

AGE 13-15 APPLICATION TO REGISTER AN NHS PATIENT WITH CRICKETFIELD SURGERY.
Please use BLOCK CAPITALS and ensure all boxes are completed.

Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Surname:	
Ms <input type="checkbox"/>	Other _____			First names	
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	Previous name/s	
Male <input type="checkbox"/>	Female <input type="checkbox"/>		Town of birth		
Indeterminate <input type="checkbox"/>	(unable to be classified as either male or female)		Country of birth		
Home Address			NHS Number (if known)		
				Postcode	<input type="text"/>
Contact Details			Mobile phone No	<input type="text"/>	<input type="text"/>
Consent to use for health matters relating to you eg. appointment reminders etc			Home phone No	<input type="text"/>	<input type="text"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>			Work phone No	<input type="text"/>	<input type="text"/>
Consent to use for information & updates relating to Cricketfield Surgery. EG: Flu Clinic dates, quarterly newsletter etc.			Email address	<input type="text"/>	<input type="text"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>				<input type="text"/>	<input type="text"/>
Do you have any specific communication needs? Please tick as necessary		Sign Language <input type="checkbox"/>	Large Print <input type="checkbox"/>	Braille <input type="checkbox"/>	Dyslexia Friendly Text <input type="checkbox"/>
		Visual Impairment <input type="checkbox"/>	Hearing Loss <input type="checkbox"/>	Other <input type="checkbox"/>	_____
Do you have any specific access needs? Please tick as necessary		Restricted Mobility <input type="checkbox"/>	Can use stair lift <input type="checkbox"/>	Cannot use stair lift <input type="checkbox"/>	
		Wheelchair User <input type="checkbox"/>	Other <input type="checkbox"/>	_____	
Do you have any sensory processing factors? Please detail -					

Previous GP Details:

Name of previous GP Surgery					
City/Town				Postcode	<input type="text"/>

If you have re-located from within the UK

Previous UK Address					
				Postcode	<input type="text"/>

If you are from abroad

First UK address where you registered with a GP					
				Postcode	<input type="text"/>
Date you first came to live in the UK	<input type="text"/>	<input type="text"/>	<input type="text"/>	If a previous resident in the UK - Date of leaving	<input type="text"/>

Are you attending a school/education establishment?

Full Time		No - Home schooled	
Part Time		No - Health seasons	
No - Permanent exclusion and in transition period		No - Other	

Do you work?

Employed - Part Time		Volunteering - Part Time	
Self Employed - Part Time		Yes - Other - Please provide details	

DEPENDENTS

Do you have any dependents?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes -	How many?	What are their ages?		
	Do they live with you?	Yes I am the primary carer (or one of them) <input type="checkbox"/> No <input type="checkbox"/> Yes, some of the time but I am not the primary carer <input type="checkbox"/>		
If you have any support services working with your family please provide brief details below				

Next of Kin

Please provide name and contact details of the person we should contact in the case of an emergency. Your medical details will not be shared unless you have given permission later on in this form for them to have third party access, or they are your carer and you have given permission.

Name		Mobile phone No																
Relationship to you		Home phone No																

Please be aware we will only use this information in case of an emergency.

YOUR ETHNICITY AND LANGUAGE

The NHS requires all medical records to show patients ethnic origin together with native or first language

WHITE: British or Mixed British		ASIAN: Pakistani	
WHITE: Irish		ASIAN: Bangladeshi	
WHITE: Any other background		ASIAN: Any other background	
MIXED: White and Black Caribbean		BLACK: Caribbean	
MIXED: White and Black African		BLACK: African	
MIXED: White and Asian		BLACK: Any other background	
MIXED: Any other background		CHINESE:	
ASIAN: Indian		ANY OTHER ethnic group	
I prefer not to specify my ethnic group			
What is your first spoken language?			

We will record your first spoken language as ENGLISH unless you specify otherwise.

YOUR FAMILY HEALTH HISTORY

Have your parents, brother(s) or sister(s) suffered from any of the problems listed below - Please tick and then **circle which family member**

Diabetes (I252)		Father / Mother / Brother / Sister
Asthma (J45)		Father / Mother / Brother / Sister
High Blood Pressure (I10)		Father / Mother / Brother / Sister
Stroke (I63)		Father / Mother / Brother / Sister
Heart Disease (I20-I25)		Father / Mother / Brother / Sister
Osteoporosis		Father / Mother / Brother / Sister
High Cholesterol		Father / Mother / Brother / Sister
Thyroid Disease		Father / Mother / Brother / Sister
Cancer		Father / Mother / Brother / Sister
Please specify type of Cancer -		
Other hereditary disease		Father / Mother / Brother / Sister
Please specify other disease -		

YOUR OWN HEALTH

HEALTH PROBLEMS: Please tick if you have a history of any of the following health problems. Please give an estimated year of diagnosis if known.

Dementia or Alzheimer's		Kidney Disease	
Hypertension (High Blood Pressure)		Stroke or Transient Ischemic Attacks	
Asthma		Thyroid Disease	
COPD		ASD/Aspergers	
Diabetes		Learning Difficulties	
Coronary Heart Disease, Heart Failure, or Atrial Fibrillation		Epilepsy	
		Other long term condition (please specify below)	

Mental Health Problems

Clinical Depression		Post-Natal Depression	
Anxiety		PTSD	
Chronic Phobias		Schizophrenia	
Psychosis		Other, Please detail below	

Weight Management

Overweight <input type="checkbox"/>	Obese <input type="checkbox"/>	Underweight <input type="checkbox"/>
Details of any current treatment or support		

Cancer

Type							
Stage							
Still undergoing treatment	Yes <input type="checkbox"/>	OR Remission date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Further detail (optional)							

If you have any other history or important illnesses or disabilities not mentioned above please give details here:

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ALLERGIES: Please list any allergies you have:	

MEDICATION: If you are taking any regular/repeat medication please list them and the dosage below OR attach the most recent repeat prescription list from your previous GP Surgery.
This information is essential to enable your new GP to authorise future repeat prescriptions.

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FOR FEMALES - if you use any form of contraception please tick which one.

Implant Oral Pill Coil Patches Depot Injection Other _____

If you use contraception, when was your last check-up/review with a GP or nurse?	
If you have a Coil or Implant, what date was it approximately fitted?	
If you have depot injections, when was your last one?	

YOUR LIFESTYLE

EXERCISE: Please tick which of these terms best describes how much exercise you take on a regular basis		Body Measurements (if known)	
None	<input type="checkbox"/>	Height	
Light	<input type="checkbox"/> eg. Slow Walking, Mild Stretching, Housework	Weight	
Moderate	<input type="checkbox"/> eg. Brisk Walking, Hiking, Bicycling on level ground	Waist Circumference	
Heavy	<input type="checkbox"/> eg. Running, Rugby/Football, Swimming Fast, Dance/gymnastics		

YOUR SMOKING STATUS (Please tick boxes and complete with information as appropriate)

Never smoked	<input type="checkbox"/>		
Ex-smoker	<input type="checkbox"/>	Date stopped?	
Cigarette smoker	<input type="checkbox"/>	How many per day?	
Roll own cigarettes	<input type="checkbox"/>	How many per day?	
Cigar smoker	<input type="checkbox"/>	How many per day?	
Pipe smoker	<input type="checkbox"/>	How many per day?	

If you would like to stop smoking our trained advisors can help you. Please ask for details.

YOUR ALCOHOL CONSUMPTION

	Score 0	Score 1	Score 2	Score 3	Score 4	YOUR SCORE
How often do you have a drink containing alcohol?	Never	Monthly 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 when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more units if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					Total	

NHS ORGAN DONOR REGISTRATION *If you want to register your details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after death.*

Please tick all that apply and sign the box below

Kidneys <input type="checkbox"/>	Heart <input type="checkbox"/>	Liver <input type="checkbox"/>	Pancreas <input type="checkbox"/>	Corneas <input type="checkbox"/>	Lungs <input type="checkbox"/>	Any of my organs and tissue <input type="checkbox"/>						
Signature confirming my agreement to organ/tissue donation					Date	<table border="1"> <tr> <td></td> <td></td> <td>/</td> <td></td> <td>/</td> <td></td> </tr> </table>			/		/	
		/		/								

Do you have a preferred GP that you wish to be assigned to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, who?		

Please note that whilst every effort is made to meet your request it may not be possible. We will advise you of this with the reason and discuss the alternative with you. It is also important to be aware that your registered GP is accountable for your care but this doesn't mean they will be the GP you see for every appointment

When you return these forms you will be asked to provide 1 proof of photo ID and 1 proof of address. Details can be found on the next page as to what is acceptable for both.

Signature of Patient		
OR Signature on behalf of patient		
Relationship to patient		
Do you believe the patient is not competent to coordinate their own healthcare?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please provide		
Date: <input type="text"/>	Please note by signing this form you are consenting to receiving texts and emails from the practice relating to your health care.	

If you would like to discuss your healthcare needs with a GP please tick this box

Would you like your prescriptions to be sent to a local pharmacy electronically? If so, please tick the pharmacy you would like to nominate.

Boots, Gladstone Place, Newton Abbot (01626 363195)	
Boots, Courtney Street, Newton Abbot (01626 362124)	
Day Lewis, Devon Square, Newton Abbot (01626 365893)	
Asda, Newton Abbot (01626 882710)	
Lloyds in Sainsbury, Penn Inn, Newton Abbot (01626 333639)	
Superdrug, East Street, Newton Abbot (01626 353307)	
Buckland Pharmacy, Newton Abbot (01626 365379)	
Boots, Gestridge Road, Kingsteignton (01626 363883)	
Boots, Greenhill Retail Park, Kingsteignton (01626 369025)	
Well, Kingskerswell HC, Kingskerswell (01803 872155)	
Lloyds Pharmacy, Chudleigh (01626 854977)	
Lloyds Pharmacy, Fore Street, Bovey Tracey (01626 832275)	
Lloyds Pharmacy, Next to Riverside Surgery, Le Molay Littry Way, Bovey Tracey (01626 835695)	
Moreton Pharmacy, New Street, Moretonhampstead (01647 440234)	
Other (please state):	

Proof of Identification

Please bring with you 1 form of ID from Group A and 1 item from Group B

Group A - One item from this list

Document	Notes
Passport	Any current valid passport
Biometric Residence Permit	UK
Current Driving licence photocard (full or provisional)	UK, Isle of Man, Channel Islands and EEA. From 8 June 2015, the paper counterpart to the photocard driving licence will not be valid and will no longer be issued by DVLA
Birth Certificate (Issued within 12 months of birth)	UK, Isle of Man, Channel Islands - including those issued by UK authorities overseas, for example embassies, High Commissions and HM Forces
Adoption Certificate	UK and Channel Islands

Group B - One item from this list

Document	Notes	Issue date and validity
Mortgage Statement	UK or EEA	Issued in last 12 months
Bank or building society statement	UK and Channel Islands or EEA	Issued in last 3 months
Bank or building society statement	Countries outside the EEA	Issued in last 3 months - branch must be in the country where the applicant lives and works
Bank or building society account opening confirmation letter	UK	Issued in last 3 months
Credit card statement	UK or EEA	Issued in last 3 months
Financial statement, for example pension or endowment	UK	Issued in last 12 months
P45 or P60 statement	UK and Channel Islands	Issued in last 12 months
Council Tax statement	UK and Channel Islands	Issued in last 12 months
Letter of sponsorship from future employment provider	Non-UK or non-EEA only - valid only for applicants residing outside of the UK at time of application	Must still be valid
Utility bill	UK - not mobile telephone bill	Issued in last 3 months
Benefit statement, for example Child Benefit, Pension	UK	Issued in last 3 months
Central or local government, government agency, or local council document giving entitlement, for example from the Department for Work and Pensions, the Employment Service, HMRC	UK and Channel Islands	Issued in last 3 months
EEA National ID card		Must still be valid
Irish Passport Card	Cannot be used with an Irish passport	Must still be valid
Letter from head teacher or college principal	UK - for 16 to 19 year olds in full time education - only used in exceptional circumstances if other documents cannot be provided	Must still be valid

SHARING YOUR NHS PATIENT DATA

Information sharing in the NHS is subject to rigorous regulation and governance to ensure your full identifiable and personal medical data is kept confidential and only ever seen by carefully vetted doctors, nurses and administrative staff responsible for overseeing your care.

With the development of information technology the NHS will increasingly be sharing key information from your GP medical notes with Out of Hours GP Services, Hospital A&E Units, Community Hospitals, and Community Nurses all of whom may at various times in your life be looking after you. Sharing information can improve both the quality and safety of care you receive and in some cases can be vital in making life-saving decisions about your treatment.

There are currently three different elements of “sharing NHS patient information”

- 1. SCR = The NHS Summary Care Record**
- 2. EDSM = The Enhanced Data Sharing Model “SystemOne”**
- 3. CARE.DATA = The Extraction of Data for Research**

The first two elements are about ensuring continuity and safety in your personal care and the third is about extracting anonymous data for research to improve the future commissioning of health and social care services and the health of the nation.

We ask you please to read the information on this document carefully. If you are happy with the NHS data sharing arrangements you do not need to do anything. However, if you wish to “opt out” of one or more aspects of the sharing arrangements please complete the relevant fields on the attached form and return it to your GP surgery.

SCR = NHS SUMMARY CARE RECORD

The NHS Summary Care Record was introduced many years ago to help deliver better and safer care; it contains basic information about:

- Any allergies you may have,
- Unexpected reactions to medications, and
- Any prescriptions you have recently received.

The intention of the SCR is to help clinicians in Hospital A&E Departments and GP ‘Out of Hours’ health services to give you safe, timely and effective treatment. Clinicians are only allowed to access your SCR record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Over time, health professionals treating you may add details about any health problems and summaries of your care. Every time further information is added to your record, you will be asked if you agree (explicit consent).

Patients under 16 years have an NHS Summary Care Record created for them so if you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf.

EDSM = ENHANCED DATA SHARING MODEL "SYSTEMONE"

The database and software used to store your GP health record is called "SystemOne" it is a very secure national system used by over 2000 GP practices and 4800 NHS organisations including GP out of hour's services, children's services, community services and some hospitals. All the GP Practices in the Newton Abbot locality use this same confidential clinical computer system. The system gives your GP the facility to share your record with other NHS health providers that use the same clinical computer system and are involved in your care for example the local Community Nurses who may look after you if you when you leave hospital or become terminally ill or housebound. Allowing your GP to share your record in the "SystemOne" database helps to deliver better and safer care for you. It is the policy of all local GP practices to automatically opt registered patients into "SystemOne" sharing unless they expressly decline. Those patients who choose to decline are able to determine if their data is "shared out" and/or "shared in"

Sharing OUT controls whether information recorded at our GP practice can be shared with other NHS health care providers.

Sharing IN determines whether or not our GP practice can view information in your record that has been entered by other NHS services who are providing care for you or who may provide care for you in the future (that you have consented to share out).

CARE.DATA (better information means better care)

Under the Health and Social Care Act 2012 NHS England has the power to direct the Health and Social Care Information Centre (HSCIC) to extract information from the computer systems used by all providers of NHS care, including our General Practice. The specification for the data to be extracted from GP practices is carefully considered and approved by a Joint GP IT Committee of the British Medical Association and the Royal College of General Practitioners, as well as an independent advisory group. By sharing information in this new way researchers can identify patterns in disease and the most effective treatments. They can also:

- Find more effective ways of preventing or managing illnesses
- Advise local decision makers how best to meet the needs of local communities
- Promote public health by monitoring risks of disease spread
- Map out pathways of care to streamline inefficiencies and reduce waiting times
- Determine how to use NHS resources most fairly and efficiently

NHS PATIENT INFORMATION SHARING – MY CHOICES

Please complete and/or tick the boxes overleaf to detail your personal decisions regarding the 3 aspects of NHS patient data sharing.

You may complete this form for a child over 13 years of age or an adult that you have consent from to assist with their healthcare or that is recognised by the GP as not being able to give consent under the forms of Gillich Competency.

It is very important you sign this form to say that you understand and accept the risks to your personal health care if you do decide to opt out of SCR or EDSM. Hand the completed form in to your GP Surgery; they will scan this form into your NHS GP Medical Records and enter the appropriate computer codes.

1. SCR - NHS SUMMARY CARE RECORD

Please tick only one box.

- Express consent for medication, allergies and adverse reactions only
- Express consent for medication, allergies, adverse reactions and additional information
- Express dissent – Patient does not want a summary care record and fully understands the risks involved with this decision

2. EDSM – ENHANCED DATA SHARING MODEL “SystemOne”

Sharing Out – Do you consent to the sharing of data recorded by your GP practice with other NHS organisations that may care for you?

- YES share data with other NHS organisations
- NO do NOT share any data recorded by my GP Practice; I fully accept the risks associated with this decision

Sharing In – Do you consent to your GP Practice viewing data that is recorded at other NHS organisations and care services that may care for you?

- Consent Given
- Consent Refused; I fully accept the risks associated with this decision.

3. CARE.DATA information extraction by the HSCIC for research purposes

- I wish to dissent from disclosure of personal confidential data leaving my GP Practice.
- I wish to dissent from disclosure of personal confidential data from secondary care (hospitals/ community services)

Patient full name												
Date of Birth				/				/				
Signature of patient												
Date				/				/				

PATIENT DECLARATION - for those patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK. Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

- I understand that I may need to pay for NHS treatment outside of the GP practice
- I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa, I can provide documents to support this when requested
- I do not know my chargeable status

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16

Signed	Date
Print Name	
On behalf of	Relationship to patient

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please enter the details below
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If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/SR1, you may be billed for the cost of any treatment received outside of the GP Practice, including at hospital.

Country Code	5. Date of Birth
3. Name	
4. Given names	
6. Personal identification number:	
7. Identification number of the institution	
8. Identification number of the card	
9. Expiry date	

PRC Validity Period	a) From	b) To
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Please tick if you have an S1 (eg. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff.**

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS Treatment costs your EHIC or PRC data and GP Appointment data will be shared with NHS Secondary Care (Hospitals) and NHS Digital solely for the purpose of cost recovery. Your clinical data will not be shared in the cost recovery process. Your EHIC/PRC/S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

SUPPLEMENTARY QUESTIONS

CARERS QUESTIONNAIRE

Who is a carer? A carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to being elderly physical or mental illness, addiction or disability.

We would be grateful if you could complete the following questions for the Practice's Carers Register. The register enables the practice to proactively manage carers needs with the Practice and to consider the provision of services to carers. The Practice will also ensure that all patients who are carers are informed of and supported in joining the local carers group(s).

IF YOU ARE A CARER PLEASE COMPLETE THIS SECTION:

Approximately how many hours per week would you say you provide care?			
Is this for a family member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please detail their relationship to you			
Do they live at the same address as you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are they a patient at this surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If YES - Do they have Third Party Consent for you to access and be involved in their health care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If NO - you may want to complete a Third Party Consent Form with them			
If YES please complete the following information -			
Full Name			
NHS Number		OR Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A summary of reason(s) they require care (optional)			
Do you have a Carers Alert Card (available from Devon Carers Services) https://devoncarers.org.uk/information-and-advice/self-help/peer-support/alert-card/		Yes <input type="checkbox"/>	No <input type="checkbox"/>

IF YOU ARE BEING CARED FOR PLEASE COMPLETE THIS SECTION:

Is this through a registered care service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this by a friend or family member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF YES - Relationship to you		
Do they live at the same address as you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If they need to have access and involvement in your health care please complete the Third Party Consent Form attached.		

SUPPLEMENTARY QUESTIONS

Formal Consent for Confidential Information Sharing with a Third Party

Doctors and staff at Cricketfield Surgery often have parents/guardians, husbands, wives, partners, carers etc. asking for confidential information which they cannot disclose without formal consent from the patient if they are over the age of 13, unless deemed not competent to understand and make their own decisions regarding their health care by a GP.

It can often appear that the staff member is being obstructive and unhelpful when they are in actual fact simply complying with the NHS, Government and legal recommendations to safeguard the confidentiality of patient information.

It is vital that patients have confidence that their health records are safely kept in the strictest confidence and that if information is shared they have given their prior consent to this.

If you want to give Third Party Consent please complete the form below, or if you do not believe the patient is able to give consent please contact the surgery.

PATIENT'S CONSENT TO SHARE NHS DATA WITH A NAMED THIRD PARTY

PATIENT DETAILS:

Patient Full Name																				
Date of Birth:				/				/												
Home Address:																				
										Postcode:										

THIRD PARTY DETAILS

Full Name																					
Home Address:																					
										Postcode:											
Mobile Phone No:																					Relationship to patient
Home Phone No:																					

PATIENT DECLARATION

I, the aboved named patient give my formal consent for doctors and staff of Cricketfield Surgery to communicate test results and discuss repeat prescriptions and all other medical information from my confidential NHS Health records with the named Third Party. They will also be able to book and change appointments on my behalf. They can do this through online access as well. They will be able to attend appointments with you but if you express the desire to speak with the clinician alone then this will be supported by the clinician and this person will be asked to wait outside of the room.

**please specify a date you wish consent to be valid until. If you do not provide us with an end date then this will be recorded on your records until you notify us in writing of a change in situation. You have the right to change your consent at any time.*

Effective from date				/				/								Until (date)*				/			/			
Signature of Patient																										

