

**APPLICATION FOR GENERAL MEDICAL SERVICES WITH
THE CHARTER MEDICAL CENTRE**

From
August
2016

Your GP will be:

Dr

PLEASE COMPLETE THIS FORM IN CAPITAL LETTERS

(See page 8 for a list of suitable proof of address/ID documents)

Have you been registered at this practice before? YES / NO *(please circle as appropriate)*

Surname:

All Forenames:

Previous Surname:

Mr / Mrs / Miss / Ms / Other (Please circle)

Male

Female

Date of birth:

NHS number (if known):

Supplying this information gives consent for us to contact you where medically necessary.

Address:

Postcode:

Home Telephone:

Mobile Telephone:

Work Telephone:

Email:

(CAPITALS PLEASE)

See Consent Form Page

Town and country of birth:

Nationality:

Your main language:

If you have come from abroad

Date you came to live in the UK

/ /

Have you previously been registered under the NHS?

YES / NO

(please circle as appropriate)

Date you previously left UK (if relevant):

/ /

Your previous GP surgery: (if you have never been on an NHS Doctors list write **None**)

Surgery name:

Surgery address:

Your address when you last registered with an NHS GP:

Post Code:

Armed Forces:

I am returning from the armed forces

I am still enlisted/serving in the armed forces

Address before enlisting:

Service / Personnel number:

Enlistment date:

Return date:

Your next of kin (in the UK):

Name:

Telephone No:

Relationship:

If you are under 16: who looks after you?

Name:

Telephone No:

Relationship:

School:

Signature of patient:

Date:

Signature on behalf of patient:

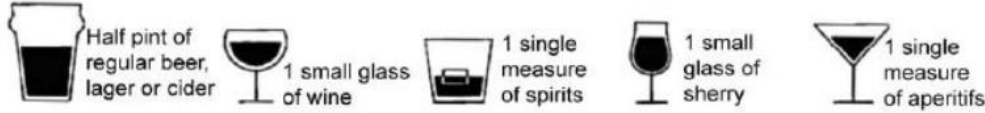
Date:

CHARTER MEDICAL CENTRE HEALTH QUESTIONNAIRE

ALCOHOL UNITS:

Alcohol use can affect your health and can interfere with certain medications and treatments. Your answers will remain confidential so please be honest.

This is one unit of alcohol...



Weekly Unit Consumption

...and each of these is more than one unit



Two or more alcohol free days

Yes / No

The following questions are validated as screening tools for alcohol use.

Please circle as appropriate

AUDIT - C: First 3 Questions		Scoring system					Your score
		0	1	2	3	4	
1	How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
2	How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3-4	5-6	7-9	10+	
3	How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Total score for questions 1-3 =

If you score 5 and over please complete the remaining 7 questions below

Full AUDIT: Remaining 7 Questions		Scoring system					Your score
		0	1	2	3	4	
4	How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5	How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6	How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7	How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9	Have you or somebody else been injured as a result of your drinking?	No	Yes, but not in the last year			Daily or almost daily	

Some questions about how you describe yourself

To comply with the Equalities Act 2010 please tell us some more about yourself so that our services take your needs into account.

How would you describe your Ethnicity ?			
Asian	Asian British <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background <input type="checkbox"/>	White	British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy <input type="checkbox"/> Traveller <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Any other White background <input type="checkbox"/>
Black	Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Sudanese <input type="checkbox"/> Any other Black background <input type="checkbox"/>	Other	Chinese <input type="checkbox"/> Turkish <input type="checkbox"/> Arab <input type="checkbox"/> Japanese <input type="checkbox"/> Any other ethnic group (please detail) <input type="checkbox"/> I do not wish to say <input type="checkbox"/>
Mixed	Asian & White <input type="checkbox"/> Asian & Black <input type="checkbox"/> Asian & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/>		

How would you describe your Sexual Orientation ?				
Gay <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Heterosexual <input type="checkbox"/>	I do not wish to say <input type="checkbox"/>

Do you describe yourself as Transgender ? <input type="checkbox"/> Yes <input type="checkbox"/> No

How would you describe your Religion / Belief ?					
Agnostic <input type="checkbox"/>	Christian <input type="checkbox"/>	Jewish <input type="checkbox"/>	Roman Catholic <input type="checkbox"/>	No particular faith <input type="checkbox"/>	
Atheist <input type="checkbox"/>	Hindu <input type="checkbox"/>	Muslim <input type="checkbox"/>	Sikh <input type="checkbox"/>	I do not wish to say <input type="checkbox"/>	
Buddhist <input type="checkbox"/>	Jehovah's Witness <input type="checkbox"/>	Pagan <input type="checkbox"/>	Other <input type="checkbox"/>	<i>please specify</i>	

How would you describe your Employment / Education status ?					
Paid work <input type="checkbox"/>	Looking for work <input type="checkbox"/>	Unable to work for medical reasons <input type="checkbox"/>			
Not looking for work <input type="checkbox"/>	I do not wish to say <input type="checkbox"/>		Parent <input type="checkbox"/>		
Retired <input type="checkbox"/>	Student <input type="checkbox"/>		Homemaker <input type="checkbox"/>		
Other <input type="checkbox"/>	<i>please specify</i>				

Do you consider yourself to have a disability?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not wish to say <input type="checkbox"/>	If yes please give brief details below

YOUR CONSENT for TEXT and EMAIL communication

Please read carefully – OVER 16's Only.

TEXT

I consent to the practice contacting me by text (which may include for the purposes of Appointment reminders and Test results).

The practice will not transmit any information which would enable an individual patient to be identified.

I understand that text messages are generated using a secure facility but are transmitted over a public network onto a personal telephone and as such may not be secure.

I acknowledge that the responsibility for checking my test results still rests with me.

I understand that I can cancel the text message facility at any time.

- YES** - I have read the above and consent to the practice contacting me by text.
 NO - I do not consent to the practice contacting me by text – please OPT ME OUT of ALL texts.

Admin code, and opt out if applicable

EMAIL

If you supply an email address we will send you an automatic verification email. Please follow the instructions to verify your email – you will need to click on a link and answer security questions. We cannot verify email manually.

We will not use email for medical correspondence.

Emails transmitted over a public network may not be secure

- YES** - I understand that by verifying my email I will be consenting to the surgery contacting me by email

Consent for 'Patient Partner' 24/7 Automated Telephone service PIN - OVER 16's ONLY

You will be able use our 24 hour Automated Telephone service to book new appointments without a PIN.

You will need a PIN to

- check / change / or cancel existing appointments
- order repeat prescriptions

A higher standard of documentation is needed to apply for a PIN. You will need two forms of documentation, one of which must contain a photo. Acceptable documents include passports, photo driving licences and bank statements, but not bills. See website for full list.

- YES** Please create a Patient Partner PIN for me and send it to my verified email address or mobile number *

*Please note: PIN details will be sent to your email or mobile only after you have responded to an automated verification message. Speak to reception if you prefer to collect your PIN from surgery.

RECEPTION DEPARTMENT

Identity verified by (initials)	Date:	Method ID provided (give details):
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Admin: if under 16, bar from PP

Admin: if consent given: create PIN and send to S1 verified email address or verified mobile

Electronic Prescription Service: Pharmacy Nomination

The Electronic Prescribing Service allows us to send your prescription forms electronically to your nominated, preferred choice of local pharmacy to be made up and collected at your convenience. Please ask reception for a leaflet for further information.

Pharmacy Nomination:	
Pharmacy Post Code:	
Patient Name:	

I am the patient/carer of the patient named above. Nomination has been explained to me and I have also been offered a leaflet that explains the nomination process.

Signed: _____

Date: _____

Application for online access to my medical record (OVER 16's ONLY).

A higher standard of documentation is needed for online registration. You will need two forms of documentation, one of which must contain a photo. Acceptable documents include passports, photo driving licences and bank statements, but not bills (see website for full list). Online login details will be emailed/text to you (providing you have consented) only after you have responded to an automated verification message.

Surname:	Date of birth:
First name:	
Address:	
Email address:	
Telephone number:	Mobile number:

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my Summary Care Record (SCR)	<input type="checkbox"/>

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

1. I have read and understood the information leaflet provided by the practice.	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download.	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk.	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Signature	Date

For practice use only

RECEPTION DEPARTMENT	
ID verified by (initials):	Date: Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> ID provided <input type="checkbox"/> (give details) _____
ADMIN DEPARTMENT	
Patient NHS number:	Date passphrase sent:
Level of record access enabled:	Booking appointments <input type="checkbox"/> Requesting repeat prescriptions <input type="checkbox"/> SCR <input type="checkbox"/>
Authorised by:	Date:

Please note: If you wish to have access to your Detailed Coded Access please ask a member of reception for a request/consent form. There is a waiting list for this functionality due to the high workload required in checking and enabling coded record access. Access cannot be granted until your medical record has been received from your previously surgery and summarised, which currently takes in excess of 8 weeks. Full record access is not available at this surgery.

PATIENT INFORMATION SHARING AND CONSENT: (Over 16's only)

You have a choice about whether your information is shared and for what purpose.

All information you give to a member of the practice team is safeguarded by the Data Protection Act and the NHS Care Record Guarantee. At all times, everyone working for the NHS, has a legal duty to keep information about you confidential. However, information is sometimes shared where it is absolutely necessary to support your care or help improve the service provided by the NHS. A copy of the NHS Care Record Guarantee is available online at <http://www.nigb.nhs.uk/pubs/nhscrg.pdf> or from reception.

SUMMARY CARE RECORD (SCR)

For your care in an emergency situation or where access to detailed records is not available



The SCR is an electronic record that is available **nationally** which contains information about your medication, allergies and adverse reactions to medicines, to ensure those caring for you have enough information to treat you safely.

Consent Model: Implied Consent

Implied consent is automatically recorded unless you opt-out. However we ask all newly registered patients for their express consent/dissent.

What are the two levels of SCR and what does this mean for consent?

1. Core: this is the standard SCR which is created automatically and includes medications, allergies and adverse reactions.
2. Additional Information: Further information can be added to the core SCR on a patient-by-patient basis. Express consent is required. Please speak to your GP regarding this.

Do you want a CORE Summary Care record?	
YES: a record will be created for you, BUT you can opt out at any time (PLEASE SIGN)	NO: please ask for an opt-out form at reception (PLEASE SIGN)

DETAILED RECORDS SHARING: For your planned or unscheduled care

This GP practice is able to share your electronic GP record with healthcare professionals caring for you elsewhere (e.g. in community, hospital or urgent care services). This may help in your care and may save you from needing to remember your medical history and medications.

This surgery uses a computer system called SystmOne that allows the sharing of full electronic records across different healthcare services if patient consent is given.

There are two ways in which your information can be shared:

1. **Sharing OUT-** This controls whether your information entered at this surgery can be shared with other NHS Services.
2. **Sharing IN-** This controls whether information that has been made shareable at other NHS care services can be viewed by the surgery.

Consent Model: Opt-in

SHARING OUT: Do you consent to the sharing of data recorded at our surgery with any other organisations that may care for you? (PLEASE SIGN)	
YES	NO
SHARING IN: Do you consent to the viewing of data by our surgery that is recorded at other healthcare organisations that may care for you where you have agreed to make the data shareable? (PLEASE SIGN)	
YES	NO

If you would like further information on any of the above, please ask a member of reception for a leaflet detailing further information on the above sharing preferences.

Do you want to join the NHS Organ and Blood donation register?

NHS Organ Donor registration:

I want to register my details on the NHS Organ Donor Register as someone whose organs / tissues may be used for transplantation after my death. Please tick the boxes that apply:

- Any of my organs and tissues or
 Kidneys Heart Liver Corneas Lungs Pancreas Any part of my body

Signature confirming my agreement to organ/tissue donation:

..... Date: ____/____/____

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor register:

..... Date: ____/____/____

My preferred address for donation is: (if different from above, e.g. your place of work)

..... Post code:

For office use only:

This document has been checked by receptionist:

NAME: _____ **SIGNATURE:** _____ **DATE:** _____

Proof of Address: (Any one of the following)

- Utility bill (less than 3 months old)
- Bank / Credit card statement (less than 3 months old)
- Council Tax bill
- Tenancy Agreement

Proof of Identity: (Any one of the following)

- Passport
- European ID Card
- Red Book (children under 5)
- UK Photo Driving Licence
- UK Birth Certificate

If under 18: Has proof of ID and address been provided?

YES NO, Provide details.....

If under 18: Is an adult with parental responsibility registering/registered at the practice?

YES NO, Provide details.....

Has the patient been offered a "Your communication needs" form? YES

Were any Communication or Information needs identified? YES NO

Additional Notes:

PLEASE TAKE THIS PAGE HOME WITH YOU
Charter Patient Group is looking for volunteers

We are volunteer patients who work with the managers and clinicians at the practice to support and promote the best possible health care for all patients at the practice. We also act as the patients' "voice" in seeking to influence the local provision of health and social care. We do this by working with other health-related organisations in Brighton and Hove on health issues beyond the practice, such as clinical commissioning.

Are you interested in volunteering for The Charter Patient Group?

Would you be able to help with any of the following activities?

- Talk and listen to patients with whom you share some needs or Interests
- Search websites at home for information useful to patients
- Help with refreshments at quarterly patient group meetings
- Take notes at quarterly patient group meetings
- Lay out information in the waiting areas
- Think of questions for surveys to send to patients
- Send your ideas to the patient participation group committee
- Join the committee which meets four times a year
- Write for the patient group newsletter and/or produce the newsletter
- Join special groups in Brighton and Hove that support health and social care
- Design publicity materials
- Help organise events for patients
- Use your IT skills to support the work of the PPG
- Keep our website up to date

For more Information, Newsletters, Meeting dates visit:

- the Patient Participation section of the surgery [website www.chartermedicalcentre.co.uk](http://www.chartermedicalcentre.co.uk)
- Our **notice board** and table at the back of the ground floor waiting room
- **Facebook:** Charter-Medical-Centre-Patient-GroupPPG

Please contact Charter Patient Group if you would like to get involved:

- **Email:** charterpatientgrouphove@gmail.com
- **Webform:** 'Contact Us' form on the Patient Participation section of the surgery website www.chartermedicalcentre.co.uk
- **Post** this form in our Patient Group Post box at the back of the ground floor waiting room.

Dear Patient Group – please telephone me

My Name is:

My Telephone Number is:

Comments / Ideas / Suggestions:

Patient information leaflet: Online Services Records Access, 'It's your choice'

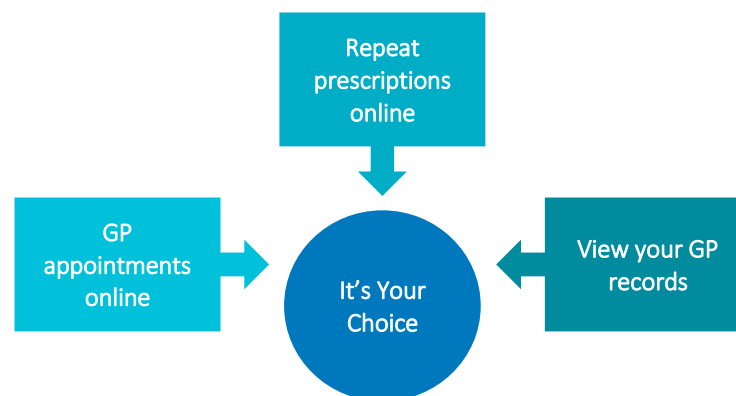
If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical SRC online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

SCR- Summary Care Record
Your Summary Care Record contains important information from the record held by your GP practice and includes details of any medicines you are taking or have taken in the past 12 months, any allergies you suffer from and any bad reactions to medicines that you have previously experienced. Your Summary Care Record also includes your name, address, date of birth and NHS Number.

The SCR is an electronic record that is available nationally in urgent care situations. For more information on SCR and how to opt out please speak to a member of reception.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before.

This decision will not affect the quality of your care.



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.

The practice has the right to remove online access to services for anyone that doesn't use them responsibly.

Before you apply for online access to your record, there are some other things to consider.

You will be asked that you have read and understood the points given below, as well as the content of this leaflet before you are given your login details.

Things to consider

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.

Once registered you will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.