

Title: \_\_\_\_\_ Forename: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Landline: \_\_\_\_\_

*Please use your personal mobile number and email address. For data protection purposes we cannot record shared email addresses or mobile numbers.*

Email Address : \_\_\_\_\_

Preferred Contact Method:  Mobile  Landline  EmailConsent to SMS Messaging:  Yes  No ID Provided:  Driving License  Passport  Utility Bill

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### GDPR and Data Sharing:

#### Summary Care Record (SCR):

This record contains basic information about: 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 Emergency Departments and Out of Hours services to give you safe, timely and effective treatment. Clinicians will only be allowed to access your 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 SCR every time they need to (unless it is an emergency i.e. you are unconscious.)

Please tick **one** of the following options:

- Express consent for medications, allergies and adverse reactions
- Express consent for medications, allergies and adverse reactions **and additional information**
- Express dissent (opt-out)

#### Clinical System Record Sharing:

Due to GDPR, our clinical system, SystemOne (S1), also requires your permission to permit or restrict access to the information entered into your record at each organisation that accesses your record. You can change your consent at any time. Please tick your preferences:

**Do you consent to the sharing of data recorded here with any other organisations that may care for you?**

- Yes – share with other organisations  No – do not share any data recorded at Yealm Medical Centre

**Do you consent to the viewing of data by this organisation that is recorded at other care services that may care for you where you have agreed to make your data shareable?**

Yes  No Please sign here to confirm your choices: \_\_\_\_\_

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**Medical History:**

Please list any current illnesses: \_\_\_\_\_

Are they currently housebound?  Yes  NoDo they have any environmental or drug allergies?  Yes  No If Yes, please list them: \_\_\_\_\_

Do they have a disability, impairment or sensory loss? Please state diagnosis: \_\_\_\_\_

**Please bring in the child's Red Immunisation Book to ensure our records are up to date**

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**Safeguarding information:**

Who has legal parental responsibility for the child/young person? (this is usually the mother of the child, parents who were married or in civil partnership at time of birth, parents named on birth certificate, parental responsibility agreement, legal adoption or court order in place)

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Is the child/young person looked after?  Yes Please circle: *Fostered* *Adopted* *Legal Guardianship*  NoHave there ever been any safeguarding concerns raised about the child/young person?  Yes  No

If Yes, please provide details: \_\_\_\_\_

Are you or is your child a young carer?  Yes  NoDoes your child have a social worker, or have they had support from a social worker within the last 12 months?  Yes  NoDoes your child receive additional support from any other professional agency (e.g., Speech and Language, CAMHS)  Yes  No

If Yes, please provide details: \_\_\_\_\_

Do you require support for your child to access the service/s specified above following a relocation?

 Yes  No

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**Family History:** Have any of your close relatives suffered from any of the below.High Blood Pressure (Hypertension)  Yes  No **Relation:** \_\_\_\_\_Heart Disease under 60 years:  Yes  No **Relation:** \_\_\_\_\_Heart Disease over 60 years:  Yes  No **Relation:** \_\_\_\_\_

**Ethnic group:** Please tick below your ethnic group.

Arab  Bangladeshi  Chinese  Indian  Pakistani  Black African  Black Caribbean  Irish Traveller  Mixed Race  Other Asian  Other British Black  Other White Background  White and Asian  White and Black African  White and Black Caribbean  White British  White Irish

**If you do not want ethnicity recorded please tick here:**

Please fill out your information and relationship to the child:

**Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

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**Appointment booking:**

We are pleased to let you know about a **new way to book your GP appointment**. We have introduced 'Anima', a new system which allows us to make sure you get the support or appointment you need, at a time that is appropriate and safe for your problem. This is in direct response to new government guidelines.

**All acute queries for the Doctors now come through Anima, rather than via the phone lines.** This avoids you needing to queue on the telephone and will keep lines free for those who do not have internet. You're able to ask us about anything from a health problem, a medication question or even with forms that you'd like us to complete.

By completing an Anima request yourself, it also means you can keep your problem private as you won't need to explain it to our receptionists. It helps us make sure everyone who is trying to get help and support get it by the right person at the right time. When we understand your problem better, we're able to advise you on the best way to get help.

**More information is available on the 'Anima' website.**

