

# DOWNLANDS MEDICAL CENTRE

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Downlands Medical Centre  
77 High Street  
Polegate  
East Sussex  
BN26 6AE  
Tel: 01323 482323  
Fax: 01323 488497

## **New patient registration requirements**

- Please fill out both forms given by the receptionist to the best of your ability. (Purple form and Patient questionnaire).
- Please make sure you put your NHS number on both forms, we need this to register you. (This is an 10 digit number) You can get this from your previous surgery, prescription re-order forms or hospital letters.
- Please make sure you fill out your previous address and doctor's surgery.
- When you bring the forms back to the surgery we will need a form of ID. For example we need: Passport, red book or birth certificate.
- Please make sure you sign both forms.
- Please bring forms back to the Polegate branch.
- Please note: It can take up to a week to get you registered on the system.
- **For patients on repeat prescriptions:** If you are signed up with a chemist near to your previous surgery, please make sure you remove yourselves from that chemist and sign up EPS (Electronic Prescribing Service) with a chemist nearby when registering with us.

# DOWNLANDS MEDICAL CENTRE - POLEGATE

## 1. New Patient Registration – Health Questionnaire (Under Fifteen years of age)

Complete a separate form for each person

To register with the Practice please complete this questionnaire.

The information will help the doctor to make an initial assessment of your health which will help in your future treatment.

Please complete a separate questionnaire for each patient up to and including the age of 15 who is applying.

PATIENT DETAILS				
Male/Female		Surname		First names
Address				Postcode
Home tel. no.				
D.O.B (dd/mm/yy)		NHS number		

Mother's name		Father's name	
Mother's address (if different from above)		Father's address (if different from above)	
Mother's email		Father's email	
Mother's mobile tel.		Father's mobile tel.	
Mother to sign to give consent to speak to surgery re the patient		Father to sign to give consent to speak to surgery re the patient	

Guardian/Fosterer name (if applicable)		Care order type	
Guardian/Fosterer Contact details			

ETHNIC GROUP (circle which applies)				
White British	White Irish	White other	Mixed white&black Caribbean	Mixed white&black African
White & Asian	Pakistani	Indian	Other mixed background	Bangladeshi
Other Asian	Caribbean	African	Other black background	Chinese
Other				

NEXT OF KIN DETAILS				
	Surname		First names	
Address				Postcode
Contact tel. no. - mobile		landline		

Downlands Medical Centre, 77 High Street, Polegate, East Sussex BN26 6AE

# DOWNLANDS MEDICAL CENTRE - POLEGATE

Relationship to Patient

Page 1/3

## PAST MEDICAL HISTORY

Details of any hospital treatment as an in-patient

Details of any treatment for any chronic medical conditions

Dates of any X-ray, MRI or CT scans, Mammogram, Ultrasound

## IMMUNISATIONS

Immunisations

Date

## MEDICATION

Give details of any medication which you take (prescribed or otherwise)

Please note that a repeat prescription can only be issued on receipt of a medication request slip from your previous surgery, or relevant packaging.

Name of drug

Dosage

## ALLERGIES (circle which applies and if 'YES' enter details)

Are you allergic to any substances or foods?

Yes/No

Details

# DOWNLANDS MEDICAL CENTRE - POLEGATE

<b>Signed</b> <b>(Parent/Guardian/Fosterer)</b>		<b>Date</b>	
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Page 2 /3

# DOWNLANDS MEDICAL CENTRE - POLEGATE

## 1.1. Summary care record opt-out form

You are entitled to request that your clinical information be withheld from the Summary Care Record and you should complete this form if you wish to do so.

What does it mean if I **do not have** a summary care record?

- NHS Healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any adverse reactions to medicines you have had, in order to treat you safely in an emergency.
- Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices:

- Phone the Summary Care Record Information Line on 0300 123 3020
- Contact your local Patient Advice Liaison Service (PALS) or
- Speak with a receptionist

If you do not want a Summary Care Record complete and sign below.

<b>Surname</b>		<b>First names</b>	
<b>Address</b>			<b>Postcode</b>
<b>Home tel. number</b>		<b>Mobile</b>	
<b>D.O.B (dd/mm/yy)</b>		<b>NHS number</b>	
<b>Signed</b>		<b>Date</b>	

## 1.2. Electronic Prescription Service

Your prescriptions can now be sent to your nominated pharmacy electronically after preparation. Please see the attached information sheet and if you want to nominate a preferred pharmacy to dispense your medications – visit the Pharmacy and sign a nomination form.

You will still need to order your regular repeat medications.

This can be done by the following methods:

- On-line after registering for this service,
- By completing the reorder form on the right hand side of your prescription / or by letter posted to us through the letter box at Polegate or Willingdon Surgeries or sent by Royal Mail.
- By completing a repeat prescription request at the reception desks at Polegate or Willingdon.
- Through your preferred Pharmacy

**PLEASE NOTE WE CANNOT TAKE PRESCRIPTION REQUESTS OVER THE TELEPHONE**

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Dr M P Sharp  
Dr D Tennant  
Dr J Jadav  
Dr J Higgin  
Dr I Creek  
Dr R Newton

## Application for Patient Online Services

**Just like online banking, you can look at your GP records on a computer, a tablet or a smart phone, using a website or an app. You can choose:**

Book and cancel appointment with your doctor or nurse online, when it suits you. Your surgery will choose which appointments can be booked online.

Order repeat prescriptions online. Some patients have found that they save money and time as they don't need to make a special trip to their surgery to order repeat prescriptions.

Look at part of your GP records online. You can look at your records whenever you want, even from the comfort of your home, and find answers to questions you may have without, ringing your doctor.

Surname		Date of Birth	
First Name			
Address			
Postcode			
Email address*			
	<i>*Please note this email address will be used to send or reset your confidential information</i>		
Telephone number		Mobile number	

I wish to have the following online services (*tick*):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. View summary information in GP record (medications, . Allergies, bad reactions)	<input type="checkbox"/>

I wish to access services 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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is incorrect, I will contact the practice as soon as possible	<input type="checkbox"/>

Name		Date	
Signature			

**If you wish to register for online services then please return this form completed to Downlands Medical Centre along with Photo ID to enable us to register you**  
**Thank you**

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## Third Party Access and Collection

With the introduction of the new data protection law (GDPR) we are required to have your permission if you wish for a third party to collect any items (e.g. prescription, letters, blood requests) on your behalf or for a third party to discuss your medical care.

Please complete the relevant sections below detailing any third parties you wish to be able to do this on your behalf,

**Please note that any third party collecting on your behalf must be able to provide ID. Young people aged 13 and above need to consent for an adult acting on their behalf.**

### Collection Consent

I	
Of	

Give my permission for the following people to collect items on my behalf:

Name	Relationship to patient

Signed			
Print Name		Date	

### Discussion Consent

I	
Of	

Give my permission for the following people to discuss all aspects of my medical care with Downlands Medical Centre:

Name	Relationship to patient

Signed			
Print Name		Date	