



WELCOME TO THE JERSEY SPORTS MEDICINE & SHOCKWAVE CLINIC
Dr Adam Garnett & Dr David Howell
Patient Registration Form: SECONDARY (please complete all relevant sections)

1. Patient Information			
Title:	Miss / Master / Mr / Mrs / Ms / Mx	Gender Identity: (please circle)	Female Male Trans Other
Family Name:			
Given Name(s):			
Known As:			
Previous Family Name:		Resident Since: Month/Year	/
Date of Birth:		Reason For Registering with the Practice:	
Jersey SSD Number/Card:	Seen By:		
Jersey SSD HIF Status: (For Practice to complete)	<input type="checkbox"/> HIO <input type="checkbox"/> HMA <input type="checkbox"/> Private	Identification Confirmed: (Passport / Driving Licence)	ID Type Seen By:
2. Home Address and Contact Information (for ID purposes Utility Bill/Bank Statement or Tax/SSD Notification dated within 3 months is valid)			
Current Home Address & Post-Code:		Home Telephone:	
		Work Telephone:	
		Mobile Telephone:	
		Personal Email Address:	
3. Parent/Legal Guardian Information			
Title:	Miss / Mr / Mrs / Ms / Mx	Home Address & Post-Code:	
Family Name:			
Given Name(s):		<input type="checkbox"/> Same as Section 2	
Date of Birth:			
Relationship to Patient:			
		Telephone:	
Consent to discuss relevant aspects of your medical record with this person until further notice	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Existing GP Information (Must be completed)			
GP Name:		Telephone Number:	
Address:			
5. Private Medical Insurance – BUPA or VitalityHealth			
Insurance Provider:	BUPA, BUPA International or VitalityHealth	Policy/Scheme/Membership Number:	
		Authorisation/Claim Number:	

6. Medical History

Allergies: Does the patient have any known allergies or do you have any adverse reaction to drugs or medication Yes No
 If Yes please provide details:

Does the patient currently take any medication?: Yes No
 If Yes please provide details:

Does the patient suffer from any significant ongoing medical problems?: Yes No
 If Yes please provide details:

Does the patient had any serious illness or operations in the past?: Yes No
 If Yes please provide details:

7. Patient Declaration, Confidentiality Agreement and Personal Data Statement

In the case of a child under the age of 16, this declaration should be signed 'for and on behalf of' the child named on this registration form by the Parent/Legal Guardian as given in section 3.

Your personal information:
 The information collected on this application form will be used by Dr Adam Garnett and Dr David Howell (hereafter the Jersey Sports Medicine and Shockwave Clinic) for the purposes of musculoskeletal services and Practice administration. Personal information we hold about you is processed for the purposes of "employment and social fields" (Article 8) "medical purposes" (Article 15) and "public health" (Article 16) of the Data Protection (Jersey) Law 2018. This may require your personal data including relevant details of your medical history to be shared with other approved healthcare providers for the purpose of referrals and for other lawful purposes related to the Practice procedures. Further information on how we hold and process your data can be found in the Data Protection and Patient Privacy Policy.

Children Aged 13-16
 The Data Protection (Jersey) Law 2018 provides that a child aged between 13 and 16 has their own right to consent and data confidentiality privacy. Therefore if a child aged between 13 and 16 has "sufficient understanding and intelligence to enable them to understand fully what is proposed" (known as Gillick Competence), then they may be competent to give consent for themselves. Further information can be found in the Data Protection and Patient Privacy Policy.

General Practice Central Services in Jersey:
 All Jersey GP surgeries and other approved healthcare services providers, such as the out-of-hours doctors use a central medical records system known as EMIS. This allows access to a 'shared record' to ensure that the provider has immediate up-to-date and accurate information about your health and any current treatment you may be having. You have the right to 'opt out' of sharing some or all of your medical records. Please ask your GP surgery for more information and where appropriate an Opt-in/Out Form for completion. All approved healthcare service providers with authorised access to EMIS have signed strict confidentiality agreements which are bound by the Data Protection (Jersey) Law 2018.

Your declaration to us:

- I understand that Dr Adam Garnett and Dr David Howell have the right to accept or decline my registration application at any time.
- I understand that by attending a consultation with a GP or other healthcare professional of the Practice I accept the Practice terms of service and fee schedule issued and displayed in the Practice premises and as amended from time to time.
- If claiming on an insurance policy, I hereby agree to pay the consultation **fee at the time of seeing Dr Adam Garnett or Dr David Howell** of the Jersey Sports Medicine and Shockwave Clinic.
- I give my express permission for Dr Adam Garnett or Dr David Howell to request information including my medical records from my previously registered GP and I agree to reimburse the Practice for any charges and disbursements incurred relating thereto for being provided with such information.
- I confirm that all the information I have given in this registration form is accurate to the best of my knowledge. Furthermore, I understand it is my responsibility to advise Dr Adam Garnett or Dr David Howell in writing of any changes made in respect of my personal information.

Child Name:	Date of Birth:	
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Signed:	Print Full Name:	Dated:
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For Practice Use Only	On EMIS By:	<input type="checkbox"/> Secondary Registration	EMIS Number:
Medibooks:	Synchronised:	Billing Pattern:	Alternative Billing Address (Child)