

Drs Johnson, Seftel, Horne, Downing, Howe

<b>For Office Use Only</b>					
Postcode checked, pt in area		<input type="checkbox"/>	Summary Care Record Information given	<input type="checkbox"/>	
Is pt ordinarily resident in the UK?	Yes	<input type="checkbox"/>	National Data Opt Out Information given	<input type="checkbox"/>	
	If no, give pt GMS1 form	No	<input type="checkbox"/>	On return of forms, address verified	<input type="checkbox"/>
Is patient on regular medication		<input type="checkbox"/>	New pt check booked (if appl)	.....	

**NEW PATIENT REGISTRATION FORM - ADULT**

**Patient's details (Please complete in BLOCK CAPITALS and tick as appropriate)**

Mr  Mrs  Miss  Ms Surname.....

Date of Birth ..... First names.....

NHS Number (If known)..... Previous surname/s.....

Male Female Town and county of birth .....

Home address.....

..... Postcode.....

Telephone Number..... Mobile.....

Email address.....

Do you consent to receiving texts? Yes  No

Do you consent to be contacted by email? Yes  No

**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.....

..... Date you first came to live in UK.....

If previously resident in UK, date of leaving.....

**If you are returning from the Armed Forces**

Address before enlisting.....

Enlistment date..... Service personnel number.....

**NEW PATIENT QUESTIONNAIRE CONT.**

**WEIGHT**

How much do you weigh?..... (kilos or stones/pounds)

**HEIGHT**

How tall are you? ..... (metres or feet and inches)

**SMOKING STATUS**

Do you smoke? Yes/No If Yes: how many? ..... per day

**If No:** have you ever smoked? Yes/No

**ALCOHOL CONSUMPTION**

How much alcohol do you consume in a week? ..... (units)  
(1 unit = half pint beer/one glass of wine/single spirit measure)

**How often do you have a drink containing alcohol?**

- (a)  Never (b)  Monthly or less (c)  2-4 times a month  
(d)  2-3 times a week (e)  4 or more times a week

**How many standard drinks containing alcohol do you have on a typical day?**

- (a)  1 or 2 (b)  3 or 4 (c)  5 or 6 (d)  7 to 9 (e)  10 or more

**How often do you have six or more drinks on one occasion?**

- (a)  Never (b)  Less than monthly (c)  Monthly (d)  Weekly  
(e)  Daily or almost daily

**Do you have any known Medication Allergies?.....**

**Are you on regular medication? Yes / No**

**Do you have any information or communication needs? Please specify: .....**

**ETHNICITY (please circle)**

White British / Irish / Pakistani or British Pakistani / Bangladeshi or British Bangladeshi / African / Caribbean /  
Polish / Romanian / Bulgarian / Prefer not to say / Other.....

**What is your first language? .....**

**CARERS**

Do you have a carer? Yes/No Are you a carer? Yes/No

If you would like to become an organ donor please visit the website [www.uktransplant.org.uk](http://www.uktransplant.org.uk)

**Signature of patient/on behalf of patient .....**

**Print Name: .....**

**Date: .....**

## Summary Care Record patient consent form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP practice:

### 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).

Name of patient: .....

Date of birth: ..... Patient's postcode: .....

Surgery name: ..... Surgery location (Town): .....

NHS number (if known): .....

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:**

Parent	Legal Guardian	Lasting power of attorney for health and welfare
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For more information, please visit <https://www.digital.nhs.uk/summary-care-records/patients>, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

### For GP practice use only

To update the patient's consent status, use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below.

Summary Care Record consent preference	Read 2	CTV3
The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only)	9Ndm.	XaXbY
The patient wants a Summary Care Record with core and additional information (express consent for medication, allergies, adverse reactions and additional information)	9Ndn.	XaXbZ
The patient does not want to have a Summary Care Record (express dissent for Summary Care Record – opt out)	9Ndo.	XaXj6

## Information for new patients: about your Summary Care Record

**Dear patient,**

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.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

### **You have a choice**

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.
- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, 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.
- **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

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.

Once you have completed the consent form, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

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# Your Data Matters to the NHS

Information about your health and care helps us to improve your individual care, speed up diagnosis, plan your local services and research new treatments.

In May 2018, the strict rules about how this data can and cannot be used were strengthened. The NHS is committed to keeping patient information safe and always being clear about how it is used.

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You can choose whether your confidential patient information is used for research and planning.

To find out more visit: [nhs.uk/your-nhs-data-matters](https://nhs.uk/your-nhs-data-matters)

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## **You can choose whether your confidential patient information is used for research and planning.**

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### **How your data is used**

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Your health and care information is used to improve your individual care. It is also used to help us research new treatments, decide where to put GP clinics and plan for the number of doctors and nurses in your local hospital. Wherever possible we try to use data that does not identify you, but sometimes it is necessary to use your confidential patient information.

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### **What is confidential patient information?**

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Confidential patient information identifies you and says something about your health, care or treatment. You would expect this information to be kept private. Information that only identifies you, like your name and address, is not considered confidential patient information and may still be used: for example, to contact you if your GP practice is merging with another.

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### **Who can use your confidential patient information for research and planning?**

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It is used by the NHS, local authorities, university and hospital researchers, medical colleges and pharmaceutical companies researching new treatments.

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### **Making your data opt-out choice**

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You can choose to opt out of sharing your confidential patient information for research and planning. There may still be times when your confidential patient information is used: for example, during an epidemic where there might be a risk to you or to other people's health. You can also still consent to take part in a specific research project.

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### **Will choosing this opt-out affect your care and treatment?**

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No, your confidential patient information will still be used for your individual care. Choosing to opt out will not affect your care and treatment. You will still be invited for screening services, such as screenings for bowel cancer.

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### **What should you do next?**

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You do not need to do anything if you are happy about how your confidential patient information is used.

If you do not want your confidential patient information to be used for research and planning, you can choose to opt out securely online or through a telephone service.

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**You can change your choice at any time.**

To find out more or to make your choice visit [nhs.uk/your-nhs-data-matters](https://nhs.uk/your-nhs-data-matters)  
or call **0300 303 5678**



## How we keep your records confidential

Everyone working for the NHS has a legal duty to keep information about you confidential.

### We have a duty to

- Maintain full and accurate records of the care we provide to you
- Keep records about you confidential, secure and accurate
- Provide information in a format that is accessible to you (i.e., in large type if you are partially sighted).

We **will not** share information that identifies you for any reason, unless:

- you ask us to do so;
- we ask, and you give us specific permission;
- we must do this by law;
- we have special permission for health or research purposes or
- we have special permission because the interests of the public are thought to be of greater importance than your confidentiality



**Our guiding principle is that we are holding your records in STRICT CONFIDENCE**

## Who are our partner organisations?

We may share information with the following main partner organisations:

- NHS England
- Our Commissioners
- NHS Trusts / Organisation (Hospitals, CCG's)
- Ambulance Service
- Social Services

Please ask for a copy of the Practice Privacy Notice for a full list of partner organisations.

We may also share your information, **with your** consent and subject to strict sharing protocols about how it will be used,

With:

- Education Services
- Local Authorities
- Voluntary Sector Providers
- Private Sector

**Anyone who receives information from us also has a legal duty to:**

**KEEP IT CONFIDENTIAL!**

**If you believe the Trust has breached any of your Data Protection Rights.**

You have a right to complain to the UK supervisory Authority as below.  
Information Commissioner:

Wycliffe house  
Water Lane  
Wilmslow  
Cheshire SK9 5AF  
Tel: 01625 545745  
<https://ico.org.uk/>

## How we use your Information

Much Birch Surgery

Updated for the GDPR  
2016 and Data Protection  
Act 2018

# Better information, better health

**This leaflet explains:**

- **Why the Practice collects information about you and how it is used**
- **Who we may share information with**
- **Your right to see your health records and how we keep your records confidential**

## Why we collect information about you

In the Practice we aim to provide you with the highest quality of health care. To do this we must keep records about you, your health and the care we have provided or plan to provide to you.

These records may include:

- Basic details about you, such as address, date of birth, next of kin
- Contact we have had with you such as clinical visits
- Details and records about your treatment and care
- Results of x-rays, laboratory test etc.,
- Relevant information from people who care for you and know you well, such as health professionals and relatives

It is good practice for people in the NHS who provide care to:

- **discuss and agree with you what they are going to record about you**
- **give you a copy of letters they are writing about you; and**
- **show you what they have recorded about you, if you ask.**

We will only store your information in identifiable form for a long as in necessary in and in accordance with the NHS England's Rules found here: -

[NHS Records Management code](#)

## How your records are used

The people who care for you use your records to:

- Provide a good basis for all health decisions made by you and care professionals
- Allow you to work with those providing care
- Make sure your care is safe and effective, and
- Work effectively with others providing you with care

**Others may also need to use records about you to:**

- check the quality of care (such as clinical audit)
- protect the health of the public
- keep track of NHS spending
- manage the health service
- help investigate any concerns or complaints you or your family have about your health care
- teach health workers and
- help with research

Some information will be held centrally to be used for statistical purposes. In these instances, we take strict measures to ensure that individual patients cannot be identified.

We use anonymous information, wherever possible, but on occasions we may use personally confidential information for essential NHS purposes such as research and auditing. However, this information will only be used with **your consent**, unless the law requires us to pass on the information.

## The legal Part

You have a right to privacy under the General Data Protection Regulation 2016 (GDPR) and the Data Protection Act. The Practice needs your personal, sensitive and confidential data in order to perform our statutory health duties, in the public interest or in the exercise of official authority vested in the controller in compliance with Article 6 (e) of the GDPR and for the purposes of preventive or occupational medicine, for the assessment of the working capacity of the employee, medical diagnosis, the provision of health or social care or treatment or the management of health or social care systems and services on the in compliance with Article 9, (h) of the GDPR.

You have the right to ask for a copy of all records about you.

- Your request should be made to the practice holding your information
- We are required to respond to you within one Month
- You will need to give adequate information (for example full name, address, date of birth NHS number etc.)

To Access your record contact:

**If you think anything is inaccurate or incorrect, please inform the Practice as soon as possible. For other rights about the use of your information please see our website.**

The Practice Data Protection Officer is Paul Couldrey  
PCIG Consulting Ltd, and is available via email: [Couldrey@me.com](mailto:Couldrey@me.com) Tel: 07525 623939