



# Rothschild House Group

rothschildhousesurgery.co.uk

Rothschild House Surgery | Little Rothschild | The New Surgery | Markyate Surgery

Chapel St  
Tring HP23 6PU  
01442 822 468

71 Marsworth Road  
Pitstone LU7 9AX  
01296 662 800

St. Peters House, Church Yard  
Tring HP23 5AE  
01442 890 661

1 Hicks Road  
Markyate AL3 8LJ  
01582 841 559

Please complete and return this form to the Surgery. The information you give about yourself is treated with strict confidentiality.

Surname:	First Names:
Date of Birth:	
Home Tel:	Consent to leave a message: <b>YES / NO</b>
Mobile Tel:	Consent to leave a message: <b>YES / NO</b> Consent to receive text messaging: <b>YES / NO</b>
Email:	Consent to receive emails: <b>YES / NO</b>
Marital status: Single / Married / Divorced / Cohabiting Other (please state)	

## Next of Kin

Name:	Relationship:
Home tel:	Mobile tel:
Address:	

## HEALTH HISTORY

HEIGHT: .....cm

WEIGHT : .....kg

BLOOD PRESSURE: Systolic..... Diastolic..... Pulse.....

Please ask the receptionist to show you how to use our blood pressure monitor.

## Do you drink alcohol?

Yes / No

Questions (please circle appropriate boxes)	0	1	2	3	4
How often do you drink alcohol?	Never	One a month or less	2-4 times per month	2-3 times per week	4+ times per week
How many units of alcohol do you drink on a typical day?	1-2	3-4	5-6	7-9	10+
<b>Female:</b> How often have you had 6 or more units on a single occasion in the last 12 months? <b>Male:</b> How often have you had 8 or more units on a single occasion in the last 12 months?	Never	Less than monthly	Monthly	Weekly	Almost daily

**SMOKING:** I currently smoke **Yes / Ex-Smoker / Never** If yes, how many per day? \_\_\_\_\_  
If yes, would you like support to stop? **Y/N**

**ALLERGIES** : Please list any allergies you have below

**Do you have any significant past medical history? (please include all pregnancies)**

Condition/Event	Date
.....	.....
.....	.....
.....	.....
.....	.....

**FAMILY HISTORY**

**Condition & Family Member**

- Diabetes.....
- High Blood Pressure.....
- Heart Disease.....
- Asthma.....
- Chronic Obstructive Pulmonary Disease.....
- Cancer.....
- Kidney Disease.....

**CARERS**

Are you a carer for a disabled or elderly relative, friend or child? **YES / NO**

Please state who you care for: Mr/Mrs/Miss .....

Relationship to you .....

Are you being cared for by a relative, friend or child? **YES / NO**

Please state who cares for you: Mr/Mrs/Miss .....

Relationship to Carer .....

**REGULAR MEDICATION**

If you are taking regular medication, please provide the Surgery with your **REPEAT MEDICATION REQUEST SLIP** (from your previous surgery), so that the Doctor may assess your condition(s) and prescribe for you. **PLEASE NOTE WE ARE UNABLE TO PRESCRIBE ANY REPEAT MEDICATION UNTIL YOU HAVE SEEN A DOCTOR AT THE SURGERY.**

Are you currently pregnant? **YES / NO**

**COMMUNICATION NEEDS**

Do you have any communication needs e.g. Visual impairment, hearing difficulty or learning disability  
**YES / NO**

If yes, please give details

Also, please state how we can help you

**PATIENT PARTICIPATION GROUP**

Would you be interested in joining our Patient Participation Group: **YES / NO**

If 'YES', do you consent to us passing your name and contact details to the Chairperson of the Patient Participation Group : **YES / NO**

*The Department of Health require us to record the ethnicity and language of every patient registered with the practice. This information will be used to help plan and deliver services appropriate to different communities. The categories below have been used across government since 2001 are taken from the Dept of Health's website.*

What is your first language? .....

If English is not your first language, do you speak English?.....

**White**

- British
- Irish
- Any other White background, please State \_\_\_\_\_

**Mixed**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, please state \_\_\_\_\_

**Asian or Asian British**

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please state \_\_\_\_\_

**Black or Black British**

- Caribbean
- African
- Any other Black background, please state \_\_\_\_\_

**Chinese or other ethnic group**

- Chinese
- Any other, please state \_\_\_\_\_

**Not Stated [ ]**

For office use:  
Named accountable GP – 67DJ  
Allocated named GP – 9NN60



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## APPLICATION FOR ONLINE ACCESS TO MY MEDICAL RECORD

**PLEASE NOTE: WE ARE UNABLE TO ACTIVATE YOUR ACCOUNT WITHOUT A VALID FORM OF ID**

Surname:	First Name:
Date of birth:	
Address:	
Postcode:	
Email address:	
Telephone no.	Mobile No.

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

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Accessing my medical records (Summary Care Records)	<input type="checkbox"/>

I wish to access my medical records online and understand and agree with each statement below (please tick all that apply):

I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
I will contact the Surgery as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
If I see information in my record that is not about me or is inaccurate, I will contact the Surgery as soon as possible	<input type="checkbox"/>

Signature:	Date:
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### For Surgery Use Only

Patient NHS No.	Computer ID No.
Identity verified by (initials):	Method: Vouching with information Photo ID
Date:	Notes:

## **Understanding your records**

Your records are written to help medical people look after you and so in some cases, you may not understand everything you see. If you find anything difficult to understand, as well as talking to your doctor or nurse, you can go to the NHS Choices website by using this link [www.nhs.uk](http://www.nhs.uk). NHS Choices is the NHS website for patients so you can look for information on illnesses, improving health and to find NHS services in your local area.

Other websites frequently used to search for information on illnesses and test results are Patient – [www.patient.info](http://www.patient.info) and Lab Test Online UK – [www.labtestsonline.org.uk](http://www.labtestsonline.org.uk). Although these are not owned or checked by the NHS, other patients have found them useful.

## **A few things to think about**

There are a few things you need to think about before registering for online records. On very rare occasions

- Your GP may not think it in your best interest for you to look at your GP records online. If this happens, your GP will discuss their reasons with you. It is up to your GP to decide if you should be allowed access to your online records.
- You may see your test results before your doctor has spoken to you about them. This may be when you cannot contact your surgery, or when your surgery is closed. This means you will need to wait until an appointment is available to talk to your doctor.
- Information in your medical records might need correcting. If you find something you think is not correct, you should contact your surgery. The staff will be able to answer your questions and set things right when needed. Please bear in mind that you cannot change the record yourself.
- There may be information in your medical records that you did not know was there or that you had forgotten about, such as an illness or an upsetting incident. If you see anything you did not know about that worries you, please speak to your surgery and they will discuss this with you.
- If you see someone else's information in your record, please log out immediately and let your surgery know as soon as possible.

If you have questions about any of the above points, please talk to your surgery and they will be able to advise you further.

## Information for new patients: about your Summary Care Record

Dear patient,

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

### You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.
- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice

## Summary Care Record patient consent form

Having read the above information regarding your choices, please choose one of the options below and return the completed form to your GP practice :

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

- Express consent for medication, allergies and adverse reactions only.

Or

- Express consent for medication, allergies, adverse reactions and additional information.

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

- Express dissent for Summary Care Record (opt out)

Name of Patient

Date of Birth .....Patients Postcode.....

Surgery Name..... Surgery Location (Town).....

NHS number (if known).....

Signature ..... Date.....

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name:.....

**Please circle one:**

Parent	Legal Guardian	Lasting Power of Attorney for health and welfare.
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For more information please visit <https://www.digital.nhs.uk/summary-care-records/patients>, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

For GP practice use only

To update the patient's consent status, use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below.

Summary Care Record consent preference	Read 2	CTV3
The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only)	9Ndm	XaXbY
The patient wants a Summary Care Record with core and additional information (express consent for medication, allergies, adverse reactions and additional information)	9Ndn	XaXbZ
The patient does not want to have a Summary Care Record (express dissent for Summary Care Record – opt out)	9Ndo	XaXj6