Forstaffuseonly–IDseen Please detail	Initials

Pack Contents:

The Riverside Practice, March

Registration Pack For New Born Babies and children up to the age of 12 years.

- NHS GMS1 application form. If you are from overseas – please ensure the "supplementary questions" on the form are completed
- The Practice New Patient Questionnaire
- Summary Care Record Opt out form and NHS Digital Opt out details.
- SystmOne (our Computer) sharing form

Welcome to the Riverside Practice. We trust that your time registered with us will be a happy and Healthy one. To join the practice please follow the steps described below to complete your registration.

Please note that you will not be registered at The Riverside Practice until you return all the documents to the practice. Please ensure you complete all forms. Identification will be required:

For New Born Babies, please bring in your 'red book', for children previously registered with the NHS or if you are from abroad, please provide birth certificate or passport.

PLEASE PRINT USING BLACK INK WHERE POSSIBLE

Step 1	Complete the GMS1 form to register your details with the practice. If you are from abroad please ensure that you complete the second side of the form
Step 2	Complete the Baby and Children Registration and Information Questionnaire.
Step 3	Read the information about the Summary Care Record and decide if you wish to opt-out of this scheme. If you wish to opt-out YOU MUST complete the Summary Care Record Opt-Out form and return it with the pack. Addition information on the Summary Care Record can be found: http://www.nhscarerecords.nhs.uk/summary/ You have the right to choose whether your Childs confidential patient information is used for research and planning. To register or to find out more visit: nhs.uk/your-nhs-data-matters The Practice Website – www.riversidepractice.com/
Step 4	Read the enclosed form "Your health record and sharing information" (Our Computer sharing form) and complete the form stating your choices.
Step 5	Return the information pack to Reception together with the necessary documents as detailed above.

NEW BORN BABY AND CHILDREN UP TO THE AGE OF 12 REGISTRATION AND INFORMATION QUESTIONNAIRE

To register your new baby with Riverside, please complete this questionnaire in full. This form is only to be used for new born baby's and children up to the age of 12.

PLEASE PRINT USING BLACK INK WHERE POSSIBLE

Part 1 **ABOUT YOU AND IMMEDIATE FAMILY**		
SURNAME:	FORENAME(S):	
DATE OF BIRTH:	GENDER: MALE / FEMALE	
ADDRESS: POST CODE:		
Family information:		
Mum First Name	Surname	
Contact Details: Mobile:	**Landline:** **Email:**	
Dad First Name	Surname	
Contact Details: Mobile:	**Landline:** **Email:**	
Parental responsibility: Please circle as relevant**.** Mum Dad Joint		
Siblings		
First name(s)	**Surname**	**DOB**
School Attended where applicable		
First Name(s)	**Surname**	**DOB**
School Attended where applicable		
First Name(s)	**Surname**	**DOB**
School Attended where applicable		

Are you on regular medication? YES NO

Please provide details

Please circle your preferred local nominated pharmacy:

Boots Riverside Lloyds Boots Broad Street Tesco

Please confirm:

- Main Spoken Language _____

- **Vaccinations:** Please confirm vaccinations and dates given (this can be provided on a separate piece of paper – or copy of the relevant red book page).

Text Messaging Appointment Reminder Service

Please tick if you would you rather NOT receive text messages ☐

Ethnicity This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act. Please tick as appropriate.

White

British	
Irish	
Any other white background (Please specify)	

Mixed

White and Black Caribbean	
White and Black African	
White and Asian	
Any other mixed background (Please specify)	

Asian or Asian British

Indian	
Pakistani	
Bangladeshi	
Any other Asian background (Please specify)	

Chinese or other ethnic group

Chinese	
Any other	

PART 2: FAMILY HEALTH

Do any members of Baby's family suffer from any of the following (Please sate which family member where applicable:

Heart Disease, heart attacks, angina (Under 60) YES / NO	Which family member(S)
Stroke (Under 65) YES / NO	Which family member(S)
Asthma YES / NO	Which family member(S)
Diabetes YES / NO	Which family member(S)
Hypertension YES / NO	Which family member(S)
Raised Cholesterol YES / NO	Which family member(S)
Breast Cancer YES / NO	Which family member(S)
Bowel Cancer YES / NO	Which family member(S)
Other Cancer YES / NO	Which family member(S)
Other	

Allergies – Is there any history in the **immediate** family of allergies to Medication or foods?

Penicillin		Nut Allergy		Aspirin	
Elastoplast		Pollen		Latex	
Bee Stings		Wasp Stings			
Other (Please specify)					

THIS DOCUMENT WILL BE SCANNED AND WILL BECOME PART OF YOUR CHILD'S MEDICAL RECORD

Signed _____ Date of completion _____

Your emergency care summary

Dear Patient

Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised healthcare staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, the healthcare staff treating you will have immediate access to important information about your health.

As a patient you have a choice:

• **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.

• **No I do not want a Summary Care Record** – attached is an opt-out form. **Please complete the form and hand it to a member of the GP practice staff**.

If you need more time to make your choice you should let your GP Practice know.

For more information talk to the Patient Experience Team on **0800 2792535** or **CAPCCG.pet@nhs.net** , visit the **Cambridgeshire & Peterborough Clinical Commissioning Group website - www.cambridgeshireandpeterboroughccg.nhs.uk**, telephone the dedicated NHS Summary Care Record Information Line on **0300 123 3020**, or visit their website **www.nhscarerecords.nhs.uk**, or contact your GP practice staff.

Additional copies of the opt-out form can be collected from the GP practice, printed from the website **www.nhscarerecords.nhs.uk** or requested from the dedicated NHS Summary Care Record Information Line on **0300 123 3020**.

You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Yours sincerely

Practice Manager

Summary Care Records

NHS

Your emergency care summary

CONFIDENTIAL

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) .....

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 N ame..... 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:

- Phone the Summary Care Record Information Line on 0300 123 3020;
- Contact your local Patient Advice Liaison Service (PALS);
  or
- Contact your GP practice.

FOR NHS USE ONLY Actioned by practice: yes/no Date .....

Ref: 4705

Your health record and **sharing** of **information**

NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Please read this leaflet carefully. It provides information about the choices you can make about sharing your health record. Your health record includes your medical history, details about your medication and any allergies you may have. You can now choose whether to share these full medical details.

We use a secure electronic health records system called SystmOne. With your permission, this system can allow clinicians to share your full record held here with other healthcare services who are providing care for you. These other services will ask your permission to view your record.

Many organisations may use SystmOne including some GP practices, out of hours services, children's services, community services and some hospitals. Sharing your health record will help us deliver the best level of care for you.

You have **two choices** which allow you to control how your record is shared. You can change these choices at any time by letting the relevant practice or service know.

Please read this leaflet and fill in your choices. You may wish to keep this section for future information. Please contact the Patient Experience Team on 0800 2792535 or CAPCCG.pet@nhs.net if you have any queries.

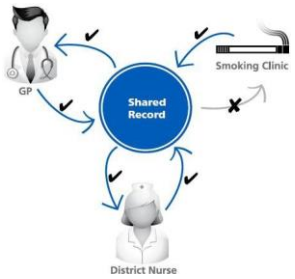
Please note: if you have previously opted out of sharing your information via the Summary Care Record, you will still need to complete this form with your choices about sharing your health record within SystmOne.

For further details visit www.cambridgeshireandpeterboroughccg.nhs.uk

Your choices at **each practice** or **service**

Sharing OUT - This controls whether your information recorded at this practice or service can be shared with other healthcare services.
Sharing IN - This determines whether or not this practice or service can view information in your record that has been entered by other services who are providing care for you, or who may provide care for you in the future.

Imagine you're receiving care from three services: your GP, a district nurse and a smoking clinic. You want your GP and District Nurse to share information with each other and you want both of them to know your progress at the smoking clinic. However, you don't want the smoking clinic to see any of your other medical information. Your sharing choices at each practice or service would be:



The GP can share information IN and OUT.
The district nurse can share IN and OUT.
The smoking clinic can only share information OUT but not IN.

You can change your choices at any time. Let each practice or service know.

Note: You can request individual entries in your record to be marked as 'Private'.

These are not shared with the rest of your record even if you choose to share out.

Please complete your details below and make your choices. Please complete a separate form for each of your dependents. Complete this section and return to the practice or receptionist.

PATIENT NAME: …… DATE OF BIRTH: ……

ADDRESS:……..……

POSTCODE: …….. PHONE: ……

The choices you would like to make about sharing your health record:

SHARING OUT **I would like my health record at this practice or service to be shared with other healthcare services providing care for me. YES / NO**

SHARING IN **I would like this practice or service to be able to view information in my health record that has been recorded by other healthcare services. YES / NO**

My choices apply to my record here at The Riverside Practice.

SIGNATURE: …… DATE……

The Riverside Practice

How we use your medical records

Important information for patients

- This practice handles medical records in line with laws on data protection and confidentiality.

- We share medical records with those who are involved in providing you with care and treatment.

- In some circumstances we will also share medical records for medical research, for example, to find out more about why people get ill.

- We share information when the law requires us to do so, for example, to prevent infectious diseases from spreading, or to check the care being provided to you is safe.

- You have the right to request a copy of your medical record.

- You have the right to object to your identifiable information being used for medical research and to plan health services.

- You have the right to request that any mistakes in your medical record are corrected.

- Our practice privacy notice is on the practice website which includes information on how to contact the Information Commissioner's Office to seek advice or make a complaint if you need to do so.

- For more information, please visit Website: http://www.riversidepractice.com