

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 |
| | |

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*

**Not all doctors are authorised to dispense medicines*

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

Signature of Patient Signature on behalf of patient

..... Date ____/____/____

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

- Any of my organs and tissue or
- Kidneys Heart Liver Corneas Lungs Pancreas

Signature confirming my consent to join the NHS Organ Donor Register Date ____/____/____

Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit www.organdonation.nhs.uk or call 0300 123 23 23 to register your decision.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature confirming my consent to join the NHS Blood Donor Register Date ____/____/____

My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode:

All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

NHS England use only Patient registered for GMS Dispensing

To be completed by the GP Practice

Practice Name

Practice Code

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 ____/____/____

Practice Stamp

SUPPLEMENTARY QUESTIONS QUESTIONS - These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

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 <u>non-UK</u> EHIC or PRC? | YES: <input type="checkbox"/> NO: <input type="checkbox"/> | If yes, please enter details from your EHIC or PRC below: |
| <p><i>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.</i></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 |

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.

WOODHOUSE HEALTH CENTRE
5-9 Skelton Lane, Woodhouse, Sheffield, S13 7LY
Telephone No. 0114 2293090

Personal information collected from you by this form, is required to enable your request to be processed, this personal information will only be used in connection with the processing of this patient registration.



| | |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: Address: Post code: Balmoral Only Residential or Nursing (please indicate) Name of Wing Date of Birth: | Home Telephone No: <input type="checkbox"/> Work Telephone No: <input type="checkbox"/> Mobile Telephone No: <input type="checkbox"/> <p style="text-align: center;">Please indicate preferred contact number</p> Male/Female: Place of Birth: |
|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Marital Status: Single/Married/Cohabiting/Separated/Divorced/Widowed.

Any family members registered at the Practice:

Are you Diabetic Yes No

Ethnicity: White/Afro-Caribbean/Asian/Other

First Language: **Do you require an interpreter:**

Occupation/School/College:

Personal Medical History

Please detail any serious or chronic illnesses, operations or disabilities:

Are you presently undergoing any treatment: If so please give details (e.g. regular hospital or GP attendances/injections/physiotherapy?)

Are you allergic to anything?

Do you take any drugs, medicines or contraceptive pills? Yes/No
(if yes please supply a printout from your previous GP of all medication you take)

Have you ever had or are you currently awaiting any operations?

Do you look after someone who is ill, frail, disabled or mentally unwell Yes/No?
If yes you are a carer. Does someone look after you Yes/No? Please ask at reception for a carers identification form to help us support you.

| | |
|---------------------------------------------------------------------------------------------------------------------------------|--|
| | |
| Family Medical History | |
| Have any of your close relatives (parents, brothers, sisters) suffered from any significant medical problems? Please detail: | |

| | |
|------------------------------------------|----------|
| Lifestyle | |
| Do you smoke? | Yes / No |
| How many cigarettes / ozs tobacco a day? | |
| Have you ever smoked? | Yes / No |
| When did you give up? | |

| | |
|--------------------------------|----------|
| Do you drink alcohol? | Yes / No |
| Average amount per week | |
| Pints of beer: | Qty |
| Glasses of wine: | Qty |
| Measures of spirits: | Qty |

| | |
|-----------------------------------|----------|
| Do you take any exercise? | Yes / No |
| Please detail type and frequency: | |

| | |
|---------------------------------------------------------------|----------|
| Vaccinations | |
| Have you ever had a full course of Tetanus or Polio vaccines? | Yes / No |
| Please give dates of last boosters | |

| | | |
|-----------------------------------------------------------------------------------|----------|-------|
| Women only | | |
| Would you like to register for contraception? | Yes / No | |
| Have you had a cervical smear from your GP? | Yes / No | Date: |
| Have you had a cervical smear since then at a clinic / hospital / other (delete)? | Yes / No | Date: |
| Have you ever had any abnormal smears? | Yes / No | Date: |
| Have you had a hysterectomy? | Yes / No | Date: |
| Have you ever had a mammogram? | Yes / No | Date: |
| Was it normal? | Yes / No | |
| Have you ever been pregnant? | Yes / No | Date: |

| | |
|-------------------------------------------------------------------------------------------------------------------------|---------------|
| Do you consent to information entered on your medical record being shared with other local health professionals? | Yes/No |
|-------------------------------------------------------------------------------------------------------------------------|---------------|

Woodhouse Health Centre has the facility to use the following methods to contact you by **SMS Text Messages** to your mobile phone.

These may notify you about:

- Changes to your booked appointment
- National issues such as Flu pandemics
- Cancelled clinics including GP, Nurse, HCA
- Blood test results

Title..... Patient Name Date of Birth.....

Email.....

Mobile Telephone.....Landline telephone.....

Disclaimer

If you agree to the GP Practice contacting you via your mobile phone, the GP Practice agrees to adhere to the following:

- The mobile phone number will only be used by the GP Practice and will not be passed on to any other parties.
- Your mobile phone number will be solely used by the GP Practice in relation to healthcare services offered by the Practice. **You will not be contacted in relation to any other types of product or services.**

If at any time you would like to stop receiving text messages, please make a personal request to the GP Practice and you will be opted out of this.

Whilst the GP Practice will regularly check your telephone number with you, please be aware that the onus of keeping your contact details current with the practice rests with you.

Patient Signature..... Date

For practice use only

| | | | |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------|
| Identity verified through (tick all that apply) | Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/> | Name of verifier | Date |
| Name of person who authorised (if applicable) | | | Date |

Woodhouse Health Centre Alcohol Consumption Questionnaire

Name:

Address:

.....

DOB:/...../.....

Please fill out each box with the number provided for each question

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>How often do you have a drink containing alcohol?</p> <p>(0) Never (1) Monthly or less (2) 2-4 times a month (3) 2-3 times a week (4) 4 or more times a week</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px;" type="text"/></div> | <p>During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px;" type="text"/></div> |
| <p>How many standard drinks containing alcohol do you drink in a typical day when drinking?</p> <p>(0) 1 or 2 (1) 3 or 4 (2) 5 or 6 (3) 7 or 9 (4) 10 or more</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px;" type="text"/></div> | <p>During the past year, how often have you had a feeling of guilt or remorse after drinking?</p> <p>(0) never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px;" type="text"/></div> |
| <p>How often do you have six or more drinks on one occasion?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px;" type="text"/></div> | <p>During the past year, have you been unable to remember what happened the night before because you have been drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px;" type="text"/></div> |
| <p>During the past year, how often have you found that you were not able to stop drinking once you had started?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px;" type="text"/></div> | <p>Have you or someone else been injured as a result of your drinking?</p> <p>(0) No (1) Yes, but not in the last year (2) Yes, during the last year</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px;" type="text"/></div> |
| <p>During the past year, how often have you failed to do what was normally expected of you because of drinking?</p> <p>(0) Never (1) Less than monthly (2) Monthly (3) Weekly (4) Daily or almost daily</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px;" type="text"/></div> | <p>Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?</p> <p>(0) No (1) Yes (2) Yes, during the past year</p> <div style="text-align: right; margin-top: 10px;"><input style="width: 40px; height: 25px;" type="text"/></div> |



Your emergency care summary

CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice

A. Please complete in BLOCK CAPITALS

Title Surname / Family name

Forename(s)

Address

Postcode..... Phone No Date of birth

NHS Number (if known)..... Signature

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name Your signature.....

Relationship to patient..... Date

What does it mean if I **DO NOT** have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please contact your GP practice.

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Actioned by practice: yes / no

Date.....



West and South Yorkshire and Bassetlaw Commissioning Support Unit

Your Electronic Patient Record & the Sharing of Information - A Patient's Guide

Please read this leaflet 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.

Misterton Group Practice uses a computer system called SystmOne that allows the sharing of full 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 your 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.

Benefits of sharing your health care record

Patient care can be supported by healthcare staff having faster access to your medical information and you may not be required to repeat information to different NHS staff treating you. For example, healthcare staff who are involved in your care will be able to access your medical history immediately, enabling them to assess the provision of your care better.

How is my decision recorded?

Your GPs 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) or No (not shared)

Sharing In:

This controls whether your GP practice can view information recorded by other NHS Care Services where you have received treatment. Please record your preference:

Please tick: Sharing Out Yes (shared) or No (not shared)

Patient Name (Print Name): _____

Date of Birth: ____/____/____

Patient Signature: _____ Date: ____/____/____



Patient Online registration form Access to GP online services

Woodhouse uses a clinical system called SystmOne, which offers an online component available to our patients, where you can book appointments and order your scripts online – without having to phone the surgery. If you wish to use this service please complete the following form and hand back in to reception along with the rest of your registration details.

| | | | |
|------------------|--|---------------|--|
| Surname | | | |
| First name | | | |
| Date of birth | | | |
| Address | | | |
| Postcode | | | |
| Email address | | | |
| Telephone number | | Mobile number | |

I wish to have access to the following online services:

| | |
|---------------------------------|--------------------------|
| Booking appointments | <input type="checkbox"/> |
| Requesting repeat prescriptions | <input type="checkbox"/> |

Application for online access to my medical record

I wish to access my medical record online and understand and agree with each statement

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| I have read and understood the information on the reverse of this form | <input type="checkbox"/> |
| I will be responsible for the security of the information that I see or download | <input type="checkbox"/> |
| If I choose to share my information with anyone else, this is at my own risk | <input type="checkbox"/> |
| I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | <input type="checkbox"/> |
| If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible | <input type="checkbox"/> |

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|

For practice use only

| | | | |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------|
| Identity verified through (tick all that apply) | Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/> | Name of verifier | Date |
| Name of person who authorised (if applicable) | | | Date |

Important Information – Please read before returning this form

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

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.

If you can't do this for some reason, 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.

Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

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.

Patient Agreement

Dear Patient

Thank you for your interest in joining the practice. We aim to provide a high standard of service to our patients. In order for us to maximise the service we are able to give we request patients agree to a number of practical measures.

- Agree to see a First Contact Practitioner instead of a GP for minor illness or when appropriate. Our First Contact Practitioners are skilled and an essential part of our patient care team, helping free up doctors time for patients with more complex problems.
- Agree to book a routine GP appointment at the surgery whenever possible.
- Home Visits should only be requested for housebound patients or those genuinely not able to get into surgery. Transport responsibility remains with the patient.
- Always treat the Receptionist with courtesy and respect and they will do likewise. We are here to help but staff are only human. Verbal and physical abuse will not be tolerated. We have a ZERO TOLERANCE to this kind of behaviour and will remove any such patients from our list.
- Always cancel any appointments with plenty of notice. Appointments should not be made and not kept. Should you not attend for 3 pre-booked appointments and fail to cancel them (within a 6 month period) we may be forced to remove you from our list.
- Patients should do whatever possible to improve their own health.
- Respect other patients need for a calm atmosphere in the waiting room and try to keep your children under control.
- The Out of Hours Service is for genuine emergencies only and is not an extension of the GP surgery hours.

Signed: Date:

Print Name:



Your Data Matters to the NHS

Information about your health and care helps us to improve your individual care, speed up diagnosis, plan your local services and research new treatments.

In May 2018, the strict rules about how this data can and cannot be used were strengthened. The NHS is committed to keeping patient information safe and always being clear about how it is used. You can choose whether your confidential patient information is used for research and planning.

To find out more visit: nhs.uk/your-nhs-data-matters

How your data is used

Your health and care information is used to improve your individual care. It is also used to help us research new treatments, decide where to put GP clinics and plan for the number of doctors and nurses in your local hospital. Wherever possible we try to use data that does not identify you, but sometimes it is necessary to use your confidential patient information.

What is confidential patient information?

Confidential patient information identifies you and says something about your health, care or treatment. You would expect this information to be kept private. Information that only identifies you, like your name and address, is not considered confidential patient information and may still be used: for example, to contact you if your GP practice is merging with another.

Who can use your confidential patient information for research and planning?

It is used by the NHS, local authorities, university and hospital researchers, medical colleges and pharmaceutical companies researching new treatments.

Making your data opt-out choice

You can choose to opt out of sharing your confidential patient information for research and planning. There may still be times when your confidential patient information is used: for example, during an epidemic where there might be a risk to you or to other people's health. You can also still consent to take part in a specific research project.

Will choosing this opt-out affect your care and treatment?

No, your confidential patient information will still be used for your individual care. Choosing to opt out will not affect your care and treatment. You will still be invited for screening services, such as screenings for bowel cancer.

What should you do next?

You do not need to do anything if you are happy about how your confidential patient information is used.

If you do not want your confidential patient information to be used for research and planning, you can choose to opt out securely online or through a telephone service.



For more information about your data rights please visit the Your Data Matters campaign at ico.org.uk

You can change your choice at any time.

To find out more or to make your choice visit: nhs.uk/your-nhs-data-matters
or call 0300 303 5678

Social Media Policy



There are many social media platforms that are widely used by both staff and patients; these include Facebook, Twitter, Instagram, YouTube and LinkedIn. At Woodhouse Health Centre we have a practice website and NHS Choices main page which provide a range of useful information for our patient population.

Woodhouse Health Centre has a duty to maintain patient confidentiality and to safeguard vulnerable patients. You can help us achieve this by adhering to the code of conduct outlined in this policy.

Patients at Woodhouse Health Centre are expected to adhere to the following code of conduct at all times:

- The practice requires all users of portable devices to use them in a courteous and considerate manner, respecting their fellow patients.
- Portable devices are not to be used during consultations.
- Patients must not post any material that is inaccurate, fraudulent, harassing, embarrassing, obscene, defamatory or unlawful. Any such posts on the practice website, or NHS choices will be deleted by the practice manager and the post reported
- Patients must not post comments on social media that identify staff who work at the practice
- Patients are not permitted to take photographs in the waiting room or areas where other patients are present, nor are photographs of staff permitted
- Patients are not permitted to disclose any patient-identifiable information about other patients, unless they have the express consent of that patient.
- Patients are to use NHS Choices should they wish to leave a review about Woodhouse Health Centre. This will enable the complaints manager to respond appropriately

Defamatory comments about our team are not to be shared on any social media platform. Legal advice will be sought and the appropriate action taken against any patient who posts defamatory comments.

Patient complaints on social media

We have a separate complaints policy which patients are to use should they wish to make a complaint. We will only respond to complaints made to the practice in accordance with the practice policy. If a complaint is made on the practice main web page, it will be deleted.

FOR COMPLETION BY STAFF ONLY
CHECK LIST FOR REGISTRATION FORMS

WHEN FORMS ARE HANDED INTO THE PRACTICE PLEASE CHECK THE FOLLOWING:

Section 1 (Tick when checked)

Check all personal details, previous home address, previous GP details especially the postcodes are entered
On the registration form and that the form has been signed.

**Sight of Photo ID and current Utility Bill/Bank Statement for proof of ID and address
(not required for children under the age of 16)**

Electronic sharing of information form signed and Yes/No box ticked

The Practice New Patient Registration form fully completed with all questions answered

The Alcohol form fully completed

Patient Agreement Form signed

Summary Care Record Opting Out form signed – **if YES** – Does the patient know
what they have agreed to. (Speak to patient and ask)

Inform patient who their accountable GP (ALL PATIENTS)
Detach this form and pass to the Admin team if signed.

What identification was seen.....

**MAKE SURE YOU HAVE CHECKED THE FORMS ARE COMPLETED FULLY BEFORE TAKING THEM FROM THE PATIENT.
IF YOU DO NOT DO THIS YOU WILL HAVE TO CONTACT THE PATIENT TO SORT IT OUT.**

Signature of person accepting forms from the patient

WHEN REGISTERING NEW PATIENT ON THE COMPUTER CHECK THE FOLLOWING:

(Tick when checked)

If patient is Diabetic then add to Nurses message list

Enter address and postcode correctly (if addresses are entered
Incorrectly they do not appear in address searches or co-habitant searches making
reports inaccurate) Check previous GP details are completed especially the postcode.

Enter Nursing Home Code

Enter Alcohol C Audit details onto computer

Enter Informed of accountable GP – CODE ALLOCATED AND INFORMED OF ACCOUNTABLE GP

Enter Electronic Sharing of Records as Yes or No depending upon patient choice
(Missing this makes it difficult to share information requested by health professional
outside the practice).

Enter the 2 codes for Care Data Opt out form

Check nominated Pharmacy is the correct pharmacy

IF ANY INFORMATION LISTED IN SECTION 1 HAS NOT BEEN COMPLETED YOU WILL NEED TO CONTACT THE PATIENT AND SORT THIS OUT.

Name of Patient DOB.....

Signature of member of staff who has registered the patient