment outside of the GP practice
- b) ☐ I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- c) ☐ I do not know my chargeable status

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:	Date:	DD MM YY
Print name:	Relationship to patient:	
On behalf of:		

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

### NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
<p>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</p>	Country Code:	
	3: Name	
	4: Given Names	
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
9: Expiry Date	DD MM YYYY	
PRC validity period (a) From:	DD MM YYYY	(b) To: DD MM YYYY

Please tick ☐ if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC 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, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

**APPOINTMENT REMINDERS – SMS TEXT MESSAGING SERVICE**

The Northolme Practice can automatically send you appointment reminders via text message to your mobile phone. The Practice may also, on certain occasions send you a text message inviting you to book an appointment.

**If you wish to receive appointment reminders, please ✓ tick the consent box below.**

Please advise the Practice if your mobile number changes or is no longer in your possession. You can cancel the text message facility at any time.

☐

**I consent** to the Practice contacting me by text message for the purpose of appointment reminders / appointment invitation requests.



## GP Online Services

Quick, easy and secure

- Order Prescriptions
- Book or Cancel Appointments
- Access your Medical Record

**Order prescriptions** – order and view a list of your prescriptions.

**Appointment booking** – you can book, check, and cancel appointments online.

**Access your Medical Record** – including information about medicines, vaccinations, and test results.

To register for Online services, please complete your details overleaf and bring it to your surgery reception. Registration takes just a couple of minutes.

Reception staff will verify your identity and provide you with your online login details.

Registration can be done faster if you also bring some identification and proof of address:

- 1) Photographic identification – passport, bus pass, or driving licence.
- 2) Proof of address – a recent utility bill or bank statement.

**Online Services - Registration can be done faster if you bring some identification and proof of address:**

- 1) Photographic identification – e.g. passport, bus pass, or driving licence.
- 2) Proof of address – a recent utility bill or bank statement.

First Name			
Last Name			
Date of Birth			
Address			
Home Telephone			
Mobile number			
E-mail address			
<p><b>I wish to have access to the following online services:</b></p> <p>Please tick <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> Book or cancel appointments</p> <p><input type="checkbox"/> Order prescriptions</p> <p><input type="checkbox"/> Access my medical record</p>			
<p><b>I understand and agree with each statement. Please tick <input checked="" type="checkbox"/></b></p> <p><input type="checkbox"/> I will be responsible for the security of the information that I see or download.</p> <p><input type="checkbox"/> If I choose to share my information with anyone else, this is at my own risk.</p> <p><input type="checkbox"/> If I suspect that my account has been accessed by someone without my agreement, I will contact the surgery as soon as possible.</p> <p><input type="checkbox"/> If I see information in my record that is not about me or is inaccurate, I will contact the surgery as soon as possible.</p> <p><input type="checkbox"/> If I think that I may come under pressure to give access to someone else unwillingly I will contact the surgery as soon as possible.</p>			
Signature		Date	



## ELECTRONIC PRESCRIPTION SERVICE (EPS)

The Electronic Prescription Service (EPS) is an NHS service. It gives you the chance to change how your GP sends your prescription to the place you choose to get your medicines or appliances from.

### What does this mean for you?

- If you collect your repeat prescriptions from your GP you will not have to visit your GP Practice to pick up your paper prescription. Instead, your GP will send it electronically to the place you choose, saving you time.
- You will have more choice about where to get your medicines from because they can be collected from a pharmacy near to where you live, work or shop.
- You may not have to wait as long at the pharmacy as there will be time for your repeat prescriptions to be ready before you arrive.

### Is this service right for you?

Yes, if you have a stable condition and you:

- don't want to go to your GP Practice every time to collect your repeat prescription.
- collect your medicines from the same place most of the time or use a prescription collection service now.

It may not be if you: don't get prescriptions very often or pick up your medicines from different places.

### How can you use EPS?

You need to choose a place for your GP Practice to electronically send your prescription to. This is called **nomination**. You can choose a pharmacy or a dispensing appliance contractor (if you use one).

Ask any pharmacy or dispensing appliance contractor that offers EPS or your GP Practice to add your nomination for you. **You don't need a computer to do this.**

**Nomination:**

(Your chosen Pharmacy or dispensing appliance contractor)

**Patient Signature:**

**Date:**

## YOUR ELECTRONIC PATIENT RECORD &amp; THE SHARING OF INFORMATION

**Please read this carefully. It will give you information about the sharing of your electronic patient record and the choices you need to make.**

Today, electronic records are kept in all the places where you receive healthcare. These NHS Care Services can usually only share information from your records by letter email, fax or phone. At times, this can slow down your treatment and mean information is hard to access.

The Northolme Practice uses a computer system called SystmOne that allows the sharing of electronic records across different NHS Care Services. We are telling you about this as a patient at this Practice as you have a choice to make about how the Practice shares information about your care from your electronic patient record. This form is not about your Summary Care Record (SCR), it is asking your sharing preferences regarding your full electronic GP record. You can choose to share or not to share your electronic GP record with other NHS Care Services.

**How is my decision recorded?** Our Practice computer system has two settings to allow you to control how your medical information is shared.

**Sharing Out** – This controls whether your full GP electronic patient record can be shared with other **NHS Care Services** where you are treated.

**Please record your preference** (please tick):

Sharing Out:    Yes (shared) ☐                      No (not shared) ☐

**Sharing In** – This controls whether you agree for this Practice to view information you've agreed to share at other **NHS Care Services**. **Please record your preference** (please tick):

Sharing In:    Yes (viewable) ☐                      No (not viewable) ☐

Patient Name: (Print Name):

Date of Birth:

Patient Signature:

Date:

## SUMMARY CARE RECORD (SCR)



If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

### You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

**Your options are outlined below;  
please indicate your choice on the form overleaf.**

- **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.
- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- **Express dissent for Summary Care Record (opt out).** Select this option, if you DO NOT want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) will be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice. You are free to change your decision at any time by informing your GP practice.

## SUMMARY CARE RECORD - PATIENT CONSENT FORM

Yes – I would like a Summary Care Record

☐

Consent for medication, allergies and adverse reactions only.

or☐

Consent for medication, allergies, adverse reactions and additional information.

No – I would not like a Summary Care Record☐

Dissent for Summary Care Record (opt out).

Name of patient

Date of Birth

Signature

Date

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name

Please tick one: Parent

☐

Legal Guardian

☐Lasting power of attorney  
for health and welfare☐

For more information, please visit:

<https://digital.nhs.uk/services/summary-care-records-scr>

or call NHS Digital on 0300 303 5678

## NEW PATIENT HEALTH QUESTIONNAIRE

YOUR HEIGHT:

YOUR WEIGHT:

## SMOKING STATUS:

If you currently smoke, how many?

Never  
smoked

Ex-smoker

Cigarettes per day

Cigars per day

If you smoke, we strongly advise that you stop smoking. We offer counselling and treatment to help you stop. Would you like to make an appointment with the smoking cessation advisor at the surgery?

Yes

No

## ALCOHOL:

How many units of alcohol do you drink in a week?

Units

(1 unit = ½ pint beer, 1 small glass of wine, 1 single spirit, 1 small glass of sherry)

How often do you have a drink containing alcohol? (✓ tick)

Never

Monthly  
or less2-4 times  
per month2-3 times  
per week4+  
per week

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

0-2

3-4

5-6

7-9

10+

How often have you had 6 or more units of alcohol, on a single occasion in the last year?

Never

Less than  
monthly

Monthly

Weekly

Daily or  
almost daily

If you drink more than 14 units of alcohol per week, would you like some help to reduce your alcohol levels?

Yes

No

If yes, please book an appointment to see a member of the Nursing team.



**when it's less  
urgent than 999**