

## Summary Care Records / Care Data

### Summary Care Records

All Valens Medical Partnership practices have signed up to Summary Care Records. All patients in the Practice will have a Summary Care Record unless they opt out. If you would like any further information regarding Summary Care Records, please contact Reception. Opt-out forms are also available from Reception.

### Care.data

Under the Health and Social Care Act 2012 the Health and Social Care Information Centre (HSCIC) on behalf of NHS England will be able to extract personal and identifiable information about all patients in England.

#### **What you need to do:**

If you are happy for NHS England to direct the HSCIC to extract, store and manage / use your personal information then you need do **nothing** as the information will be automatically taken from our clinical system.

If you don't wish your information to be extracted, then you **MUST** tick the box below and we will then block the uploading of your identifiable and personal information to the HSCIC.

- I do not agree to the uploading of my identifiable and personal information to the HSCIC.

If you are happy for your information to be extracted and used by the HSCIC for anonymised reports but **NOT** shared by the HSCIC with other agencies or companies in identifiable format, please tick the box below.

- I do not agree to the sharing of my identifiable and personal information by the HSCIC with other agencies or companies.

Print name: .....

DOB: .....

Signed: .....

Date: .....

## **Online Services**

Did you know you can order your repeat medication and book GP telephone consultations online 24 hours a day, 7 days a week?

Please enquire at Reception for details, we will need a form of identification eg passport, driving license or medical card. The receptionist will print out instructions for you to login for the first time which will include our website address, your username and a password.

Log in details can only be printed once you are registered with the practice. Reception may take a photocopy of your ID in order to print your log in details once registered, please allow a week before collecting your printed log in information.

## Family doctor services registration

### Additional Information

Could you please provide us with the following details, in order for us to complete your registration.

Work Tel No

Mobile Tel No

Other Contact No

E-Mail Address

Pager (if applicable)

Do you have a carer? Does someone look after you eg. Family, Friend, Neighbour  
YES/NO (if yes please give details below)

Title \_\_\_\_\_ Forename \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel No \_\_\_\_\_ Mobile No \_\_\_\_\_

Do you look after anyone eg Family, Friend, Neighbour YES/NO (if yes please give details below)

Title \_\_\_\_\_ Forename \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel No \_\_\_\_\_ Mobile No \_\_\_\_\_

**All patients over 14** please provide the following information regarding Smoking Status

NEVER SMOKED/EX SMOKER /SMOKER (if smoker please give details below)

Cigarettes \_\_\_\_\_ per day Cigars \_\_\_\_\_ per day

Pipe \_\_\_\_\_ per day Other \_\_\_\_\_ per day

Would you require Smoking Cessation advice. YES/NO. If yes please contact the surgery for information.

Please state your Next of Kin

Title \_\_\_\_\_ Forename \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Tel No \_\_\_\_\_ Mobile No \_\_\_\_\_

Relationship \_\_\_\_\_

Please indicate your Ethnic Origin

**White**

**Black or Black British**

British  Caribbean

Irish  African

Any other White background  Any other Black background

**Asian or British Asian**

**Mixed**

Indian  White and Black Caribbean

Pakistani  White and Black African

Bangladeshi  White and Asian

Any other Asian background  Any other Mixed background

**Ethnic Groups**

Chinese

Any other Ethnic group

What is your **main** spoken language \_\_\_\_\_

Do you **understand/speak** clear **English** YES/NO

SEPT 09