

Fitzalan Medical Group
Patient Registration Form and SystmOnline Services

IMPORTANT NOTICE

Please remember to bring your identification with you when you return the registration forms so we can deal with your registration promptly.

Acceptable forms of identification are: Driving licence/Utility bill/Passport.

Patient 's Details <i>(please print clearly)</i>			
Surname		Forenames	
Date of Birth		Sex	M/F
Marital Status			
First Language		Do you speak English?	Y/N
Ethnic Origin			
Full Address <i>(inc. postcode)</i>		NHS Number <i>(if known)</i>	
*Contact Telephone No.		*Mobile Number	
Email address		Consent to leave voicemail/text messages.	Y/N

**Please note if you change your number we will need to know as soon as possible so we can update your records.*

Medications and Allergies

Do you have any repeat medications?	Y/N	Please attach a copy of your repeat order form
Do you have any allergies?	Y/N	If yes, please give details

ELECTRONIC PRESCRIPTION SERVICE

If you have not already done so, would you like to nominate a local pharmacy so that your prescriptions go straight to them when generated?

I would like my nominated pharmacy to be:

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Basic information (please circle)

Do you smoke?	Y/N	If yes, how many per day?
Have you ever smoked?	Y/N	If yes, when did you stop?
If yes, would you like details of our stop smoking service?	Y/N	
How often do you drink alcohol?		

ACCESSIBLE INFORMATION STANDARD

For most of us our preferred method of contact is our home number or mobile number but, for example, if you suffer from hard of hearing or blindness that method may not be suitable for you. If you, or someone you are caring for, would prefer us to make contact in another way, please indicate your preference below. We will then record your preference by highlighting it on your medical records.

Do you have an impairment and would prefer practice communications via a specific method?

YES NO

If YES, please give details of your impairment below and your preferred method of communication:

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Carers

Are you a carer?	Y/N	If yes, who?
Are they a patient at the surgery?	Y/N	If yes, who?
Do you have a carer?	Y/N	If yes, who?

Online Access

I would like to register for online appointments and repeat prescriptions	Yes <input type="checkbox"/> No <input type="checkbox"/>
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I would like to receive appointment reminders by text	Yes <input type="checkbox"/> No <input type="checkbox"/>
I would like to access my Summary Care Record online	Yes <input type="checkbox"/> No <input type="checkbox"/>

*If you wish to apply to see your record, please login to the online services with your username and password and request access, or ask at Reception. Please allow 28 days to process your request.

I confirm that I give permission for the Practice to register me for online services and to communicate via the agreed method above.	
Signature	
Date	

Fitzalan Medical Group

Consent for Online Access to Medical Records

You can now view your GP medical record online.

If you would like to have secure online access to your records, we need to make sure that you understand what this involves and that you are happy for us to use the information about you (provided below) to set up and operate the service.

The following form will take you through the things you need to think about. By signing the attached consent form you will be giving us your permission to go ahead with setting up the service for your. If you decide not to join, or wish to withdraw, it will not affect your treatment in any way.

Declaration (please delete responses as appropriate):

I agree to my GP practice giving me access to my record online.	YES/NO
I have read and understood the information about access to GP medical records.	YES/NO
I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not access may be withdrawn.	YES/NO
If I see information which does not relate to me, I will immediately log out and report the matter to the practice as soon as possible.	YES/NO
I agree that it is my responsibility to keep my username and password secure. If I think these have been shared inappropriately I will reset them by contacting the practice. I am also responsible for keeping safe any information I may print from my record.	YES/NO

I agree that my details below may be used to contact me about how useful I find the service and whether it could be improved.	YES/NO
I understand that online access is granted at the discretion of the practice, taking into account my best interests. I will be informed of any decision to withdraw the service. <i>Please note, this does not affect your rights of Subject Access under the Data Protection Act.</i>	YES/NO

Other considerations

<i>The practice makes every effort to record information as accurately as possible, however there may be information that you do not feel is correct.</i>	
If I notice any inaccuracies with my record, I will inform a senior member of staff as soon as possible of any errors or omissions.	YES/NO
I understand that I may see information on my record that I was unaware or have forgotten about that could cause distress.	YES/NO

Please remember to keep all your account details secure. If you think your account details may have been shared you should reset them straight away by contacting the surgery. If you have any queries or concerns about the service or wish to withdraw from the service please contact the surgery.

For practice use only:

List ID Checked	Whom by	Date
Authorised by GP		Date
Patient Access Activated by		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 letter, email, fax or phone. If you have any questions, or if you want to discuss your choices, please contact your GP practice.