



THE HAVEN PRACTICE

Patient Registration Form for 5 years to 10 years

Your Named Accountable GP who is responsible for your care is Dr L Tate

Surname:	Forename:
Date of Birth:	Landline:
Mobile No:	E-Mail of parent /Guardian
INFORMATION ABOUT YOU Do you have a Carer? Are you Registered Disabled? ILLNESSES: Have you had any serious illness? Do you have any medical problems at the moment? Please list any allergies you have: Please list any tablets, medicine or other treatments you are taking or bought from a chemist: Are there any serious diseases that affect your family?	
PERSONAL INFORMATION Next of Kin: Name: Relationship: Contact Details including address;	
Religion:	

Electronic Prescribing Service

The Electronic Prescribing Service allows us to send your prescription forms electronically to your nominated, preferred choice of local pharmacy to be made up and collected at your convenience. Please ask reception for a leaflet for further information.

Pharmacy Nomination:	
Pharmacy Post Code:	
Patient Name:	

I am the patient/carer of the patient named above. Nomination has been explained to me and I have also been offered a leaflet that explains the nomination process.

Signed _____ Dated _____



Your Summary Care Record (SCR) and your Summary Care Record with Additional Information (SCRAI)

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

A **Summary Care Record with Additional Information (SCRAI)** contains significantly more useful information.

It can include information about medication, allergies, adverse reactions, your illnesses and health problems, operations, vaccinations, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.

Having a **SCR** or **SCRAI** helps by providing the NHS healthcare staff that are treating you with vital information from your health record. This will help the staff (especially if they do not know you) make better and safer decisions about how best to treat you.

You have the choice of what information you would like to share and with whom. Please note only authorised NHS healthcare staff can only view your **SCR** or **SCRAI** with your permission and using an auditable means of access. The information shared will solely be used for the benefit of your care and remains confidential.

You have a choice- Having read the above information regarding your choices; please choose **one** of the options below:

Yes – I would like a Summary Care Record

- SCRAI** - Express consent for medication, allergies, adverse reactions and additional information.
- SCR** - Express consent for medication, allergies and adverse reactions only.

or

No – I would not like a Summary Care Record

- Express dissent for Summary Care Record (**opt out**).

If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions. You are free to change your decision at any time by informing your GP practice.

Name of patient:Date of birth.....
Signature: Date:

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name:

Please circle one: Patient Legal Guardian Lasting Power of Attorney and Welfare

Summary Care Record

Having read the attached information regarding your choices, please choose one of the options below:

Yes - I would like a Summary Care Record

- Express consent for medication, allergies and adverse reactions only
or
- Express consent for Medication, Allergies, Adverse reactions and Additional Information

No - I would not like a Summary Care Record

- Express dissent for Summary Care Record (opt out)

If you are completing this form on behalf of another person, please sign the form above and provide your details as below

Signed _____ Dated _____







Please circle one:

Parent	Legal Guardian	Lasting Power of Attorney for Health and Welfare
---------------	-----------------------	---

Special Information and Communication Needs

Do you have a Disability, Impairment or Sensory Loss and need to receive information in a way you can easily understand?

Please tick:

 Large Print	 Braille
 Via Email	 Hearing Impaired
 Alternative Languages	 Other Support if required, like British Sign Language (BSL)

Please let us know of any Services you may require:

Patient Online Access

Important Information – Please read before returning this form

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.

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.

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.

Proxy Access: Parents may request a proxy access to their children's records; this will cease automatically when the child reaches the age of 11. Any subsequent proxy access will need to be authorised by the patient subject to a competency test being completed.

More information

For more information about keeping your healthcare records safe and secure please visit our website: www.osmp.co.uk



THE HAVEN PRACTICE

Patient Online Registration Form Access to GP Online Services 5 to 10 Years

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):

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Accessing Detailed Coded Read Access Excluding Free Text, Letters and Documents	<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)

❖ I have read and understood the information on the reverse of this form	<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 it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

Signature Parent/Guardian		Date	
------------------------------	--	------	--

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

January 2020