Greystones
Medical Centre

First Name _____ **Last Name** _____
Male ☐ **Female** ☐ **Date of Birth** _____

Ethnic Origin (please tick)

British or mixed		Other Asian	
Irish		Other mixed	
Other White		Caribbean	
Indian or British Indian		African	
Pakistani or British Pakistani		Chinese	
Bangladeshi or British Bangladeshi		Other	

Do you speak English? **YES** ☐ **NO** ☐
If No, what is your first language _____

Weight _____ **Height** _____

ALL PATIENTS

What is your current smoking status?
Currently smoke ☐
(You can make an appointment with our Healthcare Assistant to access smoking cessation services)
Ex smoker ☐
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 _____

_____

PLEASE TURN OVER ……

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 _____

Are you a carer? (A carer is defined as someone unpaid who provides support – practical and/or emotional – to an adult or child with an illness, disability, frailty, mental health problems or substance misuse issues)

Yes ☐ No ☐

If Yes, who do you care for? wife/husband/child/mother/father/other _____

Reception use only – Read Code Ub1ju

When registering, we will require sight of the following:

Proof of address – e.g. utility bill, bank statement, tenancy agreement
AND
Photographic ID – e.g. passport, driving licence

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

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 have read and understood the information on the back of this form***	
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:

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 ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐

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

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.

NHS Sheffield

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 SystmOne 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: 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: Sharing In (viewable) **Yes** ☐ or **No** (not viewable) ☐

Patient Name (Print Name): _____

Patient Date of Birth: ____/____/____

Patient Signature: _____ Date: ____ /____ /____