

Welcome to Living Well Partnership. If you are completing this form on behalf of your household please complete your details first, then add the relevant number of child registration form(s) to this application. Living outside our catchment area does not prevent you from registering with us but certain services may be unavailable to you. Further information is available on request.

Your details

Title _____ Surname _____

First names _____

Address _____

Post code _____

Date of birth _____ Gender _____

NHS number (if known) _____ Occupation _____

Previous address _____

Post code _____

Previous GP surgery name and address _____

Post code _____

Have you been registered with Living Well or any of our surgeries before Yes / No

Mobile phone number _____ Home phone number _____

Email Address _____

Ethnic background (please tick below)

- | | | |
|---|--|--|
| <input type="checkbox"/> White – British | <input type="checkbox"/> Asian or Asian British – Indian | <input type="checkbox"/> Black or Black British – Caribbean |
| <input type="checkbox"/> White – Irish | <input type="checkbox"/> Asian or Asian British – Pakistani | <input type="checkbox"/> Black or Black British – African |
| <input type="checkbox"/> White – Any other White background | <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Black or Black British - Any other Black background |
| <input type="checkbox"/> Mixed – White and Black Caribbean | <input type="checkbox"/> Asian or Asian British – Any other Asian background | <input type="checkbox"/> Other Ethnic Groups – Chinese |
| <input type="checkbox"/> Mixed – White and Black African | | <input type="checkbox"/> Other Ethnic Groups – Any other ethnic group |
| <input type="checkbox"/> Mixed – White and Asian | | <input type="checkbox"/> Not stated |
| <input type="checkbox"/> Mixed – Any other mixed background | | |

First language _____ Do you need a translator Yes / No

Please circle your preferred surgery

Bitterne Park Botley Harefield Ladies Walk Midanbury St Luke's Weston Lane

Your health

Please indicate if you have or have ever had any of the following (circle)

Asthma	Yes / No	Poor Mental Health	Yes / No
Diabetes	Yes / No	Epilepsy	Yes / No
COPD	Yes / No	Chronic Kidney Disease	Yes / No
Raised Blood Pressure	Yes / No	Thyroid Disease	Yes / No
Heart Disease	Yes / No	Cancer	Yes / No
Stroke / Mini-stroke	Yes / No	Previous operations	Yes / No

If you have answered yes to any of the above questions please give details below:

If you have a family history of any of the above conditions, please state condition, family member and age of onset:

If you have any allergies, please give details:

Women aged 25 and over, have you ever had a cervical smear Yes / No / N/A

If N/A or No please confirm why _____

If yes, when _____

Where _____

Result _____

Next smear due _____

If you are due a smear test please tick here for our team to contact you

Are you pregnant Yes / No / N/A

Estimated delivery date _____ Planned delivery location _____

Your medication

Please list full details of your current medication (attach white prescription print out):

Prescriptions are now sent electronically to your chosen pharmacy. Please tell us which pharmacy you would like your prescriptions sent to:

Your lifestyle

Height _____ Weight _____

Have you ever smoked tobacco Yes / No

Current smoker Yes / No How many per day _____

Ex-smoker Yes / No When did you stop _____ How many per day _____

How many units of alcohol do you drink per week _____

A unit of alcohol is equal to a small wine glass, a single shot of spirit, or half a pint of beer. The recommended weekly allowance of alcohol is no more than 14 units for a woman and no more than 21 units for a man. It is better that the weekly allowance is spread evenly over the week.

How would you describe your regular exercise level on a weekly basis (please circle):

Inactive Light Moderate Rigorous

Aerobic exercise is brisk walking, jogging, swimming or cycling. A target level of 30 minutes of moderate aerobic activity on at least five days is recommended. Moderate activity means any activity that makes you feel warm and slightly out of breath.

Additional information

Do you have an Armed Forces background (please circle):

Armed Forces Veteran Armed Forces Reservist Member of an Armed Forces Family

Armed Forces Veterans, Reservists or members of an Armed Forces family have certain rights with respect to NHS services. More information about your rights is available here:

www.nhs.uk/nhs-services/armed-forces-and-veterans-healthcare/

Are you disabled? If yes, please give details:

Yes / No

Do you have a social worker or care coordinator? If yes, please give details:

Yes / No

Are you resident in a care home or nursing home

Yes / No

Do you have a Lasting Power of Attorney for Health and Welfare? If yes, please give details:

Yes / No

Please attach any existing care plans, advanced directives, or resuscitation orders to this registration form

Carer or Cared for

If you are a carer or are cared for, we would like to hold this information on your medical record. This will help us provide support as necessary and have a better understanding of your needs. You may be a carer even if you are a family member.

I am a carer: Yes / No I care for _____

Relationship (if any) _____ I am paid / unpaid (please circle)

I have a carer: Yes / No I am cared for by _____

Relationship (if any) _____

Giving friends, family, carers access to your record

I give consent for staff at Living Well Partnership to discuss my medical matters with the following third parties:

1. Name, relationship and contact number _____

2. Name, relationship and contact number _____

Leaving messages

I give consent for staff at Living Well Partnership to leave answerphone messages at the following numbers:

- | | |
|---|----------|
| 1. My home phone | Yes / No |
| 2. My mobile phone | Yes / No |
| 3. The above third parties, if applicable | Yes / No |

NHS App and communicating with you

We strongly recommend use of the NHS App, which provides access to eConsult, symptom advice, repeat prescriptions and nominated pharmacy. Please indicate whether you would also like additional access to your clinical record e.g. immunisation history and blood test results. Yes / No

We regularly communicate with our patients via text message and email to ensure we respond to your queries quickly and efficiently, to provide you with relevant medical updates and invites e.g. vaccine clinics. This minimises paper processing, frees up staff time and allows funds spent on postage to be reinvested into patient care. Tick here to opt out.

Opting out of data sharing

Your Summary Care Record (SCR) allows key information from your GP medical record (such as your medication, medical problems and allergies) to be seen by A&E, 111, out of hours doctors and community providers when they are treating you. If you do not want to have a SCR, please tick here. Please note this may affect your care from others if you do opt out.

To opt in to additional information being included on your Summary Care Record (such as immunisations, care plan information or significant medical history) please tick here.

The Care and Health Information Exchange (CHIE) allows summary information about your health to be accessed by healthcare professionals within Hampshire to support your care and treatment, including in cases of emergency. If you do not want your information to be shared in this way, please tick here. Please note this may affect your care from others if you do opt out.

If you do not want confidential patient information from your medical record leaving your GP practice for any purpose other than your direct health care, such as for research and planning, please tick here.

If you do not want confidential patient information from your medical record being used by NHS England to help with research and planning or for any other secondary use, please register with the National Data Opt Out Service: <https://www.nhs.uk/your-nhs-data-matters/> The Partnership cannot amend your preference for you. The NDO does not apply to anonymised data used for research purposes.

Our Privacy Notice contains information about how we use your data, and is available on our website, or a copy can be provided by our reception team.

Patient Participation Group

If you would like to find out more about our Patient Participation Group (PPG), please tick here.

Declaration & ID

I declare that the above information is true to the best of my knowledge and belief.

Signed _____ Date _____

Please complete all parts of the registration form and return to the surgery with **two** forms of ID. Please speak to reception if you require additional advice or support with ID:

Name Identification

- Current signed full passport
- Current driving licence
- Current benefits or state pension notification
- Current HMRC tax notification
- Home Office immigration and residence permits
- Shotgun or firearms certificate

Address Identification

- Utility bill dated within the last three months
- Council tax bill for the current year
- Bank or building society statements
- Local council rent card
- Tenancy agreement
- Solicitors letter confirming recent relocation

Office use only

Date received	
Date added to EMIS	