

CLIFTON HAMPDEN SURGERY  
WATERY LANE, CLIFTON HAMPDEN, ABINGDON  
Oxon. OX14 3EL  
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## Welcome to Clifton Hampden Surgery

As a new patient we will not have received your medical records from your previous doctor and we need some basic information about your health. Please complete the enclosed registration forms.

If you need a repeat prescription or medical consultation, please make an appointment with a GP. Repeat prescriptions on your records from your previous doctor will not be issued until you have seen a GP at our practice.

**Please note: we cannot register children under 5 without information about their immunisations. Please ensure that you record these details on the pink child immunisations update form or bring along your parent-held records such as the Health Visitors' red book.**

### **To complete your registration, please ensure you bring the following documents to reception:**

1. Completed registration pack (all enclosed forms)
2. One of the following identity documents:
  - Valid passport
  - Valid driving licence
  - Biometric residence permit
  - Valid EU national ID card
  - Original birth certificate (this is all that is required if registering a child)
3. One of the following proof of address:
  - UK bank/building society statement issued within past 3 months
  - UK credit card statement issued within the past 3 months
  - council tax statement issued within past 12 months
  - valid work permit/visa (UK)
  - benefit statement eg pension
  - Sponsorship letter from your employer/future employer (for non-UK, non- EAA applicants only)

If you wish to register for online patient access, please read the enclosed information leaflet and complete the online access registration form. We can then use your identity documents presented at registration to verify your identity for online access.

Please do not hesitate to contact reception with any queries. Alternatively, more information regarding our practice is available at [www.cliftonhampdensurgery.com](http://www.cliftonhampdensurgery.com)

**Dr Estelle James & Dr I Steinbrecher**

Dr E James, Dr I Steinbrecher, Dr P Rubin & Dr C Sellers

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. You can choose how your data is used by visiting [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters)

# Clifton Hampden Surgery – New Patient Health Profile

PLEASE COMPLETE ALL SECTIONS

Personal Details:			
Title	First Name	Middle Names	Surname
Previous Surnames:			
Marital Status:	Single / Married/ Separated / Divorced / Widowed (please circle)		
Address:			
Post Code:			
Contact numbers:	Home:		
	Mobile:		
	Work:		
Email address:			
Date of Birth:		Place of Birth:	
NHS No:			

Ethnic Origin: (please tick as appropriate)			
<b>White</b>	White British	<input type="checkbox"/>	
	White Irish	<input type="checkbox"/>	
	Other white background	<input type="checkbox"/>	
<b>Mixed</b>	White and Black Caribbean	<input type="checkbox"/>	
	White and Black African	<input type="checkbox"/>	
	Other mixed background	<input type="checkbox"/>	
<b>Other</b>	Chinese	<input type="checkbox"/>	
	Any other ethnic group	<input type="checkbox"/>	
		<b>Asian / Asian British</b>	Indian
			Pakistani
			Bangladeshi
			Other Asian background
		<b>Black / Black British</b>	Caribbean
			African
			Other black background
		<b>Not stated</b>	
Are you normally resident in the UK?			Yes / No (please circle)
Is your stay in the UK expected to be for six months or more?			Yes / No (please circle)
Main spoken language:			
Do you need an interpreter?		Yes / No (please circle)	

Next of kin details:			
Name:		Relationship:	
Contact number(s):			
Can we contact them in an emergency?		Yes / No (please circle)	
Can we tell them medical information about you?		Yes / No (please circle)	

Additional information			
Are you a carer?	Yes / No	Who for?	
Do you have a carer?	Yes / No	Who is your carer?	
Have you ever served in the armed forces?			Yes / No
If so, please provide dates			Dates:

Communications from the practice	
We currently send patients information regarding appointments, test results, medications, etc by text message. Can we send such information to you <b>by text</b> at the number you have provided?	Yes / No
In the future we may use email to contact patients regarding appointments, test results, medications, etc. Can we send such information to you <b>by email</b> at the address you have provided?	Yes / No
Please make sure that you notify us quickly of any change of contact details, and especially your mobile phone number and email address. Please note that if you register for online services you will also need to change your registered email address through the online services website or app.	

Lifestyle						
Height:		Weight:				
Are you a : Please tick	Current smoker?		Cigs per day?			
	Ex-Smoker?		Years Smoked?			
	Never Smoked?					
Do you undertake regular exercise, if so what kind of exercise do you do and how many times a week?						
Alcohol						
Do you drink alcohol?	Yes / No	Average unit per week?				
(1 unit = 1 small glass wine / measure of spirit / half a pint of beer)						
If you ever drink alcohol, please complete the questionnaire below:						
AUDIT C questionnaire	Scoring System					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 – 4 times a month	2 – 3 times a week	4+ times a week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					<b>Total:</b>	
If you score 5 or points or more, you may be drinking more than is healthy for you. Our nurses would be happy to discuss this with you.						

Allergies	
To your knowledge, do you have any allergies, if yes please specify	Yes/No

Family History			
Has a close member of your family (parents, brothers and sisters) suffered from any of the following:			
Type	Relationship to you	Age at onset	Age of death (if applicable)
Diabetes			
Glaucoma			
Stroke			
Heart Trouble			
Cancer			
Other:			

Specific Needs
Do you have any specific needs that the practice needs to be aware of e.g. sensory or physical disabilities, phobias, religious or cultural requirements? Please give details below:

Signed: .....

Date: .....

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## Clifton Hampden Surgery Online Services Records Access – It's your choice

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.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.



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.

### **The practice has the right to remove online access to services for anyone that doesn't use them responsibly**

Please ask us for more information if you are enquiring about **proxy access**. The NHS defines proxy access as allowing "parents, family members and carers to access health services on behalf of other people. For example, children, dependants you care for, and relatives." There are different procedures involved in granting access on someone else's behalf.

Access for registered carers – registered carers for adults may have online access to medical records providing the patient is mentally competent to grant access. If there is a lack of mental capacity, access will only be granted if a lasting power of attorney for health and welfare is in place.

Access to children's online records – parents or registered carers are able to have access to their children's records. There are strict guidelines relating to children's medical records and from the age of 11 online access to the child's medical record will be disabled. This is to ensure children have the opportunity to access medical help with the knowledge that this will be confidential.

For more information on proxy access please visit

<https://www.nhs.uk/using-the-nhs/nhs-services/the-nhs-app/help/proxy/>

<https://www.england.nhs.uk/publication/gp-online-services-easy-read-guides/>

**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.

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## Patient Access Online Registration Form

If you would like to register for online patient access, please read the patient information leaflet then complete this form and pass it to one of the receptionists. You are required to provide us with **two** forms of ID – one photographic e.g., passport or driving license and a second confirming your current address e.g., bank/credit card/mortgage bill or driving license (if not used as proof of ID). This must be dated within the last 6 months (or in the case of your driving license or council tax bill being used, they may be up to 12 months old). The receptionist will check these documents and then return them to you immediately.

Surname	Date of Birth	
First name		
Address		
Postcode		
Email address		
Telephone number	Mobile number	
I wish to have access to the following online services (please tick all that apply):		
1. Booking appointments	<input type="checkbox"/>	
2. Requesting repeat prescriptions	<input type="checkbox"/>	
3. Accessing my medical record	<input type="checkbox"/>	
I wish to access my medical record online and understand and agree with each statement (tick)		
1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>	
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>	
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>	
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>	
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>	
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>	
Signature	Date	
<b>For practice use only</b>		
Patient NHS number	Practice computer ID number	
Identity verified by (initials)	Method used	Vouching <input type="checkbox"/>
Date		Vouching with information in record <input type="checkbox"/>
		Photo ID and proof of residence <input type="checkbox"/>
Documentary evidence provided (please write what documents seen)		
Date account created		
Level of record access enabled	Detailed coded record <input type="checkbox"/> All prospective <input type="checkbox"/> All retrospective <input type="checkbox"/> Other limited parts <input type="checkbox"/>	Notes / explanation