Summary Care Record

How will Summary Care Records help me?

- Healthcare staff in other hospitals/medical services will have quicker access to information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had.
- This means they can provide you with safer care during an emergency, when your GP practice is closed or when you are away from home in another part of England

What do I do now?



If you are happy for us to make a Summary Care Record for you tick the box and we will automatically make one for you.



If you do not want us to make a Summary Care Record for you, please tick the box.

How will you protect my confidentiality?

By law, everyone working for us or on our behalf must respect your confidentiality and keep all information about you secure.

Where can I get more information?

For more information about Summary Care Records and your choices:

- Phone the Summary Care Record Information Line on 0300 123 3020
- Visit www.nhscarerecords.nhs.uk.





Dr Halina Obuchowicz

Associated GP's:

Dr Tony Newman & Dr Edward Todd

85 Town Lane Kew Southport Tel: 01704 546800

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NEW PATIENT QUESTIONNAIRE

Please note the following:

Please read the questions overleaf and complete as fully as possible. It may take several weeks until your records arrive at the Practice, therefore, we would be grateful if you could fill out the following information to continue your medical care

If you are on regular medication please provide a repeat prescription tear off slip from your previous GP. You may be asked to make an appointment with a doctor before a repeat prescription can be issued.

Please make an appointment with our Practice Nurse for a 'New Patient Check' when you hand this form in to the reception.

If you have any outstanding hospital appointments please advise the hospital that you have changed your doctor, name and address (if applicable).

If you are a Carer (for example you provide care for someone who is physically or mentally impaired) please ask at reception for a Carers Pack. This provides you with information that may help you with this.

For any other information on the Practice and the services offered please go to our website.

Kewsurgery-southport.nhs.uk

Please turnover to complete the form

Patient Details	6					
Name						
Date of BirthLandline Number						
Mobile Number Email						
Consent				YES N	0	
Do you consent to	ES?					
(These will include a						
Do you consent to						
Do you consent to communication via LANDLINE/VOICEMAIL?						
Next of Kin De		Contact Nu	ımher			
Relationship to yo						
Carer Details						
Are you a carer? YES/NO Do you have a carer? YES/NO						
Name		Contact Nu	mber			
What is your n	narital status	?				
Single	Married	Separated	Divorced	Widowed		
Do you have a	ny communi	cation needs	?			
Large print	Braille	Easy read	Via email	Deafnes	ss	

Eth	nicity					
	Please tick most appropriate					
	White British	Indian				
	Black Caribbean	Chinese				
	Black African	Other Asian Ethnic Group				
	Black, other, mixed origin	Other Black ethnic group				
	Other (please specify)	Other (please specify)				
	ountry of Birthlain Language					
D	o you need an interpreter?					
Sm	oking Status					

Never Smoked Tobacco
Smoker
Ex Smoker

Medication Allergies
Do you have any allergies to medication, if so please give details

Online Services

If you would like to opt into the online services, which include ordering prescriptions and booking appointments, please see a receptionist who will provide the relevant paperwork. Photo ID will be required to process this service.