

Thank you for registering with Portsdown Group Practice (PGP)
 To register with the practice you must provide two forms of identification
 this must include a photographic ID and a utility bill within the last 3
 months with your current address. If no photographic ID then two
 confirmations of address

Please complete questions below and all attached forms in full. Failure to do so can
 prevent your registration. If you would like help filling in these forms please ask at
 reception.

Please sign below

I give my informed consent for PGP to hold process and share my personal records,
 manually and electronically, for the purpose - provisions specified In accordance with
 the Data Security Act 1998.

Name _____ (print) D.O.B _____

Signed _____ Date _____

**Have you been registered with this practice before, either at Crookhorn Surgery,
 Cosham Park House, Paulsgrove Surgery, Somerstown Health Centre, Victory
 Surgery, Heyward Road Surgery or Buckland Medical Centre Surgery?**

Yes No

**Have you ever served in the Armed Forces/Regular and Reserve and Merchant
 Navy?**

Yes – Date left: _____

**Seafarers and Fishermen who have served in a vessel which was operated to
 facilitate military operations by HM Armed Forces?**

Yes – Date left: _____

Is your spouse currently serving in the armed forces? Yes No

In order to meet Health Authority Requirements, we need to record the ethnic origin
 and first language of all patients who are registered within our practice.

First Language Spoken _____

British or Mixed British		Irish	
Other White background		White and Black Caribbean	
White and Black African		White and Asian	
Other mixed background		Indian or British Indian	
Pakistani or British Pakistani		Other Asian background	
Bangladesh or British Bangladesh		Caribbean	
African		Other Black background	
Chinese		Other Please specify.....	
Ethnic category not stated		

Are you a carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any special needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Optional Further details</i>		

The practice participates in the Text Reminder Service; 24 hours before your appointment you will receive a free text message reminding you of your appointment, if you do **NOT** wish to participate in this scheme please tick the box

The practice offers online facilities to provide patient's with greater control over their healthcare. Please state below if you do or do not want access to the specified.

Online appointment booking Yes No

Repeat prescriptions Yes No

Limited care record access
(medication history, allergies, immunisations) Yes No

Note: In order to authorise these services the practice must be provided with photographic identification before access can be granted.

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For office use only

SystemOnline Access Letter Sent? Yes No

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Patient Participation Group

Please tick if you wish to participate in the Patient Participation Group. More details can be found below.

Dear Patient

We are asking if you would like to become one of the Portsdown Group Practice Patient Participation Group members. We may periodically ask your view on things that matter to you. We aim to gather information from not only patients but patients who are carers to the young or the elderly and who may see a different perspective on the care of our patients.

If you are interested in taking part, please complete the below Patient Participation Group Contact Sheet included in the Registration Pack. The details you provide will be used lawfully in accordance with the Data Protection Act 1998.

Print Name:

Signature:

Email address:

We run a Stop Smoking Clinic within the surgery please ask the receptionist for details.

Data Sharing

We will not disclose your information to third parties without your permission unless there are exceptional circumstances, such as life and death situations, when the health or safety of others is at risk or where the law requires information to be passed on.

However, to ensure you receive the right care we may share information about you and your care with other health professionals who are involved in the direct provision of your care. Under the NHS your medical care records can be shared via SystemOne local sharing, the Hampshire Health Record (HHR) and the Summary Care Record (SCR).

If you are happy for your information to be used in this way you only need to sign the bottom of this page. The below options are for specifying your consent for the individual sharing agreements.

SystemOne local sharing

SystemOne is the name of the clinical system Portsdown Group Practice and many other GP surgeries and healthcare providers use to record, manage and maintain your care records. Through SystemOne, other organisations within Portsmouth and Solent NHS Trust have the ability to share medical records for the explicit purpose of patient care and under the strict guidelines set by the HSCIC and ICO.

SystemOne local sharing

Opt In

Opt Out

Hampshire Health Record

The HHR is an electronic summary record for people living in Hampshire, Portsmouth and Southampton. GP Surgeries, hospitals, social care and community care teams collect information about you and store it electronically on separate computer systems. This record contains more information than the SCR, but is only available in organisations in Hampshire.

Hampshire Health Record

Opt In

Opt Out

Summary Care Record

The SCR is a record that will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. This does not include diagnosis or procedures. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed.

Summary Care Record

Opt In

Opt Out

Note: Opting out of the Summary Care Record will also opt you out of the Hampshire Health Record and SystemOne local sharing.

Print Name: _____

Sign: _____ Date: _____