

Do you have any special communication needs? Yes No

If yes: Sign Language Large Print Other

**LARGE PRINT
CONFIDENTIAL MEDICAL REGISTRATION FORM
(CHILDREN UNDER 16)**

Please complete all pages in FULL using BLOCK capitals

Surname

First Names (in full)

Previous Surnames

Title Mr Mrs Miss Ms

Sex Male Female

Date of Birth (day/month/year)

NHS Number

Town & country of Birth

Address
Post Code:

Telephone number

Mobile number:

Email address:

Please help us trace your previous medical records by providing the following information:

Your previous address in UK

Post Code:

Name of previous Doctor while at that address

Address of previous Doctor

Post Code:

If you are from abroad:

Your first UK address where Registered with a GP

Post Code:

If previously resident in UK date of leaving

Date you first came to UK

If registering a child under 5:

- I wish the child above to be registered with [insert name of practice] for Child Health Surveillance

NHS Organ Donor registration:

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

- Any of my organs and tissue or
- Kidneys Heart Liver Corneas
- Lungs Pancreas Any part of my body

Signature to confirm agreement to organ/tissue donation is at the bottom of this form.

For more *information please ask at reception for an information leaflet or visit the website www.uktransplant.org.uk or call 0300 123 23 23*

NHS Blood Donor registration:

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature to confirm consent to inclusion on the NHS Blood Donor Register at the bottom of this form.

For more information, please ask for the leaflet on joining the NHS Blood Donor Register. My preferred address for donation is (only if different from above eg your place of work)

..... Post code:

Personal Medical History.....

Type of Birth:
(eg normal, forceps,
Caesarean/under 5)

Birth Weight:
(If under 5)

Feeding:
(Breast or bottlefed if under 5)

Has your child ever suffered from any important medical illness,
operation or admission to hospital? If so please enter details below:

| Condition | Year diagnosed | Ongoing Yes/No |
|-----------|----------------|-------------------|
| | | Yes/No |
| | | Yes/No |
| | | Yes/No |

Family History.....

Have any close relatives (*father, mother, sister, brother only*) ever
suffered from: (please indicate who in the boxes)

| Heart attack | Stroke | Diabetes | High blood pressure | Asthma | Glaucoma | Cancer |
|-----------------|--------|----------|---------------------------|--------|----------|--------|
| | | | | | | |

Immunisations

Please provide details of your child's immunisations with dates if possible (under 5's). If possible please give your Red Book to Reception to photocopy:

| Immunisation | Date | Immunisation | Date |
|---------------------|-------------|---------------------|-------------|
| Tetanus | | Booster: Tetanus | |
| Whooping Cough | | Booster: Diphtheria | |
| Polio | | Booster: Polio | |
| HiB | | Booster: MMR | |
| Measles | | BCG (TB) | |
| MMR | | Meningitis | |

List of current medication

If you have a copy of your repeat medications, please pass to Reception

| Name of medication | Dosage |
|---------------------------|---------------|
| | |
| | |

Allergies

Please list any allergies you have to any drugs/medication:

| Name of medication | What was the problem or upset? |
|---------------------------|---------------------------------------|
| | |
| | |

Ethnicity

Please indicate your ethnic origin:

- British or mixed British Irish African Caribbean
 Indian Pakistani Bangladeshi Chinese
 Other (please state):
 Decline to state

Next of kin

Name:

Tel. contact number:

Relationship:

Data sharing consent choices

To maintain continuity of clinical care, we upload **certain** medical information so that it is available to other healthcare organisations (eg Emergency Departments). Please read the accompanying leaflet which details what part of your record is extracted and how it is used to help other NHS organisations.

If you wish to **OPT OUT** please complete the form found with this leaflet.

Where you have provided information on how to contact you, can you confirm you are happy for [insert name of practice] to contact you by the following:

By email Yes No This will be to send you letters, newsletter and the like

By text Yes No This will be to send you reminders of appointments via text

Signature

I confirm that the information that has been provided is true to the best of my knowledge.

Signed:

Date:

Signature on behalf of patient Signature of patient



Dr Roope & Partners

VIRTUAL PATIENT PARTICIPATION GROUP CONTACT FORM

Our Patient Participation Group at Dr Roope & Partners is encouraging patients to give their views about how the Practice is performing.

They would like to be able to ask the opinions of as many patients as possible and are asking if people would like to provide their e-mail addresses so that they can contact you by email every now and again to ask you a question or two.

If you are happy to be contacted periodically by e-mail please complete your details below and return this form to Reception

| | | | |
|-----------------------|--|------------------|--|
| Name: | | Postcode: | |
| Email Address: | | | |

This additional information will help to make sure we try to speak to a representative sample of the patients that are registered at this practice.

| | | | | | |
|------------------|-----------------|-------------|----------------|---------------|----------------|
| | Are You? | Male | | Female | |
| Age Group | Under 16 | | 17 – 24 | | 25 – 34 |
| | 35 – 44 | | 45 – 54 | | 55 – 64 |
| | 65 – 74 | | 75 – 84 | | Over 84 |

To help us ensure our contact list is representative of our local community, please indicate which of the following ethnic background you would most closely identify with?

| | | | |
|---------------------------------------|--|----------------------------------|--------------------------|
| White: | | | |
| British Group | | Irish | |
| Mixed: | | | |
| White & Black Caribbean | | White & Black African | White & Asian |
| Asian or Asian British: | | | |
| Indian | | Pakistani | Bangladeshi |
| Black or Black British: | | | |
| Caribbean | | African | |
| Chinese or other ethnic Group: | | | |
| Chinese | | Any Other | |

How would you describe how often you come to the practice?

| | | | | | |
|------------------|--|---------------------|--|--------------------|--|
| Regularly | | Occasionally | | Very rarely | |
|------------------|--|---------------------|--|--------------------|--|

The Data Protection Act 1998 gives you the right to know what information is held about you, and sets out rules to make sure that this information is handled properly.



Your emergency care summary

New Patient Letter

Dear Patient

Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, healthcare staff treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

* **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.

* **No I do not want a Summary Care Record** – enclosed is an opt out form. **Please complete the form and hand it to a member of the GP practice staff.**

For more information visit the website at <http://www.connectingforhealth.nhs.uk/systemsandservices/scr> or www.nhscarerecords.nhs.uk or telephone the dedicated NHS Summary Care Record Information Line on 0300 123 3020.

Additional copies of the opt out form can be collected from the GP practice, printed from the website www.nhscarerecords.nhs.uk or requested from dedicated NHS Summary Care Record Information Line on 0300 123 3020.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Yours sincerely



Your emergency care summary

Confidential

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you DO NOT want a Summary Care Record please fill out the form and send it to your GP practice

A. Please complete in BLOCK CAPITALS

Title Surname / Family name

Forename(s)

Address

Postcode Phone No Date of birth

NHS Number (if known) Signature

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request.

Please ensure you fill out their details in section A and your details in section B

Your name Your signature.....

Relationship to patient Date

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 bad reactions to medicines you have had, in order to treat you safely in an emergency.

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CONFIDENTIAL

Ref: 4705

Actioned by practice: yes / no

Date.....

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, please:-

- Phone the Summary Care Record information line on 0300 123 3020
- Contact your local Patient Advice Liaison Service (PALS) or
- contact your GP practice.

THE WHITELEY SURGERY

Application for online access to my medical record

If you would like to register for this online service please complete the form below and return it to your practice in person, **along with 2 valid forms of identification, for example photo ID passport/driving license and paper form with address ie utility bill.**

| | |
|------------------|---------------|
| Surname | Date of birth |
| First name | |
| Address | |
| Postcode | |
| Email address | |
| Telephone number | Mobile number |

I wish to have access to the following online services (please tick all that apply):

| | |
|------------------------------------|--------------------------|
| 1. Booking appointments | <input type="checkbox"/> |
| 2. Requesting repeat prescriptions | <input type="checkbox"/> |
| 3. Accessing my medical record | <input type="checkbox"/> |

I wish to access my medical record 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 inaccurate, I will contact the practice as soon as possible | <input type="checkbox"/> |

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

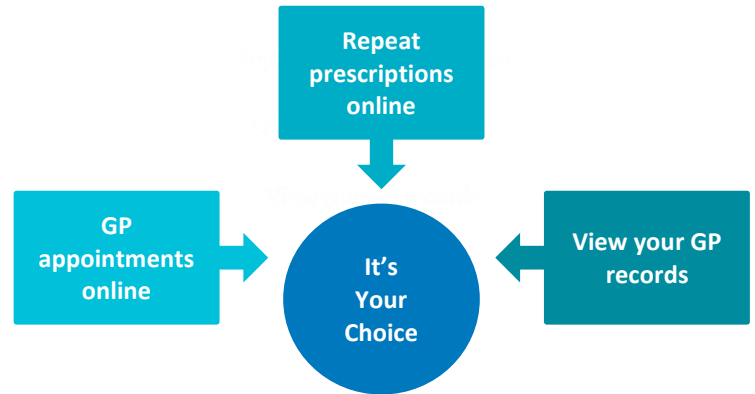
FOR PRACTICE USE ONLY

| | | | |
|---------------------------------|--|--|--|
| Patient NHS number | | Practice computer ID number | |
| Identity verified by (initials) | Date | Method Photo ID and proof of residence <input type="checkbox"/> | |
| Authorised by | | Date | |
| Date account created | | | |
| Date passphrase sent | | | |
| Level of record access enabled | Prospective <input type="checkbox"/> | Notes / explanation | |
| | Retrospective <input type="checkbox"/> | | |
| | All <input type="checkbox"/> | | |
| | Limited parts <input type="checkbox"/> | | |
| | Contractual minimum <input type="checkbox"/> | | |

Online Services Records Access

Patient information leaflet 'It's your choice'

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.



Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

The practice has the right to remove online access to services for anyone that doesn't use them responsibly.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.'

Things to consider

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>