



# Langport Surgery



Please complete all pages in FULL using BLOCK capitals

**CONFIDENTIAL MEDICAL REGISTRATION FORM (CHILDREN UNDER 16)**

Sex:  Male  Female

**Surname**

**First Names (in full)**

Preferred Calling Name

Previous Surname(s)

Date of Birth (dd/mm/yyyy)  NHS Number (10 digits)

**Town & Country of Birth**

Address   
Post Code:

Telephone number  Mobile number

School

**Please help us trace your previous medical records by providing the following information:**

Your previous address in the UK   
Post Code:

Name of Previous GP

Name and Address of Previous GP Surgery   
Post Code:

**If you are from abroad (Overseas Questionnaire also to be completed):**

Your first UK address where Registered with a GP   
Post Code:

If previously resident in the UK date of leaving  Date you first came to the UK

**Parent's Details:**

**Mother's full name**

Mother's Date of Birth  
(dd/mm/yyyy)

Mother's Contact Number

**Father's full name**

Father's Date of Birth  
(dd/mm/yyyy)

Father's Contact Number

**Childs Details:**

Please list any allergies

Are you Housebound?  Yes  No

Are you a carer?  Yes  No

Do you have a carer?  Yes  No

*A carer as defined by Carer UK is someone of any age who "provides unpaid care and support to ill, frail or disabled friends or family members who could not manage without help"*

Information about your Carer or who you care for:

Ful Name

Relationship

Address  
(if different from yours)

Post Code:

Telephone Number

Mobile Number

**Communication requirements**

Do you have any communications needs relating to a disability, impairment or sensory loss?  
*For example Large Print, Sign Language, Easyread, Braille etc.*

If so, what are they?

**Ethnicity**

Please indicate your ethnic origin:

- British or mixed British     Irish     African     Caribbean     Indian     Pakistani  
 Bangladeshi     Chinese     Other (please state):   
 Do not wish to state

Spoken First Language

**Supply of Medicines and Appliances Prescribed by Langport Surgery**

We are a dispensing practice so any patient who resides more than 1 mile (1.6 kilometres) 'as the crow flies' from a chemist has the choice to have their prescriptions provided by the dispensary at the surgery.

If this applies to you and you wish us to dispense your prescriptions please tick the box below:

- I live more than 1 mile 'as the crow flies' from the nearest chemist

**If this does not apply to you, please let us know which pharmacy you would prefer to collect your medications from. (i.e. Boots, Langport)**

**Signature**

I confirm that the information I have provided is true to the best of my knowledge.

Sign:

Date:

- Signature of patient     Signature on behalf of patient

**NHS Organ and Blood Donation Register**

If you wish to register on the NHS Organ or Blood Donation Register please self-register on [www.nhsbt.nhs.uk](http://www.nhsbt.nhs.uk) or telephone the helpdesk on 0300 123 2323

## Text Message and Email communication

You will no longer receive text reminders unless you have already completed and returned a copy of this consent form. Parents/Guardians can receive text message communications for children until they turn 12 years old, after which they will be switched off automatically. When the child turns 15 they will have the option to provide their own contact number for text communications. This is to protect the confidentiality of young patients.

### Declaration

I consent to the practice contacting me by text message or email for the purpose of providing information about my care and information about the surgery.

Please tick to indicate that you understand and accept the following:

- Reminders by text are an additional service and they may not be sent on all occasions.
- Patients remain responsible for attending appointments or cancelling them.
- Patients can cancel the text message facility or email permissions at any time by contacting the practice
- It can take up to five working days for the consent to be administered on our system.
- Text messages and emails are generated using a secure facility however it is important to understand that they are transmitted over a public network onto a personal telephone and as such may not be secure; on some occasions the text message or email may include patient details, for example their name, which could enable an individual patient to be identified.
- It remains the patient's responsibility to inform Langport Surgery if their mobile is lost or stolen or if their number or email address changes.
- I agree to the practice storing my personal data on the secure text message and email software.

Patient Name																																										
Email Address																																										
Mobile Number	0	7																																								
DOB			/			/																																				

- I DO NOT wish to be contacted by SMS Messaging OR Email
- I wish to be contacted by SMS Messaging only and do not consent to contact via Email
- I wish to be contacted by Email only and do not consent to contact via SMS Messaging
- I am happy to be contacted by SMS Messaging and Email
- I confirm this is my own personal mobile number and email address for my own text communications.

Signature of patient																																									
Date			/			/																																			

**If you would like to receive text communications on behalf of another patient, please confirm you meet at least one of the following criteria:**

- The patient is a child in my care and is under 12 years of age
- I am a carer for the patient
- I have power of attorney for Health and Welfare for the patient (please provide a copy for the surgery)

Name of patient																																									
DOB of patient																																									
Relationship																																									
Signature of Representative																																									
Date			/			/																																			
Signature of Patient (if appropriate)			/			/																																			



# NHS Summary Care Record



Langport Surgery

Langport Surgery is supporting Summary Care Records and as a patient you have a choice.

## What is the NHS Summary Care Record?

The NHS Summary Care Record is a short summary of your GP medical records. Its intention is to help clinicians in Accident and Emergency, 'Out of Hours' and other health services, that do not know your medical history but wish to provide you with safe, timely and effective treatment.

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 helps you recall vital information when receiving care. Only authorised healthcare professionals providing you with care in England, will be allowed to access your record, this is once they have asked your permission.

## What medical information is included in the NHS Summary Care Record?

The **Basic Summary Care Record** contains basic information about:

- Allergies you suffer from
- Medication you are taking
- Any bad reactions to medicines you have previously taken

The **Enhanced Summary Care Record** contains additional information including:

- 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
- Who should be contacted for more information about you

## Please tick a box and sign below:

Yes I want a **Basic** Summary Care Record (Code as: 9Ndm)

Yes I want an **Enhanced** Summary Care Record (Code as: 9Ndn)

No I do not want a Summary Care Record (Code as: 9Ndo)

Name of patient: ..... Date of Birth: .....

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

If you are completing 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: .....

Capacity – please circle one

Parent	Legal Guardian	Lasting power of attorney for health and welfare
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