

## Homecare Medicines Service: Patient Registration Form Guidance

### History

Version 1 – original standard template registration form circulated by NHMC to key stakeholders.  
Nov 2011

Version 2 - Full update with stakeholder consultation, guidance notes added. Approved and published as Appendix 4 of the RPS Handbook for Homecare Services May 2014

Version 3 – Reword guidance and add consent statements related to pharmaceutical manufacturer funded homecare services and patient support programmes at request of ABPI. Add guidance notes for the Hospital Pharmacy Checklist and Homecare Provider Registration Acceptance sections. Update format of template checkboxes. Approved on 17 October 2017 by DH Pharmaceutical Market Support Group.

Version 4 – review & split into a registration document set appendices 4a - 4d to ensure compliance with GDPR.

### Introduction & Scope

The Patient Registration Form template has evolved over time therefore this Patient Registration Form is an updated version of the original template published in the Royal Pharmaceutical Society Handbook for Homecare Services in England<sup>1</sup> in May 2014.

The homecare patient registration process has been reviewed in light of the General Data Protection Regulations (GDPR) with a number of refinements made to improve the process flow. The most notable change is the intent to use an alternative legal basis to process personal data. The NHS will no longer be using patient consent as the basis of processing personal data in homecare services.

The registration document set comprises of:

- Appendix 4a - Patient registration form guidance (PDF) [*This document*]
- Appendix 4a - Patient registration form (Word document)
- Appendix 4b - Patient change request form
- Appendix 4c - Patient information record form guidance (PDF)
- Appendix 4c - Patient information record form (Word document)
- Appendix 4d – Patient registration form administrative supplements (optional) guidance (PDF)
- Appendix 4d – Patient registration form administrative supplements (optional) (Word Document)

The document set is intended for use across all homecare medicines services; including those funded by manufacturers (Medicines Authorisation Holders).

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<sup>1</sup> Royal Pharmaceutical Society Handbook for Homecare Services. <http://www.rpharms.com/support-pdfs/homecare-services-handbook.pdf>

The key aims are to:

- Reduce unnecessary variation of registration forms in use across the homecare market
- Enable streamlined switching of patients between homecare providers
- Minimise the risk of transcription or interpretation error
- Ensure key data fields are captured in line with current guidance

## [Guidance for Use](#)

This patient registration form template is suitable for use for most homecare medicines services without adaptation beyond the appropriate use of the clearly marked optional / editable fields and sections (*see below*). The minimum level of adaptation necessary to meet the therapy / service requirement should be undertaken. It is anticipated that the appropriately adapted template for a given therapy / service should be consistent regardless of the homecare provider delivering the service.

## [Pre-population and editable fields / sections](#)

There are number of optional sections and editable fields in the templates which should be reviewed prior to use.

The optional sections are:

- Mid tech service section
- High tech service section



Editable fields are:

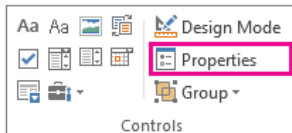
- Hospital logo, name, street, town, city, postcode
- Initial delivery frequency
- Homecare Provider
- Therapy Area / Service Area

Many fields on the form could be pre-populated locally either at therapy area / service level or at a patient level as appropriate using locally established links to an electronic patient record.

## User-editable drop-down boxes

There are three drop down boxes in the Patient Registration Form which require configuration prior to use: “Homecare Provider”, “Therapy Area / Service” and “Title”. Below is an extract from a Microsoft support page for editing combo box controls - [https://support.office.com/en-us/article/Edit-templates-b2cb7adb-aec2-429f-81fd-3d5bd33cf264#\\_toc359169126](https://support.office.com/en-us/article/Edit-templates-b2cb7adb-aec2-429f-81fd-3d5bd33cf264#_toc359169126)

1. On the **Developer** tab, in the **Controls** group, click the **Combo Box Content Control**  or **Drop-Down List Content Control** .
2. Select the content control, and then on the **Developer** tab, in the **Controls** group, click **Properties**.



3. To create a list of choices, click **Add** under **Combo Box Properties** or **Drop-Down List Properties**.
4. Type a choice in the **Display Name** box, such as **Yes**, **No**, or **Maybe**. Repeat this step until all of the choices are in the drop-down list.
5. Fill in any other properties that you want.

Users may enhance more of the fields with drop down boxes to assist completion of the form as appropriate.

## [Patient Registration Form Template](#)

The registration form template itself is available in a word document format published alongside these guidance notes as Appendix 4a of the Handbook for Homecare Services in England<sup>1</sup>.

**[Template] Homecare Medicines Service: Patient Registration Form**

**Homecare Provider:**

**Therapy Area / Service:**

PATIENT, CARER and GP DETAILS			NHS number:	
Hospital number:			Diagnosis:	
Title	Forename	Surname:	Clinical lead name:	
Date of birth:			Clinical lead phone:	
Address: <i>(Address label can be affixed here)</i>			Clinical specialist name:	
			Clinical specialist phone:	
			Clinical pharmacist name:	
Postcode:			Clinical pharmacist phone:	
Gender:		Male <input type="checkbox"/> Female <input type="checkbox"/>	GP name:	
Preferred phone:			GP surgery:	
Alternative phone:			Parent/carer name:	
OK to leave a message?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship to patient:	
Email address:			Parent/carer phone:	

SERVICE REQUIREMENTS – Low Tech and Delivery Service Module				
Registration status	New patient <input type="checkbox"/>	Switch provider <input type="checkbox"/>	Switch therapy <input type="checkbox"/>	
Initial delivery / treatment details		Delivery may be received by:	Anyone at delivery address <input type="checkbox"/>	
Delivery Address: <i>(If different from home address)</i>		Specified person(s):- <i>Name, phone, relationship to patient</i>	Specified Person(s) <input type="checkbox"/>	
Postcode:				
1 <sup>st</sup> delivery required by:				
Initial delivery frequency:		[4 Weekly <input type="checkbox"/> 8 Weekly <input type="checkbox"/> 12 Weekly <input type="checkbox"/> ] Other <input type="checkbox"/> Please specify:		
Patient individual Care Plan (PICP) attached <i>If yes give reference and/or date</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>	PICP Ref:	

ADDITIONAL CLINICAL SERVICE REQUIREMENTS – Mid Tech Module <i>[Optional section–amend/remove as required]</i>				
Patient administration training required:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, required by date:		
Patient administration training to be provided by:	Hospital Nurse <input type="checkbox"/> Community Nurse <input type="checkbox"/> Homecare Provider <input type="checkbox"/>	Other <input type="checkbox"/> Please specify:		
ADDITIONAL CLINICAL SERVICE REQUIREMENTS – High Tech Module <i>[Optional section–amend/remove as required]</i>				
Nurse administration required:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, 1 <sup>st</sup> visit required by date:		
Nurse administration to be provided by:	Hospital Nurse <input type="checkbox"/> Community Nurse <input type="checkbox"/> Homecare Provider <input type="checkbox"/>	Other <input type="checkbox"/> Please specify:		

REFERRING PHYSICIAN/HEALTHCARE PROFESSIONAL				
<p>➤ I have discussed and provided sufficient information about the Homecare service to the above named patient and the patient has agreed to the referral into the homecare service</p> <p>➤ I confirm that an appropriate home suitability assessment has been completed and that the patient is suitable for the homecare service</p> <p>➤ I confirm I have informed the patient that this homecare service may be funded by a pharmaceutical company</p>				
Signature:		Name: <i>(please print)</i>		Date:

INVOICING DETAILS & ADMINISTRATIVE CONTACTS				
Invoice address: <i>(If different from hospital address)</i>		Invoice Contact name:		
		Contact phone number:		
		Contact email address:		
Postcode:		Invoice account name:		
Homecare lead name:		Homecare lead phone:		
Email address: <i>(for repeat prescriptions requests)</i>				

**This Patient Registration Form must be forwarded with a valid prescription to the Hospital’s Pharmacy Department (Homecare Team) prior to transmission to the selected Homecare Provider.**