



Crescent Bakery Surgery

Today's Date:.....

Name:

Date of Birth:.....

Have you been registered here before? **Yes** **No**

Tel No: Mobile:.....

Home:..... Work:.....

Email:.....

(by providing this you agree to receive communication from us via email or text)

Preferred method of communication: **Text** **Email** **Letter**

1. Take photo ID (passport or driving licence) and proof of address (such as a utility bill) to your GP practice and tell them you want to start using their online services.
If you do not have any ID then either a member of staff will have to confirm your identity or you may have to answer questions about personal information in your GP record.

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

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Accessing my full medical record	<input type="checkbox"/>

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

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 notify the practice in writing	<input type="checkbox"/>

For surgery use only:

ID seen:

Passport **Driving Licence** **Birth certificate** **Bank statement** **Utility bill**

Marriage certificate **Other**

Vouched for?

Staff member sign

SHARING YOUR HEALTH CARE RECORDS AND INFORMATION

The Summary Care Record and the sharing of basic information helps clinicians in A&E Departments and 'Out of Hours' health services to give you safe, timely and effective treatment. Your patient record will be held securely and confidentially on our electronic system, and will only be accessed by authorised healthcare professionals directly involved in your care. You will be asked if healthcare staff can look at your information every time they need to, unless it is an emergency and they are unable to; for instance if you are unconscious.

With your permission, this information will be shared electronically via:

- SCR – NHS SUMMARY CARE RECORD (used nationally across England).
- GLOUCESTERSHIRE SHARED HEALTH AND SOCIAL CARE INFORMATION (Joining up your information – JUJI) (Used locally across Gloucestershire).
- ENHANCED DATA SHARING MODEL in SystemOne (EDSM) (Used nationally across all healthcare providers using SystemOne).
- GDPR (General Data Protection Regulation)

Your Summary Care Record contains basic information about:

Your current medications

Any allergies you have

Any bad reactions you have had to medicines

**SCR with Additional information can be added upon request to your GP practice. This includes:

Significant problems (past and present)

Significant procedures (past and present)

Anticipatory care information

End of life care information – as per EOLC dataset ISB 1580

Immunisations.

JUJI contains information about:

Your current medications

Any allergies you have

Any bad reactions you have had to medicines

Your medical history and diagnoses

Test results and x-ray reports

Your vaccination history

General health readings such as blood pressure

Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls

Care / management plans

Correspondence such as referral letters and discharge summaries.

Please note that these records are **NOT CONNECTED** with the Health and Social Care Information Centre care data project and will be used **only** for the purpose of enabling informed care to be supplied directly to you as an individual.

Parents, guardians or someone with power of attorney can ask for people in their care to be opted out, but ultimately it is the GP's decision whether they share information, or not, because of their duty of care.

If you are caring for someone and feel that they are able to understand, then you should make the information about the different methods of sharing available to them.

Please tell us if you are happy for us to share this electronic information with clinicians in other NHS organisations (and Gloucestershire County Council social care in the case of JUJI) who are involved in your care.

GDPR (General Data Protection Regulation)

The General Data Protection Regulation is a major step in digital privacy and is the result of a long process settled in European values. Please find enclosed the "How we use your information" and for further information please see our website or speak to our reception team.

Please read carefully and select **ONE** option in **ALL** the tables below and sign.

1. Your Choice for national SCR

- I would like my information shared through the Summary Care Record
- I would like a Summary Care Record with additional information added
- I do not want my information shared through the Summary Care Record

2. Your Choice for Gloucestershire share health and social care information (JUYI)

- I would like my information shared through the Gloucestershire shared health and social care information project
- I do not want my information shared through the Gloucestershire shared health and social care information project

3. Enhanced Data Sharing Module (SystemOne) Sharing Out

- I would like my information shared out to SystemOne healthcare provider's
- I do not want my information shared out to SystemOne healthcare provider's

4. Enhanced Data Sharing Model (SystemOne) Sharing In

- I want my GP practice to view data that is recorded by another SystemOne NHS organisation that may care for me
- I do not want my GP practice to view data that is recorded by another SystemOne NHS organisation that may care for me

5. GDPR

- I have read the Fair Privacy Notice

Signature:

Date:

***If the person signing is not the patient, please give name and relationship to patient.**

Full Name: **Relationship:**

ARE YOU A CARER?

Yes No

If indicated Yes this will place you on our carers register

Do you have a Carer? Yes No

Contact details of person who cares for you:

.....

FEMALE PATIENTS

I currently have a coil fitted Yes No

This was fitted (date).....

I currently have an implant fitted Yes No

This was fitted (date)

HEALTH HISTORY

Do you have any allergies (drugs or anything else?)	Current Medicines, Tablets, Regular Prescriptions (including the Pill) you are taking:
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.

HEALTH HISTORY

Do you have a family history of any of the following?	If 'yes' what relationship (e.g. mother / father etc.) and approximate age when they were diagnosed:
Heart attack Yes <input type="checkbox"/> No <input type="checkbox"/>
Angina Yes <input type="checkbox"/> No <input type="checkbox"/>
Stroke Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/>
High blood pressure Yes <input type="checkbox"/> No <input type="checkbox"/>

INFORMATION TO HELP THE DOCTOR WITH YOUR CARE:

My height is My weight is
(kilograms)

SMOKING:

I have never smoked

I currently smoke (per day) cigarettes oz. of pipe tobacco

I used to smoke (per day) cigarettes oz. of pipe tobacco

I gave up in (date)

ALCOHOL:

PLEASE CIRCLE ANSWERS AND PLACE SCORE FOR EACH QUESTION IN SCORE COLUMN

1 drink = 1/2 pint of beer or 1 glass of wine or 1 single spirits.**1 unit of alcohol = 10cc of alcohol. So, a small glass (125cc) of 12% wine is $12.5 * 0.12 = 1.5$ units.**

Questions / Score For Each:	0	1	2	3	4	SCORE
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 – 2	3 – 4	5 – 6	7 – 8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	

Total:

How we use your information

- We collect and hold data about you for the purpose of providing safe and effective healthcare
- Your information may be shared with our partner organisations to audit services and help provide you with better care
- Information sharing is subject to strict agreements on how it is used
- We will only share your information outside of our partner organisations with your consent*
- If you are happy with how we use your information you do not need to do anything
- If you do not want your information to be used for any purpose beyond providing your care please let us know so we can code your record appropriately
- You can object to sharing information with other health care providers but if this limits your treatment options we will tell you
- Our guiding principle is that we are holding your information in the strictest confidence
- For more information about who are our partner organisations and how your data is used please see the **Privacy Notice** on our website or ask at Reception.

*Unless the health & safety of others is at risk, the law requires it or it is required to carry out a statutory function