

## How to Register with Clackmannan and Kincardine Medical Practice

### *Patient registration for patients up to and including their 5th birthday*

Please complete the form "Application to register permanently with a General Medical Practice" as fully as possible. If you don't know some of the information, don't worry, but please let reception know about this when you hand the forms in. All boxes marked with a \* **must be completed**.

#### Check List

- Have you completed and signed the "*Application to register permanently with a General Medical Practice*" form on behalf of your child
- Have you completed the "*New Patient Questionnaire Sheets*" on behalf of your child
- Have you signed that you have received a copy of "Your Information – Uses and Protection" on the "*New Patient Questionnaire Sheets*" on behalf of your child
- If this form is **not** being completed for a new born baby, please bring in the "Red Book" to enable us to photocopy the record of vaccinations
- If this form **is** being completed for a new baby, registration of your baby cannot be completed without the white sheet which is given to you by the registrar at the time of registering the birth of your baby. It is issued to you to give to your baby's GP
- Have you signed the "*Application to register permanently with a General Medical Practice*" form at the "counter fraud declaration" section?
- If you've indicated you want us to record your consent to organ donation, have you signed the section "voluntary consent to organ donation" in addition to the "counter fraud declaration" section?
- When handing the forms in, please provide proof of identification. For babies and children without photographic ID, a birth certificate is acceptable

**Clackmannan and Kincardine Medical Practice – New Patient Questionnaire – Page 1  
For children up to and including their 5<sup>th</sup> birthday**

Please complete this questionnaire as fully as possible.

Name _____ Date of Birth _____
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Have you ever been seen at either Clackmannan Health Centre or Kincardine Health Centre before? Yes / No

Name known by \_\_\_\_\_

Mr	Mrs	Miss	Ms	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Telephone Number	Mobile Number
<input type="text"/>	<input type="text"/>

Name known by \_\_\_\_\_

**Ethnicity** – we hope that you do not mind completing this section, there may be cultural issues in relation to healthcare that we should be aware of.

I would describe my ethnicity as (please circle one):			
White Scottish	Indian	African	Other
White British	Pakistani	Black or Black Scottish	White Irish
Bangladeshi	Other Asian	Caribbean	Other Ethnic Group
Other White	Chinese	Any mixed background	
Country of Birth:			
UK	Other EEC	Other (Please specify) _____	

I acknowledge receipt of the Information Sheet – “Your Information – Uses and Protection”	
Signature _____	Date _____

**Clackmannan and Kincardine Medical Practice – New Patient Questionnaire – Page 2  
For children up to and including their 5<sup>th</sup> birthday**

**Health History (Please list any illnesses that may be applicable to your child)**

Heart Disease	Yes /No	Stroke / CVA	Yes /No
Diabetes	Yes /No	High Blood Pressure	Yes /No
Asthma	Yes /No		

Please tell us about current conditions, past illnesses, accidents, operations or other hospital admissions including if possible a date or what age you were.

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**Medication**

Please list all medication that you take. Please include any medication, which is bought from the chemist.

Name	Dose	Name	Dose
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Does the child have any allergies? Yes / No  
Which if any .....

**Family History (Do either of your parents have/had?)**

Heart Disease	Yes / No	Mum / Dad	Stroke	Yes / No	Mum / Dad
Diabetes	Yes / No	Mum / Dad	Asthma	Yes / No	Mum / Dad
Hypertension	Yes / No	Mum / Dad			



## “Your Information – Uses and Protection”

**We are registered with the Information Commissioner.**

### **What Information Do We Hold?**

We hold data relevant to your medical care, and can include personal details, a record of your appointments and consultations, prescribed medications, test results, lifestyle and employment information.

### **Who Has Access?**

In addition to your doctors, the practice nurses, district nurses, health visitors and administration staff working at the health centre have access to your medical information.

Other attached medical professionals who have access to information about you are:

Visiting Colleagues offering specialist medical and support services, for example:

- ▶ Physiotherapist, Podiatrist
- ▶ Clinical Guidelines Coordinator
- ▶ Medical and Nursing Students

**but only in relation to the care they are providing.**

### **Sharing Information**

Telephone calls made to NHS24 are recorded. A summary of the care you receive from NHS24 and the Out of Hours service is retained on a clinical system used by this organisation and a copy is in your medical record at this practice.

Everyone working for the NHS has a legal duty to keep information about you confidential. Great care is taken to ensure that confidentiality is maintained in respect of all information held about you.

If you are receiving care from other medical professionals or other organisations, we can provide information relevant to the care you are receiving.

### **How is the information used?**

In addition to using the information to provide you with proper and appropriate care and treatment, both the wider NHS and the Practice keep information relating to our activities.

Information is collated and used to plan health services (statistical anonymous data only) and to provide protection and monitoring of public health, investigate complaints, and to ensure quality of your care and treatments and to provide evidence of best practice.

The medical care and treatment you receive is audited, monitored and reviewed. Information specific to you is used to monitor your health, and used to audit the care we provide to our patients.

Although we may be using your information or asking you about treatment received, when the audit or report is completed all of the details which could identify you have been removed.

### **Verification of Services**

To ensure propriety and fiscal accountability a central NHS body called Practitioner Services can at times audit the practice.

To ensure that we are claiming correctly, Practitioner Services may contact patients to confirm that they have received the service claimed.

### **Access to Health Records**

The Data Protection Act (1998) gives you the right to access your health records both manual and computer records. Only in very exceptional circumstances can access be withheld.

Without your consent, no other person or organisation can access your records. With the exception of legal and statutory obligations, the only circumstances when information may be provided about you would be if the release of the information would be in the interest of the greater public good.

For example notification to DVLA of a medical condition which would preclude you from driving.

Applications for accessing your records must be made in writing and sent to the Practice Manager. There may be a charge for this service.

### **Training**

All doctors, nurses and staff receive annual training on confidentiality and data protection.

For more information please speak to the Practice Manager.