

NEW PATIENT FORM

PLEASE REMEMBER TO BRING TO YOUR APPOINTMENT TWO FORMS OF IDENTIFICATION (ONE PHOTOGRAPHIC AND ONE WITH CURRENT HOME ADDRESS) AND A URINE SAMPLE

CONSENT FOR SUMMARY CARE RECORD

The Summary Care Record is a snapshot of your GP medical record which holds medication, allergies and adverse reactions and with your permission the practice can add any additional information you request e.g. Angina diagnosis.

The Summary Care Record is used by other NHS organisations such as A&E and Out of Hours and these organisations can only access this information with your permission. There may be circumstances where staff cannot ask you, for example, if you are unconscious. Healthcare staff may then look at your records without asking you.

I Consent for medication, allergies and adverse reactions only

I Consent for medication, allergies and adverse reactions and additional information (This may include information detailing any health issues which you and your GP considers important to your wellbeing). Please see attached Information sheet for completion, if required.

I Do Not wish to have a Summary Care Record

Please only tick one of the above boxes

ETHNICITY STATUS

From 1st April 2006 GP Practices are required to record the Ethnicity Status of all patients registering with the Practice. Could you please provide this information by placing a tick in the appropriate box below:

British White or Mixed British English Scottish Irish Welsh

Other (Please Specify)

ACCESSIBLE INFORMATION

Have you got any communication and /or information needs? Please provide details:

Have you ever served in the British Armed Forces? Yes No

NOMINATED PHARMACY

Name:

Address:

Name:

Signature: Date:

Manor Field Surgery

Maltby Services Centre, Braithwell Road, Maltby, Rotherham S66 8JE

Tel: 01709 819376

Website: www.manorfieldsurgery.co.uk

PATIENT CONTRACT

Dear Patient,

Thank you for your interest in joining the practice. We aim to provide a high standard of service to our patients and in order for us to maximise the service we are able to give, we request patients agree to the following good conduct guide:

- ◆ **Booking of appointments** - Agree to book a routine appointment at the surgery whenever possible – urgent appointments are for genuine urgent conditions
- ◆ **Cancellation of appointments** - Agree always to cancel your appointment if you are unable to attend. **Appointments should never be made and not kept without informing the practice, giving us as much notice as possible**
- ◆ **Requests for Home Visits** - Agree only to request a home visit if you are housebound or are genuinely too ill to get to the surgery – lack of convenient transport is not a reason to request a home visit.
- ◆ **Out of Hours Service** – Agree to correct use of the out of hours service. This is for genuine emergencies only and is not an extension of the GP surgery hours
- ◆ **Changes to personal information** - Agree to inform the practice of any personal changes as soon as they occur (i.e. change of address, telephone/mobile number or name) in order that we may remain in contact with you when necessary and keep our records updated
- ◆ **Courtesy and Respect** - Agree to refrain from using abusive or offensive language, making threats of violence or aggressive behaviour and to treat all staff fairly and with respect; in person, on the phone, in writing or on social media. **The practice has a zero tolerance policy towards verbal and physical abuse (please see website for further details).**
- ◆ **Help us to help you** - Agree to do whatever possible to improve your own health and to help the clinicians help you

'HELP US TO HELP YOU'

Name:

Signed:

Date of Birth:

Date Signed:

MANOR FIELD SURGERY - NEW PATIENT INFORMATION

Surname Forenames Date of Birth

Address:

Contact Telephone Number: Home Mobile

Nationality:

Ethnicity:

Height: Ft Inches Or Cms BP

Weight: Stones Or Kgs Pulse

Do You Smoke Cigarettes? Yes No How many cigarettes per day _____

Have you ever smoked? Yes No

Would you like help with
stopping smoking? Yes No

Do You Drink Alcohol? Yes No

Beer	Pints per Week	Bottles of Wine	Per Week
Bottles of Spirits	Per Week		

Do you have any Allergies? Yes/No (If yes please give details)....
.....

Do you, or have you in the past, suffered from any Significant Illnesses? Yes/No (If yes
Please give details).....
.....

Has anyone in your family ever suffered from any of the following? Yes/No (If yes please give details)

	Heart Disease	Diabetes	Asthma	Strokes	Cancers
Mother					
Father					
Brother					
Sister					

Are you currently taking any medication? Yes/No (If Yes please give details)
.....
.....

Please list below details of ALL Vaccinations you have had, together with dates where known:

.....
.....
.....

Women Only:

Contraception:	Uses Contraception	<input type="checkbox"/>
	Contraception not needed	<input type="checkbox"/>
Pregnancy:	Currently Pregnant	<input type="checkbox"/>
	Possible Pregnancy	<input type="checkbox"/>
	Not Pregnant	<input type="checkbox"/>

Date Form Filled In

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 that 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.

- a) **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies and adverse reactions only.
- b) **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies and adverse reactions and further medical information that includes: Your significant 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.
- c) **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.

Please note that it is not compulsory for you to complete this consent form. If you choose not to complete this form, a Summary Care Record containing information about your medication, allergies and adverse reactions and additional further medical information will be created for you as described in point b) above.

The sharing of this additional information during the pandemic period will assist healthcare professionals involved in your direct care and has been directed via the Control of Patient

Information (COPI) Covid-19 – Notice under Regulation 3(4) of the Health Service Control of Patient Information Regulations 2002.

If you choose to complete the consent form overleaf, please return it to your GP practice.

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

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:

Address:

Postcode: Date of Birth:

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

If you require any more information, please visit <http://digital.nhs.uk/scr/patients> or phone NHS Digital on 0300 303 5678 or speak to your GP practice.