

Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

Mr Mrs Miss Ms Surname _____

Date of birth _____ First names _____

NHS No. _____ Previous surname/s _____

Male Female Town and country of birth _____

Home address _____

Postcode _____ Telephone number _____

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

Your previous address in UK _____ Name of previous doctor while at that address _____

Address of previous doctor _____

If you are from abroad

Your first UK address where registered with a GP _____

If previously resident in UK, date of leaving _____ Date you first came to live in UK _____

If you are returning from the Armed Forces

Address before enlisting _____

Service or Personnel number _____ Enlistment date _____

If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

**Not all doctors are authorised to dispense medicines*

I live more than 1 mile in a straight line from the nearest chemist

I would have serious difficulty in getting them from a chemist

Signature of Patient Signature on behalf of patient Date ____ / ____ / ____

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 confirming my agreement to organ/tissue donation _____ Date ____ / ____ / ____

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 confirming consent to inclusion on the NHS Blood Donor Register _____ Date ____ / ____ / ____

*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, e.g. your place of work)*

Postcode: _____

HA use only Patient registered for GMS CHS Dispensing Rural Practice

To be completed by the doctor

Doctors Name

HA Code

- I have accepted this patient for general medical services For the provision of contraceptive services
 I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above

HA Code

- I am on the HA CHS list and will provide Child Health Surveillance to this patient or
 I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above

HA Code

- I will dispense medicines/appliances to this patient subject to Health Authority's Approval
 I am claiming rural practice payment for this patient.
 Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Practice Stamp

Authorised Signature

Name

Date ____ / ____ / ____

SUPPLEMENTARY QUESTIONS

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK. Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges. More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice. You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment. The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a) I understand that I may need to pay for NHS treatment outside of the GP practice
 b) I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
 c) I do not know my chargeable status


I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:		Date:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a <u>non-UK</u> EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:	
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</i></p>	Country Code:		
	3: Name		
	4: Given Names		
	5: Date of Birth	DD MM YYYY	
	6: Personal Identification Number		
	7: Identification number of the institution		
	8: Identification number of the card		
9: Expiry Date	DD MM YYYY		
PRC validity period (a) From:	DD MM YYYY	(b) To:	DD MM YYYY

Please tick if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

NEW PATIENT QUESTIONNAIRE

Full Name		Title	
Date of Birth		Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Height (ft & ins or cms)		Weight (st & lbs or kgs)	
1 st Language:		Next of Kin / Emergency Contact details:	
Are you a carer?	Do you need an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, who do you care for (e.g. wife or father)?	Religion:	
Ethnic Group (please tick)	White: <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other (please specify).....	Mixed: <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other (please specify).....	Black or Black British: <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other (please specify).....
	Asian or Asian British: <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other (please specify).....	Chinese: <input type="checkbox"/> Chinese <input type="checkbox"/> Other (please specify).....	Other Ethnic Group: Please specify: <input type="checkbox"/> Do not wish to disclose

Smoking – Tick the boxes that apply to you below

Do you smoke?	<input type="checkbox"/> Never smoked <input type="checkbox"/> Light Ex-smoker <input type="checkbox"/> Moderate Ex-smoker <input type="checkbox"/> Heavy Ex-smoker If ex-smoker, when did you stop smoking? <input type="checkbox"/> Current Smoker How much do you smoke per day? <input type="checkbox"/> Would you like some advice to help you stop smoking?
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Alcohol - Tick the boxes that apply to you and add up the points to find your total. If you score **5 or more**, please complete the questionnaire over the page

How often do you have a drink that contains alcohol?	<input type="checkbox"/> Never (0 points) <input type="checkbox"/> Monthly or less (1 point) <input type="checkbox"/> 2 – 4 times per month (2 points) <input type="checkbox"/> 2 – 4 times per week (3 points) <input type="checkbox"/> 4 + times per week (4 points)
How many standard alcoholic drinks do you have on a typical day when you are drinking?	<input type="checkbox"/> 1 – 2 (0 points) <input type="checkbox"/> 3 – 4 (1 point) <input type="checkbox"/> 5 – 6 (2 points) <input type="checkbox"/> 7 – 9 (3 points) <input type="checkbox"/> 10 + (4 points)
How often do you have 6 or more standard drinks on one occasion?	<input type="checkbox"/> Never (0 points) <input type="checkbox"/> Monthly or less (1 point) <input type="checkbox"/> 2 – 4 times per month (2 points) <input type="checkbox"/> 2 – 4 times per week (3 points) <input type="checkbox"/> 4 + times per week (4 points)
Total Score points

Do you OR an immediate member of your family suffer from any of the following conditions?

	No	Yes, I do	Yes, a family member does (please specify who):
Please tick	✓	✓	✓
Asthma			
Diabetes			
Heart Disease			
Stroke / Mini Stroke / Transient Ischaemic Attack (TIA)			

Do you have any other serious illnesses, health problems, or have you had any operations? (please give details)

Are you a carer or does someone care for you? If so, please give details

Please list any repeat medication you are taking:

Please list any allergies you have:

Date:.....

AUDIT

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 Higher risk, 20+ Possible dependence



Summary Care Record Factsheet

The Summary Care Record (SCR) is a secure, electronic patient record that contains key information derived from patients' detailed GP records. It is accessed in emergency and unplanned care scenarios, where such information would otherwise be unavailable.

What does the SCR contain?

The core dataset contains information about a patient's medication, allergies and any previous adverse reactions to medicines. Other information such as significant medical

clinical practice and improving the care they provide to patients.

Other information such as significant medical history, care plans, patient wishes or preferences can be added with the consent of the patient.

These include:

• e-roval safety

Who uses the SCR?

- Hospital pharmacies — when reconciling medicines for new admissions.
- GP out-of-hours services — when treating patients with whom they are unfamiliar.
- GPs — when temporary residents, such as holiday-makers, visit their practice.
- Accident and emergency clinicians - when treating emergency patients.
- Clinical staff in hospital wards - when admitting new patients.
- Ambulance staff — checking patient details when responding to calls.
- Staff at walk-in centres and minor injuries units - when caring for patients who present for treatment.
- Multidisciplinary teams — when providing community and intermediate care

- Safer prescribing by reducing prescribing errors - a study found that one in five patients had an intervention that improved prescribing when SCR was made available to pharmacy staff.
- Improves the accuracy of prescribing decisions by identifying more medication discrepancies.
- Increases the ability of clinicians to make informed decisions, by providing them with key medical information when deciding on a treatment plan.

What are the clinical benefits of SCR?

A range of healthcare professionals are finding that using SCR is adding value to their

Increased efficiency

- Significantly reduces the time taken by hospital pharmacists to reconcile medication, in some cases by over 50%.
- Reduces the time, effort and resources needed to obtain medication information directly from the patient's GP surgery. Time saved through phoning, faxing and

responding to queries can be reinvested in direct patient care.

diagnoses, if they feel it will benefit the patient.

- Improve equality of care.

More efficient care

- Provides access to essential medical information out of hours (OOHs) and on weekends [when GP practices aren't open).
- Supports the delivery of appropriate care to patients. For example - enabling GPs in OOHs services to treat patients, without having to refer them back to their usual GP.

What are people saying about SCR?

"The Summary Care Record allows us to practice safe medicine, patients are often confused with regards to their medication and the SCR allows prescribing to be current and accurate."

Triage Nurse, Out of Hours Service

How does the SCR benefit patients?

SCRs improve the experience for many groups of patients and their carers, particularly:

- those with long-term conditions and complex health needs,
- vulnerable people and carers,
- children and their parents or guardians,
- those with mental health problems,
- those taking many different medicines,
- patients who find it difficult to communicate with healthcare staff.

"The Summary Care Record is a vital tool to make care provided to patients safer, simpler and more effective. Ensuring that the Summary Care Record is used more widely will improve patient experience of services when urgent care is provided and improve some of the joins between different services, where experience is often worse for the patient."

Neil Churchill, Director Improving Patient Experience, NHS England.

Summary Care Records:

- Are invaluable when a patient cannot give information (e.g. if they are unconscious), or when they are taken ill away from home and are unable to see their own GP.
- Give those with long-term conditions confidence that if needed, their key medical information is available wherever they travel in England.
- Enable safer prescribing of medication for patients, by providing information on a patient's allergies, adverse reactions and medications.
- Support those who struggle to make themselves understood, due to their illness (e.g. asthma sufferers).
- Allow GPs to share other information, such as end of life care plans and relevant

What support is available to the NHS?

If you are interested in creating or viewing SCRs, our regional implementation teams can help. They offer practical advice and support, including step-by-step guides, training and engagement materials, alongside other useful resources. Please contact the manager in your area for more information:

North	patrick.nolan1@hscic.gov.uk
Midlands	oliver.christie@hscic.gov.uk
East	lesfev.dent@hscic.gov.uk
London	lestev.dent@hscic.gov.uk
South	libby.pink@hscic.gov.uk

Further information

Website	www.hscic.gov.uk/scr
Gmail	scr_comms@hscic.gov.uk
Twitter	@NHSSCR

If your service has yet to start viewing SCRs please contact the Summary Care Record team at the Health and Social Care Information Centre: enquiries@hscic.gov.uk

SUMMARY CARE RECORD

PETERSFIELD

MEDICAL PRACTICE

20 MILL ROAD
CAMBRIDGE CB1 1AB
Tel: (01223) 350647
Fax: (01223) 576096

THE STAFF NEAL CENTRE
DUXFORD HOUSE, BOX 199
ADDENBROOKE'S HOSPITAL
HILLS ROAD, CAMBRIDGE CB2 2QQ
Tel: (01223) 216689

Email: CAPCCG.petersfieldmp@nhs.uk

We are now taking part in the national Summary Care Record programme and as such we need to know if you would like part of your care record to be available to NHS staff to treat you in an emergency.

- I would like to opt in for my Medication, Allergies, Adverse reactions and additional information to be available to NHS staff in an emergency.
- I would like to opt in for my Medication, Allergies, and Adverse reactions to be available to NHS staff in an emergency.
- I would like to opt OUT of my Medication, Allergies, Adverse reactions and additional information to be available to NHS staff in an emergency.

Name.

Signature:

Date:

The Electronic Prescription Service (EPS)



If you get regular prescriptions the Electronic Prescription Service (EPS) may be able to save you time by saving you unnecessary trips to your GP.

EPS makes it possible for your prescriptions to be sent electronically to the pharmacy or dispenser of your choice.

Choosing a pharmacy or dispensing appliance contractor to process your EPS prescription is called nomination. This means, you will no longer have to collect a paper repeat prescription from your GP practice and instead you can go straight to the nominated pharmacy or dispensing appliance contractor to pick up your medicines or medical appliances.

Because your pharmacist has already received your electronic prescription, they may be able to prepare your items in advance, so you just have to pick it up with no extra wait. However, this will depend on the capacity of pharmacists on the day and may not be possible all the time.



You may be able to order or cancel your repeat prescriptions online if your GP practice offers [a GP online service](#). Check with your GP practice how you can register for an account.

For more detailed information [download the EPS patient information leaflet \(PDF, 52.8kb\)](#).

Alternatively, watch the video '[What is EPS](#)' on the EPS YouTube channel.

In the future, EPS will become the default option for prescribing, dispensing and reimbursement of prescriptions in primary care in England. More information about this will be available soon.

Patient Name Patient Date of Birth

I would like to nominate..... Pharmacy for my prescription destination

Petersfield Medical Practice

Application for Online Access

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

I wish to have online access to limited parts of my medical record

I wish to access my medical record online and understand and agree with each statement (tick):

I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
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"/>
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"/>

Please be aware even if you already have an online account we will need to see your ID documents again as we previously did not keep a record of verifying your ID in your medical record. This document will now be scanned onto your medical record. Our apologies for the inconvenience.

Signature	Date
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For practice use only

Patient NHS number		EMIS ID number	
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	
Authorised by			Date
Date account created			
Date passphrase sent			
Level of record access enabled Contractual minimum <input type="checkbox"/> Other:		Notes / explanation	

Patient Information Leaflet: Accessing GP Records Online

Practices are increasingly enabling patients to be able to request repeat prescriptions and book appointments online.

Some patients may wish to access more information online and contractually from 1st April 2015 practices are obliged to assist access to medications, allergies and adverse reactions as a minimum and from the 1st April 2016 coded data.

However this requires additional considerations as outlined in this leaflet. You will be asked that you have read and understood this leaflet before consenting and applying to access your records online. The practice will also need to verify your identity.

Please note:

- **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.**
- **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.**
- **The practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone that doesn't use them responsibly.**

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>

Petersfield Medical Practice

Key considerations

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 logout of the system immediately and contact the practice as soon as possible.