

**Please complete this confidential questionnaire.
Please complete in BLOCK CAPITALS and tick the boxes as appropriate.
Please complete a separate form for each family member to be registered**

Date:

ABOUT YOURSELF:

First name _____ Surname _____

Sex: Male Female Marital status: Married Single Widowed

Date of Birth _____ Tel/Mobile number _____

Ethnicity _____ Language Spoken _____

Email address _____

Would you like to register for online appointments? YES NO

Names & Ages of Children.....

NEXT OF KIN:

Name _____ Date of Birth _____

Relationship _____ Tel/Mobile number _____

Is next of kin registered with our practice? YES NO

Is next of kin at same address as you? YES NO

CARERS

Do you have a carer? YES NO

Are you are carer? YES NO

Who do you care for: _____

REPEAT PRESCRIPTIONS PROCEDURE

Please note. You cannot order repeat prescriptions via a pharmacy. Please ask for a leaflet in reception. There are several options to order prescriptions such as online requests or ordering at the reception, Please allow 2 working days for repeat prescriptions to be processed.

LIFESTYLE (for patients over 16 only)

You will be asked lifestyle questions during your new patient check with the health care assistant during your new patient check appointment for example smoking, alcohol, exercise etc.

DO YOU HAVE ANY OF THE FOLLOWING?

- Physical disability
- Mental disability
- Religious or cultural needs
- Translation/interpretation
- Allergies and sensitivities

- Access to premises
- Assistance dog
- Advocacy
- Phobias

Summary Care Records.

The NHS are changing the way your health information is stored and managed.
The NHS Summary Care record is an electronic record of important information about your health.
It will be available to health care staff providing your NHS Care. More information is in our leaflet,
and our website@ <https://www.streatfieldhealthcentre.co.uk/>

Are you happy to have a Summary Care Record? YES NO More time required to decide: YES

Patient Participation Group

The Practice is committed to improving the services we provide to our patients.

To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better.

By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.

If you are interested in getting involved, please tick the box below and we will arrange for the Practice manager to contact you.

Yes, I am interested in becoming involved in the Practice Patient Participation Group
(Please circulate the "Yes" Box) Yes

Patient Signature:

Signature on behalf of Patient:

Next: Book an appointment to see a Health Care Assistant;

Your physical examination will include having your height, weight and blood pressure taken, and a specimen of urine for testing (it would be helpful if you would bring a specimen with you when coming to the Practice).

The Consultation will also establish relevant past medical and family history, including:
Medical factors - illnesses, immunisations, allergies, hereditary factors, screening tests, current health

- Social factors - employment, housing, family circumstances
- Lifestyle factors - diet and exercise, smoking, alcohol and drug abuse.

Thank you for completing this form

UNDER 16 only: NAME/ADDRESS OF SCHOOL/NURSERY ATTENDED BY CHILD:

Streatfield Health Centre

Invitation to use the Electronic Prescription Service

Streatfield Health Centre uses an **Electronic Prescription Service (EPS)**. This is an NHS service which means that we are able to send your prescription electronically to the Pharmacy of your choice, **without a need for paper** in most cases. The Electronic Prescription Service is reliable, secure and confidential.

Is this service for you?

Yes, if you have a stable condition and you:

- You do not want to go to your GP every time to collect your repeat prescription
- Collect your medicines from the same place most of the time or use a prescription collection service now.
- You can have more choice about where to get your medicines from because you can chose a pharmacy near to where you live, work or shop.
- You will not have to wait as long at the pharmacy as the prescription will be ready when you arrive

How to start using EPS?

- You need to let us know which pharmacy you wish to use and we will record it in your records. The next time you order your repeat prescription (in the usual way), you will be able to collect it from your chosen pharmacy.

Can the nomination be changed or cancelled reverting to usual paper prescriptions?

- Nomination can be cancelled or changed at any time (either at the pharmacy or at our Surgery)
- You can also choose to have a paper prescription for one particular item or not your usual/repeat medication at any time, as long as you let us know before the prescription is issued.

Please state which pharmacy you wish to use and sign the nomination below:

Date.....

Name.....Date of birth.....

Pharmacy name:.....

Signature:.....

Patient Online: Records Access Patient information leaflet 'It's your choice'

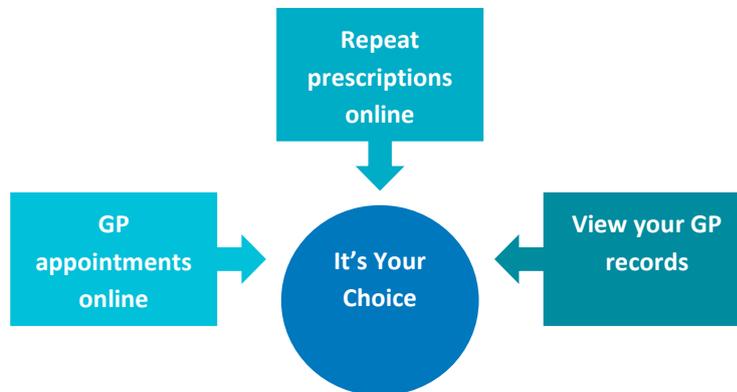
If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

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. In general this decision will not affect the quality of your care.

Only the over 16's can be registered. As a child grows older it acquires the right to having its records kept confidential even from its parents, parental access is only acceptable with the child's permission. If you feel you need access to your child's records for a specific reason then you will need to state the reason in writing, each case will then be reviewed on an individual basis.

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.

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



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.

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>

Streatfield Health Centre

Patient Online: Registration form - access to GP online services

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

I wish to have access to the following online services (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 have provided the following documents as proof of identification:

1. Photo ID (e.g. passport, driving licence)	<input type="checkbox"/>
2. Proof of address (e.g. recent bank statement or utility bill)	<input type="checkbox"/>

Application for online access to my medical record

I wish to access my medical record online and understand and agree with each statement (please 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. I confirm that I am over 16.	<input type="checkbox"/>
4. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
5. 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"/>
6. I accept the practice has the right to remove my access if I abuse the system	<input type="checkbox"/>
7. If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>
8. I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the Data Protection Act 1998	<input type="checkbox"/>

Signature		Date	
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For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Name of verifier	Date
Name of person who authorised (if applicable)			Date
Date account created			
Date passphrase sent			