

NEW PATIENT FORM

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:

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		Cms		BP
		Or			
Weight:	Stones		Kgs		Pulse
		Or			

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"/>

NB: Please bring a urine sample to the surgery when returning this form.

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 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 an 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

What to do next

If you would like this information adding to your SCR, then please complete this form, for return to the relevant GP surgery.

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:

Capacity: circle as appropriate Parent Legal Guardian Lasting Power of Attorney

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