|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Homestead Medical Centre – CHILD - New Patient Form 2022** | | | | | | | | |
| Miss/Master/Mx etc: | | | | **Today’s Date:** | | | |  |
| **Surname** |  | | | **First & Middle Names**: | | | |  |
| **Date of Birth:** |  | Place of Birth: | | |  | | | |
| Ethnic Origin: |  | | | **Gender:** | | | |  |
| Address: |  | | | | | | | |
| Postcode: |  | | Mobile Numbers: | | | |  | |
| Home Telephone: |  | | Email:\* | | | |  | |
| \* I am happy to receive FREE SMS Text messages/appointment reminders & emails. Please tick if you DO NOT agree to this free service. 🖵 | | | | | | | | |
| **Parents/Guardians/Next of Kin**: Please state below:- | | | | | | | | |
| **Name** |  | | | | | Relationship:  Telephone: | | |
| **Name** |  | | | | | Relationship:  Telephone: | | |
|  | | | | | | | | |
| **Regular medications**?  Please state: |  | | | | | | | |
|  | | | | | | | | |
| Which Pharmacy do you want your child to use? | | | | | | | | |
| **Allergies?** Please state: | | | | | | | | |
| **Medical problems/Other info:** | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| The HSCIC will release your confidential data to researchers and organisations including those outside the NHS. The data provided is potentially identifiable, although the data provided to researchers for publication is anonymous. | **ALLOW** | **DENY** |
| **Summary Care Record (SCR) -** This contains your medication, allergies, and adverse reactions for other healthcare providers e.g. A&E, to use in urgent or emergency cases with your permission when possible. | **ALLOW** | **DENY** |
| Additional information such as significant diagnoses that might affect your care in an emergency can be added to your SCR and is decided between yourself and your GP. | **ALLOW** | **DENY** |
| **Enhanced Data Sharing Model (eDSM) -** Your healthcare record at Homestead Medical Centre will be shared with those involved in your care with legitimate need e.g. hospital and community services. Everything will be shared except for privately marked items which you can specify at each consultation. This helps clinicians to get a full picture of your care to make safe and appropriate decisions about your treatment. Your consent or dissent is assumed after the initial consultation for all future consultations. Please inform the clinician if you change your mind at any consultation. | **ALLOW** | **DENY** |
| Your healthcare record at external providers will be shared with Homestead Medical Centre with the same conditions as above. | **ALLOW** | **DENY** |
| **RISK PROFILING**: How your NHS Records are used: The Practice is taking part in an NHS Service that helps your doctor to spot whether you need more help to manage your health. This service is called ‘risk profiling’. Using information from your health records, a secure NHS computer system will look at any recent treatments you have had in hospital or at this surgery and any existing health conditions that you have and alert your doctor to the likelihood of a possible future hospital admission, the surgery staff can then arrange early care and treatment where it is needed. The information will be seen only by qualified health workers involved in your care. NHS Security systems will protect your health information and patient confidentiality at all times. If you don’t want our information being used in this way, please notify reception and we will record it on your medical records as ‘no consent for electronic record sharing’ – code XaKII. | **ALLOW** | **DENY** |

**Your Options for Sharing - Information about You**

It is your **right to choose** what information about you is shared. Please complete your details so that we can change your record.

Please mark **ALLOW** or **DENY** for the following sections and hand it to reception. We will then update your records. **Remember: you can change your choices at any point without reason.**