Name: …………………………

Date of birth:……………………

Address: ……………………….

…………………………………..

Email address: …………………

Ethnic origin (please tick):

White, British Indian

White, other Chinese

Black African Black Caribbean

Black British Sri Lankan

European

Other (please state below)

……………………………………………….

First speaking language

……………………………………………….

Please let us know of any other significant medical history:

……………………………………………………………………………………………………

Do you have any allergies Yes / No

If so, what are they? ………………………

Taking regular medication? Please let us know:

Is there a family history (1st degree relative parents/brothers/sisters) of:   
 Diabetes

 Heart Disease

 High Blood Pressure

 Cancer

 Thyroid Disorder

 Stroke

 High cholesterol

 Epilepsy

**Parent or legal guardian:**

Surname: …………………………………

Forename: ………………………………..

Date of Birth: …../……./………  
Relationship………………………………

**Electronic Prescription Service**

If you are on repeat medications, you can now nominate a pharmacy for your prescriptions to be sent to electronically. This means that you do not need to come into the surgery to collect a paper prescription. We will send it electronically to the pharmacy of your choice. It could be a pharmacy near to where you live, work or shop.

Name and address of nominated pharmacy: **……………………………………**

**Summary Care Record**

The SCR record is a system that is linked up by the NHS Spine, it enables information to be shared between GP practices and emergency services such as Out of Hours, A&E and for in patients in hospital. This helps provide authorised clinicians involved in emergency care with faster secure access to key information about your health.

There are three options:

1. Express consent for medication, allergies & adverse reactions only
2. Express consent for medication, allergies, adverse reactions & additional information
3. Expressed Dissent (Opted Out)

Additional information could also be included, with your consent, this includes:

* Significant medical history, past and present
* Significant procedures, past and present
* Anticipatory care i.e. DNR if in place
* Palliative care information
* Immunisations

Please tick and sign if you have a preference about what information is shared about you:

 Express consent for medication, allergies & adverse reactions only **- #9Ndm**

 Express consent for medication, allergies, adverse reactions & additional information **#9Ndn**

Sign ................................

If you would like to opt out from the summary care record, then please ask at reception for an opt out form when you return this registration form.

**ONLINE ACCESS REQUEST FOR CHILDREN UNDER 16 YEARS OLD  
Child’s Details:**

|  |
| --- |
| Name:       EMIS ID: *office use only* |
| Date of Birth:       Age:       \* |
| Address: |
| Contact details held for child: *Please correct as necessary. We will assume permission to contact your child / you about your child in these ways (including by SMS text message & email if applicable) unless you indicate otherwise.*  Home telephone:  Mobile telephone:  Email: |

* **children aged 10 or under** - online access will be given to a parent/carer signing below
* **children aged 11-15** - online access can only be given to a parent/carer with the child’s consent   
  OR can be given to the child (with parental consent or at the discretion of a GP familiar with the child)

|  |
| --- |
| **If child named above is aged 11-15 years old, he/she must complete this section:**    I give consent for the person named below to use online access on my behalf to: *(tick as applicable)*  Book/cancel appointments for me YES NO  Request my repeat medication YES NO  View the Allergies & Medication information in my care record \* YES NO  View Immunisations & Test results from my care record \* YES NO  **OR** I wish to apply to manage the online access described above for myself  I understand that if my parent/carer does not give consent by signing below, this requires the agreement of my GP.    *\* We do not currently offer access to other areas of the medical record of patients who are under 16 years of age. This decision may be reviewed when additional functionality for proxy access is available. Access to coded information on illnesses (Problem headings & coded data within Consultations) can be applied for by patients over the age of 16 who will be accessing their own data.*  Signed: *(child aged 11-15 years)* Date: |
|  |

**Parent/Carer details**

*To apply for online access on behalf of the child named above OR to give consent to independent access (if aged 11-15). Parent/Carer access will be removed when a child is 16 years old. If a child over the age of 10 requests that we remove parent/carer access, this will be granted in cases where a GP who is familiar with the child agrees.*

Signed: . *(parent/carer*)

Name: Date:

Relationship to child named above:

Practice Use Only:

Usual GP agreement given for online access to 11-15 yr old  (in absence of parental consent)

Name:                   Signature:

*Code EMISNQPA40 added with 3rd party details (name & relationship)*

*If 11-15 year old with own online access, add code EMISNQPA179 instead*