

PARK EDGE PRACTICE  
ASKET DRIVE  
LEEDS LS14 1HX  
Tel: 0113 2954650  
Fax: 0113 2954663

Dr Sarah Harding  
Dr Matthew Button

Welcome to Park Edge Practice!

Dear Patient,

Thank you for choosing to register with us.

When registering at the practice we ask for two forms of identification. Please provide a Photo ID (e.g a passport or photo driving licence) or a birth certificate and a current utility bill. We will then be able to register you at the practice.

The information we gather on this form is important as it can take weeks for us to receive your medical records from your previous GP.

Would you please complete the attached questionnaire in full. The answers to your questions will be confidential and will be entered onto your medical records.

Please ask our Reception team about booking your New Patient Health Check once you have registered. If you have regular repeat prescriptions you will also need to book an appointment with a GP for a medication review. This helps us to get to know you and your health needs.

If you have any queries about the services we offer you can refer to our website [www.parkedgopractice.co.uk](http://www.parkedgopractice.co.uk), our practice information leaflet or ask a member of our Reception team who will be more than happy to help.

Yours sincerely

Dr Harding and Dr Button

## New Patient Questionnaire 0-15 Years

Please complete in capital letters using black or blue ink.

Title: Master    Miss (Please circle)	Surname:
Date of Birth:	First Name (Include any middle names):
Sex:    Male <input type="checkbox"/> Female <input type="checkbox"/>	NHS Number:
Current Address:	
Postcode	
Name of Adult completing form: ..... Relationship to Child: Parent :..... <input type="checkbox"/> Foster Carer: ..... <input type="checkbox"/> Other: ..... <input type="checkbox"/>  If other please state.....	Registration status of Adult:  Existing Patient: ..... <input type="checkbox"/> Registering at Practice: ..... <input type="checkbox"/>  <b>It is our policy that new registrations for children are registered along with a parent or guardian who is registered with us as a new or existing patient.</b>
Place of birth:	Date first entered UK (If applicable):
Home Telephone Number:  ..... I consent to receiving communications from the Practice to my landline via  Calls : <input type="checkbox"/> Voice message: <input type="checkbox"/> (You can opt to withdraw consent at any time, ask the Receptionist for advice)	Mobile Phone Number:  ..... I consent to receiving communications from the Practice to my mobile phone via  Calls : <input type="checkbox"/> Voice message: <input type="checkbox"/> SMS message: <input type="checkbox"/> (You can opt to withdraw consent at any time, ask the Receptionist for advice)
Email Address:  ..... I consent to receiving communications from the Practice to my email address: <input type="checkbox"/> (You can opt to withdraw consent at any time, ask the Receptionist for advice)	Previous Surname(s):
Previous Address:	Name and Address of Previous GP:
Postcode:	Postcode:
Print Name:	Signature on Behalf of Patient:

## Height and Weight

Height	..... ft ..... inches
Weight	..... kg or .....stones .....pounds

**What is your ethnic origin and main spoken language?** (We need more information because some illnesses are more common or more severe in people from certain ethnic groups) (e.g.: White British, White European, Asian, Polynesian, Black African, Mixed Race etc).

White British <input type="checkbox"/>	White European <input type="checkbox"/>
Black African <input type="checkbox"/>	Asian <input type="checkbox"/>
Mixed Race <input type="checkbox"/>	Other (Please state) .....
Main Spoken Language: .....	
Do you care for someone who has a long term illness or disability?	Yes / No
If yes please give details:	
Do you have any medical conditions?	Yes / No
If yes please give details:	
Do you have more than 4 repeat prescription items?	Yes / No
<b>Please attach a copy of your most recent repeat slip to this form and ask Reception to book your medication review with our Clinical Pharmacist.</b>	

### For Office Use Only

Date Received: Date Registered:	
Summary Care record consent <input type="checkbox"/>	

**Important Information**  
**Please read carefully before completing form.**

Dear patient, If you are registered with a GP practice in England you will have a Summary Care Record (SCR), unless you have previously chosen not to have one. It includes important information about your health such as medicines you are taking, allergies you suffer from and any bad reactions to medicines. You may need to be treated by healthcare professionals that 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 an SCR means that when you need healthcare you can be helped to recall vital information.

- **You can choose to have additional information included in your SCR, which can enhance the care you receive. This includes**
  - Illnesses/health problems
  - Operations and vaccinations
  - Preferences on where you would like to receive care.
  - Any support needed.
  - Who should be contacted for more information about you.
- If you would like this additional information adding to your SCR please tick YES.**

<b><u>Yes</u>, I would like my Summary Care Record to include additional information which includes:</b>	<input type="checkbox"/> Additional information will be included in your Summary Care Record.
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**You have the right to opt out of having a SCR which means that:**

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

**If you would like to opt out of having an SCR please tick NO.**

<b><u>No</u>, I do not want a Summary Care Record.</b>	<input type="checkbox"/> If ticked the surgery will <b><u>NOT</u></b> create a Summary care record for you
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**Please complete with your details in BLOCK CAPITALS**

Name of Patient: .....  
 Date of Birth: ..... Patient's Postcode: .....  
 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:



Important Information concerning your detailed health records held by this service

Dear Patient,

## Patient choices regarding sharing of health records

Electronic records are kept in all the places where you receive healthcare. Often, NHS care services can usually only share information from those records by letter email, fax or phone. At times, this can slow down your treatment and mean information is hard to access.

This service uses a secure computer system that allows the sharing of full electronic records across different NHS care services. This form is **not** about your Summary Care Record (SCR), it is asking your sharing preferences regarding your full detailed electronic record.

We are telling you about this, as you have a choice to make. You can choose to share or not to share your full electronic record with other NHS care services where you are treated and whether we can view records held by those other services.

If you choose to make your record shareable, ***your clinical details will only viewable by clinical teams who are treating you. Each clinical team which cares for you now or in the future will ask your permission to view your shared record.*** You can also ask for part of your record to be made private – not shareable. All record accesses are recorded and auditable.

If you choose not to make your records shareable, we will respect your wishes and will do our best to make your care safe and efficient. However, ***denying the clinical teams caring for you the ability to access important clinical details could compromise your care.***

If you require further information please ask at reception. You can also visit the NHS Care records website at <http://www.nhscarerecords.nhs.uk/carerecords> or download the NHS Care Record Guarantee from <http://www.nigb.nhs.uk/pubs/nhscrg.pdf>.

### Q: How is my decision recorded?

**Sharing Out** – This controls whether your full electronic patient record can be shared with other NHS care services where you are treated. Please record your preference:

Please tick: **Sharing Out Yes**(shareable)  or **No** (not shareable)

**Sharing In** – This controls whether you agree for this practice to view information you've agreed to share at other NHS care services. Please record your preference:

Please tick: **Sharing In Yes**(viewable)  or **No** (not viewable)

Patient Name (Print Name): \_\_\_\_\_

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Dr Matthew F Button

Dear Patient

**New service for patients**

You may be aware that all Practices are now required to provide all their patients with a named GP who will have overall responsibility for the care and support that our Practice provides to them.

**Dr Button** will be your named GP.

The above named Doctor will have overall responsibility for the care and support that our Practice provides to you. This does not prevent you from seeing any other GP in the Practice, as you currently do.

This letter is for information only. You do not need to take any further action.

Yours sincerely

Park Edge Practice