THE HAVEN PRACTICE

Welcome to Your Practice

We would appreciate it, if you could take a few moments to answer the questions listed here so that we have some basic information about you and your health. We hope to offer you all the information you may need, through our Reception staff at the Surgery, our Practice Leaflet and our Practice Website.

Surname:	Forename:
Date of Birth:	Landline:
Mobile No:	E-Mail:
Are you a Carer? A Carer is someone who regularly, and without payment looks after or supports a person who is ill, disabled, frail or in need of emotional support) Does someone Care for you? **ILLNESSES:** Have you had any serious illness? Do you have any medical problems at the moment? Please list any allergies you have: Please list any tablets, medicine or other treatments you are taking or bought from a chemist: Are there any serious diseases that affect your family? **Next of Kin:** Name: Relationship: Contact Details:	Yes/No Yes/No
Religion:	

IMMUNISATIONS: Please circle which Immunisations you have been given:	Pneumococcal
Diptheria/Tetanus/Polio	Measles/Mumps/Rubella
Pertussis (Whooping cough)	German Measles
HPV (Cervical Cancer)	Meningitis C
YOUR HEALTH: Do you smoke? Yes/No Have you ever smoked? Yes/No	 If so, how many a day?
Do you drink alcohol? Yes/No	If so, how many units a week?
What kind of exercise do you take?	
Approx weight and height?	Weight: Height:
Are you on any special diet?	
GENDER	
Male	Female
Transgender	
SEXUAL ORIENTATION	
Do not wish to enclose	
Gay	Bisexual
Lesbian	Heterosexual
ETHNICITY: Please Circle: British/Mixed British	Main Language Spoken: Irish
Other White Background	White and Black Caribbean
White and Black African	Indian/British Indian
Other Mixed Background	Bangladeshi/British Bangladeshi
Pakistani/British Pakistani	Caribbean
Other Asian Background	Other Black Background
African	White and Asian
Chinese	Other

Patient Information Sharing and Consent

All information you give to us is safeguarded by the Data Protection Act and the NHS Care Record Guarantee. At all times, everyone working for the NHS, has a legal duty to keep information about you confidential. However, information is sometimes shared where it is absolutely necessary to support your care or help improve the service provided by the NHS.

You have a choice about whether your information is shared and for what purpose.

Please complete the boxes below to tell us what your choices are:

SUMMARY CARE RECORD:	
A summary care record contains information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely	If **Yes** a record will be created for you, but you can opt-out at any time. If **No**, please ask for an-opt out form at reception
Do you want a Summary Care Record?	Yes/No
CARE DATA:	
The NHS uses information about you and the care you receive to help plan and improve services. The information will be held securely and includes your postcode and NHS number but **NOT** your name	
Do you agree that your GP records maybe used for planning and research purposes outside the Practice?	Yes/No
Do you agree that your information held by other places you receive care, such as Hospitals and Community Services maybe used for planning and research purposes?	Yes/No

THE HAVEN PRACTICE

Application Form for Online Services Patient Access

I would like to apply for access to book Appointments, order Repeat Prescriptions and have access to my Medical Record online, this would include, viewing Letters and attachments, Test results and Immunisation history, Consultations, update Contact details.

ID is not required if you are an active registered Patient. Passwords can only be given to patients in person and not by email or post and will be ready at Reception for collection within five working days.

Patients Name:	
Date of Birth:	
Home Tel:	
Mobile No:	
Email Address:	
Patients Signature: Date:	If aged 14 or over this needs to be completed by Patient only

Where the patient is under the age of 14, online access may be applied for by a person holding Parental Responsibility. All patients attaining the age of 14 years will be required to apply for access for this service to be continued. If the Patient is between the age of 14 and 16 they can consent to the person holding Parental Responsibility to have access, please complete below.

Name of person holding Parental Responsibility:	
I consent to the person above holding Parental Responsibility to have access to my records:	
Signature: Date:	

- I understand I will not be able to use this code to book appointments/order repeat prescriptions, access medical record for any other patient
- I understand that I remain responsible for notifying the Practice of any change in contact details
- I understand that I remain responsible for attending or cancelling appointments
- I understand that the Practice reserves the right to withdraw this access if this service is used inappropriately.

Email to: BHCCG.TheHaven@nhs.net

4. Do you have a disability, impairment or Sensory loss and need to receive information in a way you can easily understand?

Please tick

Large Print

Braille

Via Email

Hearing Impaired

Alternative Languages

Other Support

if required, like British Sign Language (BSL)

OTHER: .....

5. Please state if ;
13VC You have a disability?
13VC5 You have a disability? (e.g. Do you have a Blue Badge, or claim any disability allowance etc)