

# Registration at Stoke Road Surgery

## ***Patient Details (Patient to complete)***

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NHS No: (if known) \_\_\_\_\_

Next of Kin Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

## ***Checklist (Surgery to complete)***

- |    |   |                          |
|----|---|--------------------------|
| 1  | Patient's Full Name and Date of Birth                     | <input type="checkbox"/> |
| 2  | Previous Surname (if applicable)                          | <input type="checkbox"/> |
| 3  | NHS Number (if known)                                     | <input type="checkbox"/> |
| 4  | Current Home Address and Contact Number                   | <input type="checkbox"/> |
| 5  | Previous Home Address                                     | <input type="checkbox"/> |
| 6  | Previous GP   | <input type="checkbox"/> |
| 7  | UK Entry Date (if applicable)                             | <input type="checkbox"/> |
| 8  | Military History (if applicable)                          | <input type="checkbox"/> |
| 9  | NOK and Relationship Provided                             | <input type="checkbox"/> |
| 10 | Parental Responsibility Details Provided                  | <input type="checkbox"/> |
| 11 | Name(s) of Parent/Guardian/s with Parental Responsibility | <input type="checkbox"/> |

12 Photo ID Seen and Details Recorded \_\_\_\_\_

13 Proof of Home Address and Details \_\_\_\_\_

14 Marital Status Recorded ☐

15 Ethnicity Recorded ☐

16 Smoking Status ☐

17 Alcohol Consumption ☐

18 Preferred Pharmacy \_\_\_\_\_

19 Online Access Details ☐

20 SMS and Email Consent Form ☐

21 Purple Registration Form signed ☐

22 Organ Donation Form signed ☐

23 Carers Register ☐

24 Information Sharing ☐

25 Health Visitor Form ☐

MUST be unique to this patient only.



**Patient Questionnaire - Child**

**Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Place of Study:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Ethic Background**

**White British**

☐

**Pakistani (Asian or Asian British)**

☐

**British or Mixed British**

☐

**Bangladeshi (Asian/Asian British)**

☐

**Irish (White)**

☐

**Any other Asian Background**

☐

**Any other White Background**

☐

**Caribbean (Black or Black British)**

☐

**White & Black Caribbean (Mixed)**

☐

**African (Black or Black British)**

☐

**White & Black African (Mixed)**

☐

**Any other Black Background**

☐

**White & Asian (Mixed)**

☐

**Chinese (other Ethnic Groups)**

☐

**Any other Mixed Background**

☐

**Any other Ethnic Group**

☐

**Indian (Asian and Asian British)**

☐

**Not Stated**

☐

**Smoking Status**

**Smoker**

☐

**No.per day:** \_\_\_\_\_

**Non-Smoker**

☐

**Ex-smoker**

☐

**None since:** \_\_\_\_\_

**Never smoked tobacco**

☐

**Other (please provide details)**

☐

\_\_\_\_\_

**Height:** \_\_\_\_\_

**Weight:** \_\_\_\_\_

**Has the child received any of the following vaccinations ? (please tick)**

**1st DTPPOL/HIB**

☐

**MMR**

☐

**2nd DTPPOL/HIB**

☐

**Pre-school booster for:**

**3rd DTPPOL/HIB**

☐

**DTPOL & MMR**

☐

**Names & contact details for each person with parental responsibility**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Medication (please provide name and dosage details)**

**Females Only - What form of contraception is used? (please circle)**

\*Combined Pill    \*Mini pill    \*Sheath    \*Coil    \*Not sexually active  
\*Implant    \*Injection    \*Sterilisation    \*Partner sterilised  
\*None needed    \* Trying to conceive

**Does the child have any allergies ? (please provide details)**

**Serious Illness(es) or operations (please provide dates and details)**

**Is the child on a child protection register ?    Yes / No**

**Are any Social Workers or other Professionals involved with the family ?    Yes / No**

*If 'yes' please provide details*

**Is there anything else you feel we should be aware of about the child or his/her family ?**

# Stoke Road Surgery

## Patient On-Line Access Information

With the advent of on-line access for our patients to not only book appointments but see and order repeat medication and, in future, be able to see their own private medical records, we have implemented a robust system to prevent personal medical information being accessed inappropriately both **NOW** and in the **FUTURE**.

The following rules apply to setting-up on-line access at Stoke Road Surgery;

**1. Patients aged 16 and over**

All patients requesting on-line access who are aged 16 and over **MUST attend in person** and **produce photo ID** which clearly identifies them to the reception staff.

**2. Patients aged 12 to 16**

Patients aged 12 to under 16 requesting on-line access themselves **MUST attend in person** and **produce photo ID** which clearly identifies them to the reception staff. This access will cease at the start of the next new year and will need to be re-set.

**3. Patients under the age of 12**

We are unable to give on-line access directly to patients under the age of 12 but we can give parental access (see below).

**4. Parental access to medical records of children**

**a) Parental access for children under 12**

Parents requiring access to the records of their children who are **under the age of 12** and who **our records show**, reside with them can do so. The parent must attend in person with photo ID of his/herself. No ID is required for the child and the child does not have to be present. The parental access will automatically cease when the child reaches the age of 12.

**b) Parental access for children between 12 and 16**

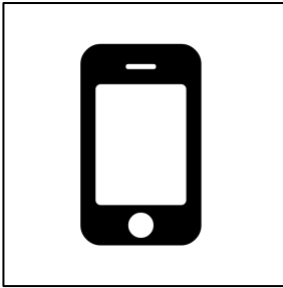
Parents requiring access to the records of their children who are **between the ages of 12 and 16**, and who **our records show**, reside with them can do so. The parent and the child must both attend in person with photo ID of themselves. These children may not have photo ID and if this is the case, **their original birth certificate will suffice**. The parental access will automatically cease at the start of the next new year and will need to be re-set.

**This level of security is in place to protect the confidentiality of the child as he/she gets older.**

**When you receive your on-line access details, it is important to retain your username. If you forget your password, you can re-set it on-line with your username and your e-mail address. If you forget your username and are unable to re-set your own password, you will have to set up a new account at the surgery.**

# Stoke Road Surgery

## Patient SMS & E-mail Information



We can send you a **free** confirmation & reminder text for your appointments at Stoke Road Surgery.

### What Do I Need To Do?

If you are **16 or older**, all we need to start sending confirmation texts & reminders to your mobile phone is for you to complete the consent form available at the surgery or download a printable copy from the surgery website [www.stokeroadsurgery.co.uk](http://www.stokeroadsurgery.co.uk)

### How Does It Work?

Make your appointment at the surgery in the usual way, by phone, online or in person at the reception desk and you will receive a text message confirming your appointment. Two or three days before your appointment date, our computer system will automatically send you a reminder message.



### Receiving e-mails

Occasionally we may send information regarding forthcoming health clinics like Seasonal Flu Vaccination clinics and other services available at Stoke Road Surgery which are relevant to you.

### Frequently Asked Questions

**Q How secure is this service?**

**A** The information comes from our computer system at the surgery, which is highly secure. Once the message reaches the mobile phone, it is only as secure as you keep your phone.

**Q Which appointments will I be reminded about by text?**

**A** You will receive reminders about routine, face-to-face appointments at Stoke Road Surgery.

This does **NOT** include telephone appointments or 'same day' appointments (these are appointments requested 'today' for an appointment 'today' and can be for both urgent and non-urgent care).

**Q I share a mobile phone - can I receive text reminders for my partner ?**

**A** Only if both you and your partner have given us your consent to do so.

**Q Can I receive text reminders about appointments for children in my family?**

**A Yes** – if your child lives with you and is younger than 12 years old.

**Q What if I change my mobile number or my e-mail address?**

**A** Please ensure you let us know your new number / e-mail address as soon as possible. We will update our records and you will continue to receive reminders.

**Q What happens if I no longer want to receive reminders / text information?**

**A** Please let us know and we will remove your consent from our system.

**Please pick up a consent form from the surgery to sign up to our sms text reminder & email service.**

# Stoke Road Surgery

## Patient On-Line Access Consent Form

By signing this consent form, you are confirming that you have read and understood the attached information. You are also confirming that you will be responsible for keeping access to your / your child's account private and secure. If, at any time, you are concerned that the security of your account has been compromised or may be accessed inappropriately by someone else, contact us immediately and we will reset your account for you.

Name .....

Address .....

E-mail address 


(Please use  
**CAPITAL** letters)

Mobile Number .....

DOB ..... Signature .....

***I would like to receive my username & password by text (smart phone required)***

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

***1<sup>st</sup> Child's name (if under 16)*** .....DOB.....

***2<sup>nd</sup> Child's name (if under 16)*** .....DOB.....

***3<sup>d</sup> Child's name (if under 16)*** .....DOB.....

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***Surgery Use Only***

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Photo ID seen and Number .....

Signed ..... Date .....

Print name.....

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***Surgery Use Only***

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### For parental access

1<sup>st</sup> Child's Photo ID and Number.....

2<sup>nd</sup> Child's Photo ID and Number.....

3<sup>rd</sup> Child's Photo ID and Number.....

Signed ..... Date .....

Print name.....

***Please turn over to complete the text messaging form ...***

# Stoke Road Surgery

## Patient SMS & E-mail Consent Form

To help with communication, we use sms text messaging to confirm appointment bookings and cancellations, send appointment reminders and send important health promotion information, (for example, when we are running our flu clinics). We also occasionally use e-mail to send health information.

For this purpose, your mobile number and e-mail address are subject to the same confidentiality rules and regulations as your medical records.

If you would like to benefit from this service, please complete the form below and hand it in to reception. You can cancel at any time by letting us know you no longer want text / e-mail messages from the surgery.

I confirm that;

I have read and understood the information leaflet provided and give my consent to receiving;

*(please tick)*

- ☐ text messages from Stoke Road Surgery (*please confirm your mobile No. and sign the form*)
- ☐ e-mails from Stoke Road Surgery (*please confirm your e-mail and sign the form*)

E-mail address

(Please use  
CAPITAL letters)


Mobile Number .....

- I understand that I can withdraw my consent at any time by informing the surgery in writing.
- I understand that I will have to inform the surgery if I change my e-mail address or mobile phone number.

Signed .....

Date .....

Print name.....

Date of Birth .....

**Thank You.**

**Please hand this form in at Reception.**



## **Information Sharing**

There are several ways in which we share your information and would like to share your information. These are summarised below.

1. We already share your records with some other professionals who are seeing you, unless you ask us (or them) not to. This includes District Nurses, Physiotherapists, and other professionals.
2. We need to share your records with other GPs who see you in 'Improved Access' clinics, in order to provide continuity of care. Please let our Reception team know if this is a problem.
3. Unless you register online to decline, anonymised health records may be used for research and for health planning purposes. This is a process over which the GP surgery does not have control, and you need to register online if you wish to opt out. To find out more visit [nhs.uk/your-nhs-data-matters](https://nhs.uk/your-nhs-data-matters).
4. The Summary Care Record. This is a brief summary of your medical record and it can be accessed by NHS hospitals all over England. You can choose to have just medications, allergies and adverse reactions recorded, or to include more details of your condition(s), such as significant diagnoses and comments which you may wish us to add. This means that if you were ever taken to hospital elsewhere in England (including to the local hospitals when the GP surgery is closed), the hospital could access vital information about your health immediately. For more information, please visit <https://www.digital.nhs.uk/summary-carerecords/patients> or call NHS Digital on 0300 303 5678

We strongly encourage all our patients to seriously consider having a full summary care record and would be grateful if you could complete the form below and hand in at our reception desk.

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### **Yes – I would like a Summary Care Record**

*(Please tick the appropriate box below)*

- ☐ Express consent ONLY for my medication, my allergies and any adverse reactions I have.  
or  
☐ Express consent for my medication, my allergies, my adverse reactions and additional key information.

### **No – I would not like a Summary Care Record**

- ☐ Express dissent for Summary Care Record (opt out).

FULL Name: .....

Date of birth: ..... Patient's postcode: .....

Surgery name: Stoke Road Surgery , Bishops Cleeve, Cheltenham. GL52 8RP

Signature: ..... Date: .....



## Under 5s Joining the Practice – forward to Health Visitor

### Stoke Road Surgery

Please complete as much of the following information as possible and then return to the receptionist. This form will be shared with your new health visitor to help them provide the best possible care for your child.

Name of child			
Main Carer		Date registered with GP	/ /20
Phone (Home/Mobile)		Date of Birth of the child	/ /20
Address of child			
Other people living at this address	Relationship to child	Name	
Previous Address			
Child's Previous G.P.	Practice Name		
	Location		
First language		Second language (if appropriate)	

#### ***For the Practice to complete***

*Please tick if any of the following might apply to this child or their family. This can be completed by any practice staff member.*

- ☐ No or limited English language
- ☐ Recently moved to the UK



## Gloucestershire's shared care record system

For patients registering with a GP practice

### What's it all about?

The NHS is big and complicated. Although often referred to as one organisation, the way it is run means different parts do different things and each one is managed separately. Your local GP surgeries are part of the NHS family where doctors and nurses provide medical advice and care.

Other organisations within the NHS include:

- Hospitals, providing care, treatment and operations for people who are seriously ill or need treating straight away
- Community health services, including community hospitals and some adult social care
- Specialist mental health and learning disability services
- Ambulance and paramedic teams and the local out-of-hours service - if you suddenly need a doctor when your GP practice is closed.

And all these NHS bodies have regular contact with Gloucestershire County Council social care teams.

Often, if you are ill you will use more than one part of the care system but, because of the way the NHS has developed, different parts of

the system often use different and unlinked computer systems.

This means important information is often shared over the telephone or by letter and/or faxes, which can lead to delays or treatment that doesn't best suit your needs.

### Why share?

JUYI, Gloucestershire's shared care record system, gives doctors, nurses and allied

health and social care professionals better access to key patient information, making it available from across the health and social care network, so the people directly involved in providing your care always have secure electronic access to the most up-to-date information about you.



This means that if you are in a hospital, doctors and nurses there will have access to details held by other local NHS trusts and social care teams (community nursing, social workers, allied health professionals — such as physiotherapists and occupational therapists — and your GP, for example) so they have a better and more complete picture of your care.

## What do I need to do?

When you register with your GP you will be asked your preference for sharing your information through JUYI.

If you are happy to share your information, you don't need to do anything.

You can object to sharing your information electronically using JUYI; however this may result in delayed or sub-optimal care, particularly if you are incapacitated.

JUYI is being continuously developed and it will be gradually released in phases over the next couple of years. Visit the website for updates and frequently asked questions.

## Can I change my mind?

Whatever you decide about allowing clinicians and social care professionals better access to your information, you can change your mind at any time but you will need to speak to your GP practice before this can happen.

People viewing your details would only do so if they are directly involved in your care.

This will allow doctors, nurses and allied health and social care professionals involved in your treatment to access information about you to treat you in the best and most appropriate way.



## Where can I find out more?

Visit the website **[www.juyigloucestershire.org](http://www.juyigloucestershire.org)** for answers to frequently asked questions, updates on the development of the system and for information in different formats.

You can email questions to **[juyi.gloucestershire@nhs.net](mailto:juyi.gloucestershire@nhs.net)**

Or you can call us on 0800 019 3276

To discuss receiving the information in different languages please telephone 0800 015 1548 or write to:

Patient Advice and Liaison Services,  
Freepost RRYK-KSGT-AGBR, PALS,  
NHS Gloucestershire Clinical Commissioning Group, Sanger House,  
5220 Valiant Court, Gloucester Business Park, Gloucester, GL3 4FE.

