

**Greystones**  
Medical Centre

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Male**  **Female**  **Date of Birth** \_\_\_\_\_

**Ethnic Origin** (please tick)

British or mixed	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Other mixed	<input type="checkbox"/>
Other White	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Indian or British Indian	<input type="checkbox"/>	African	<input type="checkbox"/>
Pakistani or British Pakistani	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Bangladeshi or British Bangladeshi	<input type="checkbox"/>	Other	<input type="checkbox"/>

**Do you speak English?** YES  NO

**If No, what is your first language** \_\_\_\_\_

**Weight** \_\_\_\_\_ **Height** \_\_\_\_\_

**Current Occupation** \_\_\_\_\_

**How many children under the age of 16 years live in your household?** \_\_\_\_\_

**FEMALE PATIENTS ONLY**

**When was your last cervical smear?** \_\_\_\_\_

**What form of contraception do you use, if any?** \_\_\_\_\_

**Are you pregnant?** YES  NO  **If yes, expected date of delivery** \_\_\_\_\_

**Are you planning a pregnancy?** YES  NO

**Have you had a mammogram (age 50 years+/for medical reasons)?** YES  NO

**If yes, when?** \_\_\_\_\_

**ALL PATIENTS**

**What is your current smoking status?**

Currently smoke  Number of cigarettes per day \_\_\_\_\_

*(You can make an appointment with our Healthcare Assistant to access smoking cessation services)*

Ex smoker  When did you stop smoking? \_\_\_\_\_

Never smoked

**How often do you have a drink that contains alcohol?**

Never  Monthly or less  2-4 x a month  2-3 x per week  more than 4 x per week

**On average, how many units of alcohol do you drink each week?** \_\_\_\_\_

(2 units = 1 pint beer/lager, 1 shot of spirit or standard glass of wine)

**How many units of alcohol do you have on a typical day when you drink?**

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

**Do you have any allergies?** No  Yes  If yes, please list \_\_\_\_\_

**Do you have a family history of any of the following?**

Coronary Heart Disease

Diabetes

Stroke

Cancer starting under the age of 60

**Do you consider yourself to have a disability?** No  Yes  (Please specify)

\_\_\_\_\_

\_\_\_\_\_

**Do you care for someone who is frail/disabled/mentally unwell ?** Yes  No

**Are you currently taking any medication?** Yes  No

*(You will need a GP appointment before we can issue you any medication. Please bring a copy of any current medication)*

**Do you wish to nominate a pharmacy for your prescriptions to be sent electronically?**

Yes  No

*(For more information on this please speak to a Receptionist or your Pharmacist)*

**If yes, which Pharmacy** \_\_\_\_\_

**When registering, we will require sight of the following:**

**Proof of address** – eg utility bill, bank statement, tenancy agreement

**AND**

**Photographic ID** – eg. passport, driving licence,

**Your named and accountable GP at Greystones Medical Centre will be Dr Richard J Benn**

## NHS Summary Care Record with additional information

If you are registered with a GP practice in England, you will have a Summary Care Record (SCR), unless you have previously chosen not to have one. It includes:



- important information about your health:
- medicines you are taking
- allergies you suffer from any bad reactions to medicines

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 SCR means that when you need healthcare you can be helped to recall vital information.

SCRs can help the staff involved in your care make better and safer decisions about how best to treat you.

You can choose to have **additional information** included in your SCR, which can enhance the care you receive. This information 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
- Who should be contacted for more information about you

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

- Express **consent** (you wish to share information with other healthcare professionals involved in your care) for medication, allergies and adverse reactions **only**.
- Express **consent** (you wish to share information with other healthcare professionals involved in your care) for any medication, allergies, adverse reactions **and** additional information.
- 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.

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

Name of patient .....

Date of Birth ..... Patient's postcode .....

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: .....

Capacity:  
Please circle one

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



**Your Electronic Patient Record & the Sharing of Information**  
**- A Patient's Guide**

***Please read this leaflet carefully. It will give you information about the sharing of your electronic patient record and the choices you need to make.***

Today, electronic records are kept in all the places where you receive healthcare. These NHS Care Services can usually only share information from your records by letter email, fax or phone. At times, this can slow down your treatment and mean information is hard to access.

Greystones Medical Centre uses a computer system called SystemOne that allows the sharing of full electronic records across different NHS Care Services. We are telling you about this as a patient at this practice as you have a choice to make about how your practice shares information about your care from your electronic patient record. This form is not about your Summary Care Record (SCR), it is asking your sharing preferences regarding your full electronic GP record. You can choose to share or not to share your electronic GP record with other NHS Care Services.

**How is my decision recorded?**

Your GPs computer system has two settings to allow you to control how your medical information is shared:

**SHARING OUT** – This controls whether your full GP electronic patient record can be shared with other NHS Care Services where you are treated. Please record your preference:

**Please tick one:** Sharing Out (shared) **Yes**  or **No** (not shared)

**SHARING IN** – This controls whether you agree for this practice to view information you've agreed to share at other NHS Care Services. Please record your preference:

**Please tick one:** Sharing In (viewable) **Yes**  or **No** (not viewable)

Patient Name (Print Name): \_\_\_\_\_

Patient Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Application for Online Access

(To be completed by all patients over 15 years of age)

Surname	Date of birth
First name	
First line of address:	
Postcode:	
☎ Telephone number:	📱 Mobile number:
@ Email address:	
Names of any children under 15 years of age (link account for Online Access):	

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

1. Booking appointments	
2. Requesting repeat prescriptions	
3. Accessing my medical record	

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

1. <i>I have read and understood the information on the back of this form</i>	
2. I will be responsible for the security of the information that I see or download	
3. If I choose to share my information with anyone else, this is at my own risk	
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	

Signature:	Date:
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**TEXT MESSAGES**

- I **consent** to Greystones Medical Centre sending me text messages.
- I **do not** consent to Greystones Medical Centre sending me text messages.

***For practice use only***

Identity verified by (initials)	Date	Method	
			Vouching <input type="checkbox"/>
			Vouching with information in record <input type="checkbox"/>
			Photo ID and proof of residence <input type="checkbox"/>

## 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.