Updated 01/03/2019

**ST JOHN’S MEDICAL CENTRE**

**CHILD REGISTRATION PROCESS**

All patients requesting to register with this practice need to complete and provide the requested information that is detailed below:

1. Patients need to provide a date 10 digit NHS number or an up to date medical card. The NHS number is obtainable from your previous registered surgery. New born babies will have details of their NHS number inside their red book.
2. As part of our prevention against GP patient registration fraud, we are now asking if you could provide proof of your identity; preferably photographic ID.

If you are under 16 years old, please provide 1 item from the list below:

**Eg. Birth certificate**

**Previous medical card**

**Child red book**

**Passport**

If you are not able to provide all of this information at the time of registering this can be brought in at a later date.

Please be aware that if you do not provide sight of the recommended identification documents, a note of this will

be made on your patient file.

**Types of GP or Nurse Practitioner Appointments Offered**

**GP Appointments**

We now offer a service called askmygp for all Doctors appointments, which can be accessed via our website [www.stjohnsmedical.co.uk](http://www.stjohnsmedical.co.uk) and then click on the askmygp link on our home page.

**Nurse Practitioner Day Only Appointments**

We have a number of Nurse Practitioners working within the Practice who see patients for "same day/acute" issues.  These Practitioners are bookable on the day and can see most conditions. Where there are no GP appointments available, our Nurse Practitioners can see patients who would like to be seen the same day and where necessary, discuss with the Duty Doctor if they feel that a GP needs to see the patient.

**Information about this patient**

Do you have any existing medical conditions?

Do you have any pre-existing medical conditions?

What is your height? \_\_\_\_\_\_\_\_\_\_\_\_\_ What is your weight? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL RESPONSIBILITY**

St John’s Medical Centre has a duty to ensure that all children who are not deemed mature enough to consent for themselves and require treatment have consent to receive this treatment by someone with parental responsibility.

Please could you complete the form below (one for each child of the family registered) to inform who has parental responsibility:

|  |  |
| --- | --- |
| Childs First Name |  |
| Childs Surname |  |
| NHS Number |  |
| Date of Birth |  |
| Address |  |
| First Person With Parental Responsibility: Parent or Legal Guardian | |
| Name |  |
| Relationship to the Child |  |
| Address |  |
| Signature |  |
| Second Person with Parental Responsibility: Parent or Legal Guardian | |
| Name |  |
| Relationship to the Child |  |
| Address |  |
| Signature |  |

Please name any other person/s that you give consent, to bring your child to an appointment and make decisions regarding their care or treatment.

Name: Date of Birth:

Name: Date of Birth:

Name: Date of Birth:

Name: Date of Birth:

Please be aware that if a child presents with anyone other than those with parental responsibility or to those listed above, treatment may be withheld.

Where the person with responsibility is the parent, they must be named on the birth certificate to be deemed to have parental responsibility. Legal guardians must have the relevant paperwork showing their responsibility for the child. St John’s Medical Centre reserves the right to request proof of this responsibility at any time.

**Please enter details of next of kin –**

Name:

D.O.B

Relationship:

Address:

Telephone number:

­­­­­­­­­­­­­­­­**SUMMARY CARE RECORD:** This makes available a summary of your care record including allergies and medication to other parts of the NHS (for example; if you visit hospital, the doctors will be provided with key information about you.

Do you require this? YES / NO

**If Yes (select one from the 2 options below):**

Express consent for medication, allergies and adverse reactions only

Express consent for medication, allergies, adverse reactions AND additional information

**CONSENT TO SHARE:** Do you consent for your records to be shared out with community health directly involved in your care (for example; physiotherapy, district nurses etc.)? Y / N

**If you DO NOT require a summary care record, you MUST complete an opt-out form**.

An information sheet can be found at the back of this registration pack to give you more information.

**CARERS:** A carer is a family member or helper who regularly looks after a friend or family member who can’t cope alone due to illness, disability, a mental health problem or an addition. We are keen to identify those who care for others (officially or unofficially) as we may be able to offer additional support to those individuals.

Are you a carer? Y / N Who do you care for ? …………………………..

Do you have a carer? Y / N Who is your carer ? ………………………………

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: Your registration will not be completed until all information is provided.**

**Do You need any correspondence printing in an alternative format ?**

**Braille,**

**Large print,**

**Audio tape,**

**Any other please specify.**

**Do you need an interpreter ?**

Do you have any disabilities, impairments, loss of vision or hearing that you feel is relevant in order for us to communicate with you in a better way ?

**Preferred Pharmacy**

**Name D.O.B.**

**If you would like your prescription sending to a pharmacy, Please select a pharmacy from the list below:**

**ASDA**…………………………………………………………………………………………………………………………..

**BARROWBY GATE PHARMACY** (Lincoln Co-Op)………………………………………………………

**BOOTS** (Next Door from surgery) ……………………………………………………………………………

**BOOTS** (St Peter’s Hill)……………………………………………………………………………………………….

**BOOTS** (High Street)……………………………………………………………………………………………….

**LLOYDS** (High Street)………………………………………………………………………………………………….

**LLOYDS** (New beacon road – Alma Park)…………………………………………………………………..

**SUPERDRUG** (Isaac Newton Shopping Centre – bus station)……………………………………

**WELL PHARMACY** ……………………………………………………………………………………………………

**Are my records secure?**

The clinical software systems used to store patient medical records are designed to be secure. It’s important to choose a strong password and keep it secret.

Keep your device (smartphone, iPad or desktop) secure too and log out after viewing your record.

Before sharing your record with anyone, consider whether it’s in your best interests and how that information might be used.

**Who can see my medical records?**

Your health records are confidential and can only be seen by a healthcare professional on a need-to-know basis. You can allow other people to see your health records, for example, a pharmacist.

**What can I do if my GP refuses access to my medical record?**

A refusal to grant medical records access can be challenged through an official complaint to the NHS Trust or social services department concerned or via the Information Commissioner’s Office (01625 54 57 45).

**Understanding your records**

Your records are written to help medical people look after you and so sometimes you may not understand everything you see. If you find anything difficult to understand, as well as talking to your doctor or nurse, you can go to **www.patient.info** or the NHS Choices website.

**NHS Choices has more information about accessing medical records.**

If your doctor doesn’t use Patient Access, the NHS Choices website has details for patients at surgeries that use other clinical software systems.

Patient access emis health

EMIS Health is a trading name used by members of the EMIS Group of companies which includes Egton Medical Information Systems Limited.

Egton Medical Information Systems Limited is registered in England and Wales. Registered number: 02117205.

Registered Office: Rawdon House, Green Lane, Yeadon, Leeds LS19 7BY.

St John’s Medical Centre

**ONLY COMPLETE IF YOU WISH A THIRD PARTY TO DISCUSS YOUR RECORDS ON YOUR BEHALF**

Name ……………………………………………………………………………………..

Date of Birth …………………………………………………………………………..

**I hereby give consent for the following named person to discuss my medical records**

Name …………………………………………………………………………………….

Relationship …………………………………………………………………………

Telephone No……………………………………………………………………….

Signature……………………………………………………………………………..

Date……………………………………………………………………………………..

**OPT-OUT FORM**

**Request for my clinical information to be withheld from the Summary Care Record**

**If you DO NOT want a Summary Care Record please fill out the form and send it to your GP practice**

**………………………………………………………………………………………………….**

**A. Please complete in BLOCK CAPITALS**

Title ..................................................... Surname / Family name……………………………………............

Forename(s) ..................................................................................................................................................................

Address ..................................................................................................................................................................

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

Postcode .............................................. Phone No ............................................ Date of birth

.

NHS Number (if known) ....................................................................................... Signature

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

B. If you are filling out this form on behalf of another person or a child, their GP practice will consider this request.

Please ensure you fill out their details in section A and your details in section B

Your name .................................................................................................... Your signature …………....

Relationship to patient ....................................................................................Date ………………………

**What does it mean if I DO NOT have a Summary Care Record?**

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and, any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone

If you have any questions, or if you want to discuss your choices, please contact your GP practice

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FOR NHS USE ONLY.

Actioned by practice yes/no Date……………………………….

FOR NHS USE ONLY.

**Your Summary Care Record**

**Care professionals in England use an electronic record called the Summary Care Record (SCR). This can provide those involved in your care with faster secure access to key information from your GP record.**

***What is a SCR?***

If you are registered with a GP practice in England, you will already have an SCR unless you have previously chosen not to have one. It includes the following basic information:

 Medicines you are taking

 Allergies you suffer from

 Any bad reactions to medicines.

It also includes your name, address, date of birth and unique NHS Number which helps to identify you correctly.

***What choices do you have?***

**You can now choose to include more information in your SCR**, such as significant medical history (past and present), information about management of long term conditions, immunisations and patient preferences such as end of life care information, particular care needs and communication preferences.

**If you would like to do this, talk to your GP practice as it can only be added with your permission.**

Remember, you can change your mind about your SCR at any time. Talk to your GP practice if you want to discuss your option to add more information or decide you no longer want an SCR.

***Vulnerable patients and carers***

Having an SCR that includes extra information can be of particular benefit to patients with detailed and complex health problems. If you are a carer for someone and believe that this may benefit them, you could discuss it with them and their GP practice.

***Who can see my SCR?***

Only authorised care professional staff in England who are involved in your direct care can have access to your SCR. Your SCR will not be used for any other purposes.

These staff

 Need to have a Smartcard with a chip and passcode

 Will only see the information they need to do their job

 Will have their details recorded every time they look at your record.

**Care professionals will ask for your permission if they need to look at your SCR.** If they cannot ask you because you are unconscious or otherwise unable to communicate, they may decide to look at your record because doing so is in your best interest. This access is recorded and checked to ensure that it is appropriate.

***SCRs for children***

If you are the parent or guardian of a child under 16, and feel they are able to understand this information you should show it to them. You can then support them to come to a decision about having an SCR and whether to include additional information.

***Confidentiality***

For information on how the NHS will collect, store and allow access to your electronic records visit NHS Choices at www.nhs.uk/records.

For more information talk to the staff at your GP practice or visit www.hscic.gov.uk/scr/patients

You can also phone the Health and Social Care Information Centre (HSCIC) on 0300 303 5678