



Family doctor services registration

GMS1

Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

Mr Mrs Miss Ms Surname _____

Date of birth: | | | | | | | | | | First names: _____

NHS No.: | | | | | | | | | | Previous surname/s: _____

Male Female Town and country of birth: _____

Home address: _____

Postcode: _____ Telephone number: _____

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

Your previous address in UK: _____ Name of previous GP practice while at that address: _____

Address of previous GP practice: _____

If you are from abroad

Your first UK address where registered with a GP: _____

If previously resident in UK, date of leaving: _____ Date you first came to live in UK: _____

Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: Regular Reservist Veteran Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting: _____

Postcode: _____

Service or Personnel number: _____ Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

I live more than 1.6km in a straight line from the nearest chemist

I would have serious difficulty in getting them from a chemist

Signature of Patient Signature on behalf of patient

Date: ____/____/____

*Not all doctors are authorised to dispense medicines

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

White: British Irish Irish Traveller Traveller Gypsy/Romany Polish
 Any other white background (please write in): _____

Mixed: White and Black Caribbean White and Black African White and Asian
 Any other Mixed background (please write in): _____

Asian or Asian British: Indian Pakistani Bangladeshi
 Any other Asian background (please write in): _____

Black or Black British: Caribbean African Somali Nigerian
 Any other Black background (please write in): _____

Other ethnic group: Chinese Filipino
 Any other ethnic group (please write in): _____

Not stated:
 Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

NHS England use only Patient registered for GMS Dispensing

To be completed by the GP Practice

Practice Name

Practice Code

 I have accepted this patient for general medical services on behalf of the practice

 I will dispense medicines/appliances to this patient subject to NHS England approval.

I declare to the best of my belief this information is correct

Practice Stamp

Authorised Signature

Name Date

SUPPLEMENTARY QUESTIONS – These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

PATIENT DECLARATION for all 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.

Please tick one of the following boxes:

- a) understand that I may need to pay for NHS treatment outside of the GP practice
- b) 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
- c) 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:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

Complete this section if you live in an EU 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: NO: If yes, please enter details from your EHIC or PRC below:



If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC)/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.

Country Code:	
3: Name	
4: Given Names	
5: Date of Birth	DD MM YYYY
6: Personal Identification Number	
7: Identification number of the institution	
8: Identification number of the card	
9: Expiry Date	DD MM YYYY
PRC validity period (a) From:	DD MM YYYY
(b) To:	DD MM YYYY

Please tick if you have an S1 (e.g. 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 purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.

Welcome to: The College Surgery Partnership



College Surgery
Culm Valley Integrated
Centre for Health
Willand Road
Cullompton
EX15 1FE

Uffculme Surgery
Commercial Road,
Uffculme
EX15 3EB

Bradninch Surgery
The Manse,
4 Millway,
Bradninch EX5 4NL

Willand Surgery
17 Southview Close
Willand
EX15 2QP

Sampford Peverell Surgery
29 Lower Town
Sampford Peverell
EX16 7BJ

For all sites please
Tel: 01884 831300

Surgery Times

College
Monday - Friday*
Times
08:30 – 18:30

Bradninch
Monday – Friday
Wednesday Dispensing Only
Times
08:30 – 12:30
09:00 – 12:30

Uffculme
Monday – Friday
Monday – Friday
Times
08:30 – 12:30
14:30 – 18:00

Willand
Mon – Tue – Thurs – Fri**
Times
08:30 – 12:30

Sampford Peverell
Mon – Tue – Thur – Fri**
Wednesday
Times
08:30 – 13:00
14:30 – 18:00
08:30 – 13:00

* MONDAY - THURSDAY BY PRIOR APPOINTMENT THE SURGERY CAN BE
OPEN UNTIL 19:30
AND WEDNESDAY MORNINGS FROM 07:30

** APPOINTMENTS CAN BE BOOKED ON THURSDAYS FROM 18:30 UNTIL 19:15 BY
PRIOR ARRANGEMENT AND WILL BE HELD AT OUR CULLOMPTON CENTRE ONLY.

When we are closed dial 999 in a life threatening emergency or 111
for advice

www.collegesurgery.org.uk

Dr Kieran Crowley
BSc MBBS

Dr Clare Matthews
MB ChB MRCPG DRCOG

Dr James Rowbury
MB, BS BSc MRCPG

Dr Jessica Bennett (salaried)
BM (Hons) MRCPG

Dr Susan Tat
MB BS, MRCPG

Dr Jennifer Kerin
MB BCh DCH DRCOG MRCPG DPD

Dr Daisy Robinson
BA MB, BS MRCPG DFRSH

Dr John Kekwick
MB ChB, MRCPG

Dr Ellena Wood (salaried)
MB ChB MRCPG

Dr Lorna Mason
MB ChB, MRCPG

Dr Emma Richardson
MBBS BSc PhD MRCPG

Dr Hilary Harris
MB, BS MRCPG DRCOG DCH

Dr Fiona Black
BSc MB ChB DFFP DRCOG MRCPG

Dr Ben Greenwood
MBChB MRCPG

Dr David Jenner (salaried)
MB ChB DRCOG MRCPG

Dr Michael Dixon (salaried)
MA MB, BS DRCOG FRCGP

The Practice

The Receptionists

These are the first people you meet when you come in. It is their job to answer the telephone, arrange appointments with the doctor, nurse and midwife and deal with your enquiries. They are there to help you, so please ask when you have any queries.

The Doctors are currently fourteen in number (thirteen partners and one salaried GP), six male and eight female. On registration you will be allocated a named doctor who will be responsible for your overall care. If you wish to know which doctor that is, then please contact the practice. Reasonable efforts will be made to accommodate requests from patients who wish to be registered with a preferred doctor but please note that, as most of the doctors work part time, this may not be possible. Booking appointments in advance increases the possibility of seeing your preferred doctor.

Doctors Teams

College Surgery is unique in Devon in providing local access to people across five separate surgeries and we continually get feedback from patients, especially the elderly, on how much they value these local surgeries. However, it isn't always possible for you to see your "own" doctor at all times and to try and help with this problem the partners work in teams. At any one time a doctor from your team will always be on duty and this means that the same team view results and letters and will always be more familiar with the patient and their needs.

The teams are as follows:

**Dr Smith Dr Matthews Dr Rowbury Dr Tat
Dr Kerin Dr Robinson Dr Phillips Dr Mason Dr Kekwick
Dr Dixon Dr Jenner Dr Harris Dr Black Dr Greenwood**

Nurse Practitioners

Sally Kuliszewski **RGN NP** and Katy Nash **RGN, NP, SEN** are our Nurse Practitioners. A Nurse Practitioner provides a complimentary service to our GPs, enabling patients to be seen without needing to see a GP first. Nurse Practitioners will assess, diagnose, treat and refer appropriately. They can also prescribe medication. Sally also manages the nursing, healthcare assistant and phlebotomy team.

Practice Nurses

Joanne Buglass **SEN, RGN** Amanda Downer **RGN**
Heather Lines **RGN, SEN** Nicola Stokes **RGN**

The Practice nurses have their own clinics at the same time as the doctors. Sometimes you will be sent to them by the doctor, but you can make your own appointment at other times. They take the lead on some chronic disease care.

Healthcare Assistants and Phlebotomists

Julie Carter Julie Pullen
Sally Manning Louise Lowry
Emmeline McArdle Margaret Bennett

Training and Teaching

We are an approved training practice for qualified doctors who want experience in general practice, and we are assessed regularly by the Regional Committee for General Practitioners. Trainee GPs are called either GP Registrars or Foundation Doctors. They work with us for several months at a time and have their own surgeries. Of course, we fully supervise them while they are with us. Medical students also work with us as part of the final stages of their training. For training purposes we allow students to sit in on appointments; however we will always ask your permission first.

Kyla Dawe is our Practice Manager and is responsible for the administration and smooth running of the practice. If you have any suggestions about the surgery, or any problems with the service you receive, she will be happy to speak to you.

Community Team

Offer nursing care to patients in their own home or residential home, when they are unable to come to the surgery.

Appointments

Please ring so we can arrange an appointment for you with the most appropriate member of our team. **If you are not able to attend please ring and cancel**, this will allow us to see other patients; please do not come in without an appointment as you will not be seen.

Same Day Service

Every day there will be a duty team consisting of at least one doctor and a nurse practitioner for patients with urgent medical problems who need to be seen on the same day or patients not able to wait for the next routine appointment. Please ring the surgery in the normal way, the team will phone you back, assess the problem and direct you to the appropriate person. Please do not attend without telephoning the surgery first.

Telephone Consultation

Telephone consultations with a Doctor are available. Please ask our receptionist to book for you.

Home Visits

If you are too ill to come to the surgery, you can be visited at home. Please telephone before 11:00 if you think you need a visit.

Out of Hours Emergencies

Devon Doctors now provide GP appointments during the evenings and at the weekend for patients of this practice, to book an appointment, call Devon Doctors on 01392 822354. Out of Hours service is the responsibility of New Devon Clinical Commissioning Group (CCG) and is provided by the 111 service. This is available Monday to Friday 18.30 – 08:00 and through the weekend 18.30 Friday to 08:00 on Monday morning. The service also covers Bank Holidays. If you need to contact a doctor during this time, then telephone **111**. A leaflet describing the service in detail is available at reception.

Repeat Prescriptions

On your doctors advice repeat prescriptions can be obtained through reception. This usually takes two working days. Requests can be made by letter or through our online service (see our website). If a computerised repeat prescription request slip has been provided then we would ask you to use this if at all possible, as this ensures the correct medication is prescribed and your medical records are kept up to date. Please indicate if you require your prescription to be sent to another pharmacy otherwise it will be at the surgery for your collection. Please make your requests well in advance and ensure you always have sufficient medication to last over the weekend and public holidays when the surgery is closed. You should also note the doctor will want to see you at regular intervals to ensure your medication is effective and that the dose is correct prior to issuing the next prescription.

Medical Advice

Medical advice and guidance can also be obtained by calling 111 or online at www.nhs.uk/111

















Hospital Transport

You will need to telephone 0345 1551009 / 01884 242099 to book this yourself.

Community Transport Advice

Please call 01884 242099

www.collegesurgery.org.uk

	Services Provided	Who to See
	LIFE THREATENING EMERGENCIES e.g. Chest Pain, Major Injury, Collapse	Ring 999
	General Health Advice (do you need to see a doctor or nurse?)	Ring 111
	General Health Concern, New Symptoms, Need For Medication	Doctor
	Coughs, Colds, Sore Throats, Water Infections	Pharmacist or Nurse Practitioner
	Help with: Anxiety, Worries, Relationship Problems, Depression, Bereavement	Doctor
	Asthma, Diabetes, COPD, Heart Clinics	Practice Nurse
	Healthy Living Advice, Blood Pressure Test, Alcohol Problems, Women's Health, Smoking Cessation	Practice Nurse (Smoking Cessation 01884 836024)
	If you think you are entitled to: Home Help, Meals on Wheels, Mobility Allowance, and Disabled Driver Sticker. Including Carers, Bereavement, Disability Groups	Social Services Devon Area Care Direct 0845 1551007
	Travel Advice & Immunisations, Childhood Immunisations, Ear Syringing	Practice Nurse
	Dressings, Removal of Stitches, Incontinence	Practice Nurse or District Nurse (District Nurse 01884 836025)
	Family Planning, Advice before you get pregnant, Sexual Health	Practice Nurse or Doctor or Health Visitor (Health Visitor 01884 836000)
	Advice on baby and child care, Family diet and exercise, Baby checks and hearing test, Problems with children	Health Visitors or School Nurses 01884 836000
	Maternity Care	Midwife 01884 836005
	Home Nursing	District Nurse 01884 836025
	Cervical Smear	Practice Nurse
	Self-certification Form SC2 for the first 6 days..... Statement of Fitness for Work (fit note) If you need a doctor's note before day 7, a fee will be payable	Reception Doctor

HELP TO STOP SMOKING

OneSmallStep is a free service to support you to improve your health and wellbeing. They can help you maintain a healthy weight, get more active, cut down on alcohol and quit smoking.

(Freephone) 0800 298 2654

(Local rate) 01392 908 139

Monday to Friday 9.00am - 6.30pm

hello@onesmallstep.org.uk

Your rights and responsibilities

We respect the rights of our patients in terms of race, gender, social class, age, religion, sexual orientation or appearance, and disability or medical condition and would expect the same from our patients.

Zero tolerance Policy

We operate a zero tolerance policy with regard to violence and abuse and the practice has the right to remove violent patients from the list with immediate effect in order to safeguard practice staff, patients and other persons. Violence in this context includes actual or threatened physical violence or verbal abuse which leads to fear for a person's safety. In this situation we will notify the patient in writing of their removal from the list and record in the patient's medical records the fact of the removal and the circumstances leading to it.

Confidentiality

All patient information is considered to be confidential and we comply fully with the General Data Protection Regulations and Data Protection Act 2018. All employees have access to the information appropriate to their role and have signed a confidentiality agreement. Information may be shared, in confidence, with other NHS organisations in the interests of patient care. Please see our privacy notice for further details.

CCTV is installed internally in public areas and externally for security. Recordings are used entirely at the discretion of the partners including provision of images to the police or other official bodies, and will otherwise comply with the Practice's Data Protection registration. Please note that it is the Practice's policy to record all telephone calls for the purposes of patient and staff care, security, training, and dispute resolution. Recordings and their use will be at the Partners' discretion and will also comply with the Practice's Data Protection registration.

Complaints

Should be sent to our Practice Manager; Kyla Dawe. Alternatively you may choose to deal directly with NHS England on 0300 311 2233.

Registering with the practice

Please contact reception, although patients register with the whole practice you will be asked to state your preferred doctor and we will endeavour at your behest to make appointments with the doctor of your choice.

Dispensing Arrangements:

If you consult in Uffculme, Bradninch or Sampford Peverell Surgeries and live more than 1 mile away from the nearest pharmacy you may register as a dispensing patient to receive your medicine from our dispensaries.

Dispensary opening hours:

Uffculme Dispensary:

Mon - Fri: 08:30 - 12:30 and 14:30 – 18:00

Bradninch Dispensary:

Mon, Tue, Thurs, Fri: 08:30 - 12:30

Wed: 09:00 - 12:30

Sampford Peverell Dispensary:

Mon, Tue, Thur, Fri: 08:30 – 13:00

& 14:00 – 18:00

Wed: 08:30 - 13:00

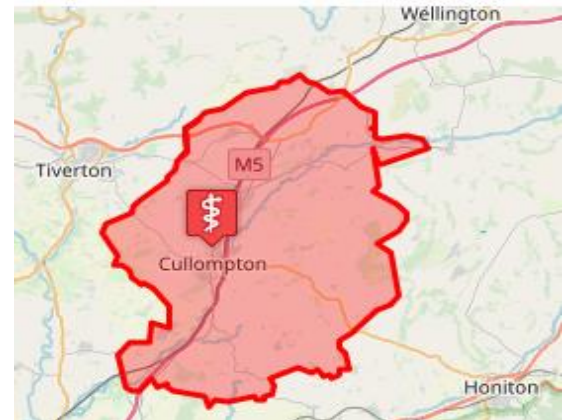
A directory of all healthcare services is available from:

New Devon CCG,
County Hall
Topsham Road
Exeter
Devon EX2 4QD
01392 205205

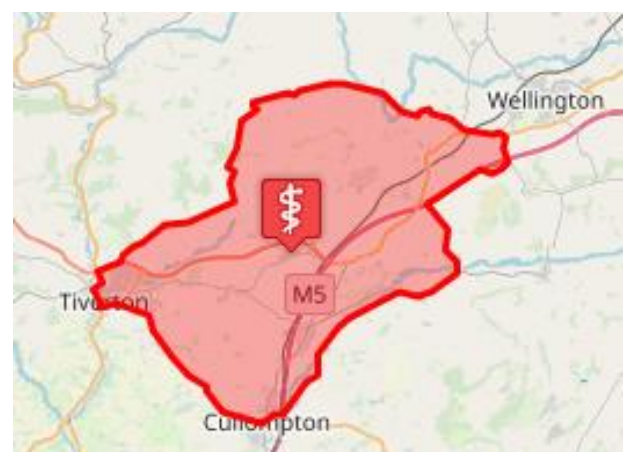
Disabled Access:

Disabled access is available at all 5 surgeries. However if you experience any difficulty with access to our premises please inform reception and we will do our best to accommodate all your needs.

College Surgery Partnership Catchment Area



Sampford Peverell Catchment Area



PROTECTING YOUR INFORMATION, CONFIDENTIALITY AND SHARING INFORMATION

We are committed to protecting your privacy and will only use information collected lawfully in accordance with:

The General Data Protection Regulation
Human Rights Act 1998
Common Law Duty of Confidentiality
Health and Social Care Act 2012
NHS Codes of Confidentiality, Information
Security and Records Management
Information: To Share or Not to Share
Review

Every member of staff who works for an NHS organisation has a legal obligation to keep information about you confidential and we will only ever use or pass on information about you if others involved in your care have a genuine need for it. We will not disclose your information to any third party without your permission unless there are exceptional circumstances (i.e. life or death situations), where the law requires information to be passed on and / or in accordance with the information sharing principle following Dame Fiona Caldicott's information sharing review (Information: to share or not to share) where "The duty to share information can be as important as the duty to protect patient confidentiality." This means that health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by the Caldicott principles. They should be supported by the policies of their employers, regulators and professional bodies.

Who are our partner organisations?

We may also have to share your information, subject to strict agreements on how it will be used, with the following organisations;

NHS Trusts
Specialist Trusts
NHS England
Independent Contractors such as dentists,
opticians, pharmacists
Private Sector Providers
Voluntary Sector Providers
Ambulance Trusts
Clinical Commissioning Groups
Social Care Services
Local Authorities
Education Services
Fire and Rescue Services
Police

Please note that this list is not exhaustive and we may also use external companies to process personal information, such as for archiving purposes. These companies are bound by contractual agreements to ensure information is kept confidential and secure.

You will be informed who your data will be shared with and in some cases asked for explicit consent for this to happen when this is required.

Access to personal information

You have a right under the General Data Protection Regulation to request access to view or to obtain copies of what information the surgery holds about you and to have it amended should it be inaccurate. In order to request this, you need to do the following: Your request must be made in writing to the Practice Manager Kyla Dawe

There will be no charge to have a printed copy of the information held about you We are required to respond to you within 30 days

You will need to give adequate information (for example full name, address, and date of birth, NHS number and details of your request) and provide 2 forms of identification so that your identity can be verified and your records located

If you wish to know further information please visit our website: - www.collegesurgery.org.uk



College Surgery Partnership:

CVCIH Cullompton (01884) 831300

Millway, Bradninch (01392) 881952

Lower Town, Sampford Peverell (01884) 820304

Grantlands, Uffculme (01884) 840743

South View Close Willand (01884) 821878



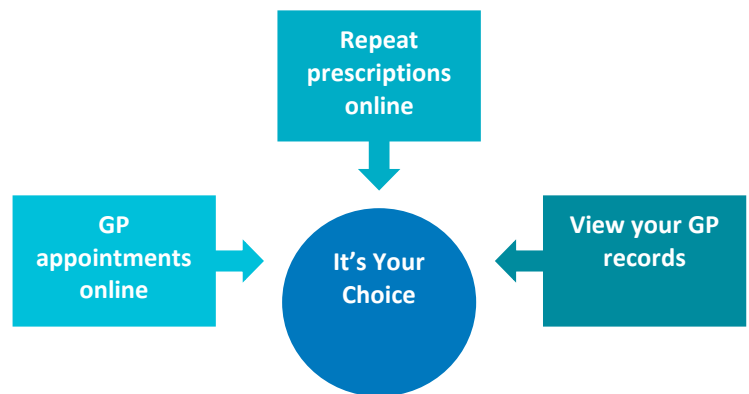
Online Services Records Access Patient information leaflet 'It's your choice'

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well (except repeat prescription requests). It's your choice.

Being able to see your record online might help you to manage your medical conditions. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

To obtain access to online services all patients will be required to complete an application form and provide photographic proof of identity and evidence of address.

Unless you are already registered for online services you will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.



It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

Due to the complexities with consent we are, regrettably, unable to offer online services to patients under the age of 16.

The practice has the right to remove online access to services for anyone that doesn't use them responsibly.

Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Things to consider

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

Application for online access to my medical record (Patients over 16 only)

First Application Password Reset Request for additional Services

Surname	Date of birth
First names	
Address	
Postcode	
Email address	
Please note by giving your e-mail address you are consenting to receive confidential information (such as reset passwords) to this address.	
Telephone number	Mobile number
If you would like to receive SMS text messages please tick here <input type="checkbox"/>	
<i>I wish to have access to the following online services (please tick all that apply):</i>	
1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
<u>Please circle preferred collection point</u> College Surgery, Uffculme Dispensary, Bradninch Dispensary, Willand Pharmacy Willand, Boots Pharmacy Willand Road Cullompton, Boots Pharmacy Station Road Cullompton, Tesco Pharmacy Cullompton or Boots Pharmacy Tiverton. Sampford Peverell Dispensary (for Sampford Peverell Patients only)	
3. Access to a summary view of my medical record	<input type="checkbox"/>
4. Access to a detailed coded view of my medical record	<input type="checkbox"/>
5. Access to my full clinical record (from date of online registration)	<input type="checkbox"/>

If you have requested access to your medical record, please confirm you understand and agree with the following (please tick):

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

Please note that online services can only be processed upon receipt of 2 forms of ID, one with a photograph of yourself and one with proof of your home address.

I understand it is my responsibility to provide the surgery with any change of contact details (address, telephone number, e-mail address)	Date
Signature	

For practice use only

Type of ID seen: Photo & Proof of Address	Seen by (capitals please)	Date
1.		
2.		
Authorised by registered or usual GP (signature)		Date
Date account created		
Date access confirmation and password details sent		
Level of record access enabled		Notes
Basic Summary View <input type="checkbox"/> Detailed Coded Record Access <input type="checkbox"/> Full Clinical Access <input type="checkbox"/>		

Welcome to College Surgery Partnership

Please help us by filling some personal details. Please answer all questions .

This information is treated in confidence.

Have you ever been registered at any of the College Surgery sites (incl Sampford Peverell)

YES NO

FULL NAME _____ DATE OF BIRTH _____

ADDRESS: _____ POSTCODE _____

DO YOU HAVE ANY COMMUNICATION OR INFORMATION NEEDS RELATING TO A DISABILITY, IMPAIRMENT OR SENSORY LOSS, IF SO, PLEASE GIVE A BRIEF DESCRIPTION OF WHAT THEY ARE?

CONTACT NUMBERS:

HOME: _____ MOBILE: _____ WORK: _____

SMS messaging is only for patients over the age of 16yrs

I would like to receive SMS text messages YES NO

Please indicate which number you would prefer to be contacted on

E MAIL ADDRESS _____

Please note by giving your e-mail address you are consenting to receive confidential information (such as reset passwords) to this address

MARITAL STATUS:

SINGLE MARRIED WIDOWED

DIVORCED SEPARATED L/T RELATIONSHIP

EMERGENCY CONTACT

Name _____ Relationship _____ Contact number _____

CHILDREN:- NAMES & DATES OF BIRTH

OCCUPATION (if retired please give previous)

EX SERVICE PERSONNEL

ARE YOU A MILITARY VETERAN YES NO

ARE YOU A MEMBER OF A VETERAN'S IMMEDIATE FAMILY YES NO

ETHNICITY:

WHITE BRITISH IRISH OTHER WHITE

WTE/BLK CARIB WTE/BLK AFRICAN WHITE/ASIAN

OTHER MIXED INDIAN PAKISTANI

BANGLADESHI OTHER ASIAN BLACK BRITISH

BLK CARIBBEAN BLACK AFRICAN OTHER BLACK

OTHER ETHNIC CHINESE PREFER NOT TO SAY

MAIN SPOKEN LANGUAGE

IF YOUR MAIN SPOKEN LANGUAGE IS NOT ENGLISH, DO YOU SPEAK ENGLISH YES/NO

SUPPORT NEEDS

Have you any special communication needs? YES NO
If yes please state requirement:- _____

Do you receive support from any other professional agency (e.g. mental health teams, domestic abuse services, social services, probation services) YES NO

Do you or your child have a social worker, or have you or your child had support from a social worker within the last 12 months? YES NO

CARERS

ARE YOU AN UNPAID CARER? YES NO
A carer is anyone, of any age who looks after a family member, partner or friend who needs help because of because of their illness or disability and cannot cope without their support

Name of person you care for _____

What is your relationship to that person _____

DO YOU HAVE A CARER? YES NO

Name of your carer _____

Telephone number of your carer _____

YOUNG CARERS

A young carer is someone under the age of 18 who helps to care for a family member, relative or friend.

Are you or is your child a young carer? YES NO

ALLERGIES

DRUG ALLERGY

OTHER ALLERGY(pets pollen etc.)

YOUR MEDICAL HISTORY (Please include dates if possible)

OPERATIONS		TB/HEPATITIS/SERIOUS INFECTION	
		EPILEPSY	
STROKE		MENTAL HEALTH PROBLEMS	
HEART DISEASE		ARTHRITIS	
DIABETES		BACK PAIN	
HIGH BLOOD PRESSURE		KIDNEY DISEASE	
ASTHMA		COPD (bronchitis/emphysema)	
CANCER		OTHER	

FAMILY HISTORY OF PARENT, BROTHER OR SISTER

	Family Member	Age Diagnosed (if known)	If deceased age at death
DIABETES			
HEART DISEASE			
HIGH BLOOD PRESSURE			
STROKE			
EPILEPSY			
CANCER (specify)			
GLAUCOMA			
ASTHMA			
OTHER			

ANY OTHER INFORMATION YOU FEEL WOULD ASSIST YOUR DOCTOR

MEDICATIONS - Please

If you take regular medication please ask for an appointment to see your new Doctor before your prescription is due

LIFESTYLE

DO YOU SMOKE YES NO EX-SMOKER

IF CURRENT SMOKER HOW MANY A DAY DO YOU SMOKE

EX SMOKERS -
 HOW LONG DID YOU SMOKE
 HOW MANY A DAY DID YOU SMOKE
 DATE YOU STOPPED SMOKING

HELP TO STOP SMOKING

StopForLife is a free service for people who live in Devon.

0800 122 3866

<https://stopforlifedevon.org>

stopforlife.devon@nhs.net

Would you like us to refer you to StopForLife? YES NO

ALCOHOL - please complete attached questionnaire

HEIGHT WEIGHT

FEMALES ONLY

HAVE YOU EVER HAD A CERVICAL SMEAR YES NO

IF YES PLEASE ADVISE LAST TEST AND RESULT _____

WHAT FORM OF CONTRACEPTIVE DO YOU USE

NONE ORAL COIL CONDOM

INJECTION IMPLANT OTHER

NHS HEALTH CHECK FOR PATIENTS AGED 40-75yrs

For more information visit <https://www.nhs.uk/conditions/nhs-health-check/>

Would you like an NHS Health Check YES NO

ALL PATIENTS

If you would like to make an appointment to see your new GP then please ring reception or go online to do this. You can also contact the surgery by using an econsult which can be found on our website <https://collegesurgery.org.uk/>

SIGNED _____

DATE _____



Northern, Eastern and Western Devon
Clinical Commissioning Group

Your Name:

Date of Birth:

NHS Number (if known):

College Surgery offers its patients the choice of having a Summary Care Record.

The new NHS Summary Care Record has been introduced to help deliver better and safer care and give you more choice about who you share your healthcare information with.

What is the NHS Summary Care Record?

The Summary Care Record contains basic information about:

- any allergies you may have,
- unexpected reactions to medications, and
- any prescriptions you have recently received.

The intention is to help clinicians in A & E Departments and 'Out of Hours' health 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 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).

Children under the age of 16

Patients under 16 years will not receive this form, but will have a Summary Care Record created for them unless their GP surgery is advised otherwise. **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. Ask the surgery for additional forms if you want to opt them out.**

- Please complete and return this form to the receptionist
-

Please tick the box and sign below:

I do want a Summary Care Record (Medication, allergies & adverse reaction s only)

I do want a Summary Care Record (Medication, allergies & adverse reaction s & additional information)

I do **not** want a Summary Care Record

Signed: _____ Date: _____

For more information visit www.nhscarerecords.nhs.uk



COLLEGE SURGERY PARTNERSHIP (Incorporating Sampford Peverell Surgery)

CULLOMPTON

Register your Type 1 Opt-out preference

Dear Patient

The data held in your GP medical records is shared with other healthcare professionals for the purposes of your individual care. It is also shared with other organisations to support health and care planning and research.

If you do not want your data to be shared outside of your GP practice for purposes except your own care you can register an opt-out preference. This is known as a **Type 1 opt-out**.

Type 1 opt-outs may be discontinued in the future; they may be turned into a National data Opt-out. More information about the National Data opt-out can be found at <https://www.nhs.uk/yourdatamatters>

Please complete the form below to register your preference for yourself or a dependent (if you are the parent or legal guardian of the patient). The decision will not affect your individual care and you can change your choice at any time. Once completed please return this form to the surgery.

Details of patient

Surname	Title
Forename(s)	
Address	
Phone number	Mobile number
NHS Number (if known)	

Details of parent of legal guardian

If you are completing this form on behalf of a dependant e.g. a child the practice will first have to check that you have the authority to do so. Please complete the details below

Name
Address
Relationship to the patient

Your Decision

Opt-Out

I do not allow my identifiable data to be shared outside of the GP practices for purposes except for my own care.

OR

I do not allow the patient above's identifiable data to be shared outside of the GP practices for purposes except for their own care.

Withdraw Opt-Out

I do allow my identifiable data to be shared outside of the GP practices for purposes beyond my own care.

OR

I do allow the patient above's identifiable data to be shared outside of the GP practices for purposes beyond my own their care.

I confirm that :

- The information in this form is correct
- I am the patient
- I am the parent or legal guardian of the dependant person I am making the choice for

SIGNED: _____ DATE: _____

For Practice use only

Date Received
Date applied
Tick code applied
Opt -out – Dissent code: XaZ89 (827241000000103) Dissent from secondary use of GP patient identifiable data. <input type="checkbox"/>
Opt- in – Dissent withdrawal code: XaZ8A (827261000000102) Dissent withdrawn for secondary use of GP patient identifiable data <input type="checkbox"/>



Building better participation

Would you like to hear about developments in the practice and have a say about the services we provide?

We would love to hear your views and you can give these to us in a couple of ways:

- You can join our Patient Participation Group who meet four times a year
- You can join our virtual Patient Participation Group where we email you every now and then to keep you informed or ask you a question or two

If you are interested, please complete your details below and hand this form into one of our friendly receptionists, or email us at CSP.PPG@Gmail.com

Name:

Email address:

Home address and postcode:

To understand how Gmail protect your information, please go to: <https://policies.google.com/privacy?hl=en-US>

To understand how the Practice use your information, please go to:
http://www.collegesurgery.org.uk/overarching_privacy_notice_t65507.html?a=0

The email address given is for administration purposes only, please do not email about any health or clinical need as your email will not be answered



College Surgery Partnership ELECTRONIC SHARING OF MEDICAL INFORMATION

Today, electronic records are kept in all the places where you receive healthcare. These places can usually only share information from your records by letter, email, fax or phone. At times, this can slow down your treatment and mean information is hard to access.

College Surgery Partnership, however, uses a unique computer system, SystemOne, that allows the sharing of full electronic records across different healthcare services.

We are telling you about this so you can consider your choices.

- You can choose to share your electronic record with other care services
- You can choose NOT to share your electronic record with other care services

How is my decision recorded?

SystemOne has two settings to allow you to control how your medical information is shared:

- Sharing OUT

This controls whether your information entered at College Surgery Partnership can be shared with other NHS services.

- Sharing IN

This controls whether information that has been made shareable at other NHS care services can be viewed by College Surgery Partnership.

How does this work?

Imagine you're receiving care from 3 different NHS services: your GP, a District Nurse and a smoking clinic. You want your GP and nurse to share information with each other and you want both of them to know your progress at the smoking clinic. However you don't want the smoking clinic to see any of your other medical information.

Your sharing settings would be:

The GP can share information IN and OUT. The District Nurse can share IN and OUT. The smoking clinic can only share information OUT but **not** IN.



If you are a new or returning patient with College Surgery Partnership, you will be asked to state your electronic record sharing preferences as part of our registration process.

For existing patients with College Surgery Partnership your electronic record will already have our system default settings which are:

- **Share information in from other NHS service providers (sharing IN enabled).**
- **Do not share information with other NHS service providers (sharing OUT disabled).**

If you wish to review or change your electronic record sharing options, please write to us or complete and return the following tear off slip. If patient is under 16 years, parent to sign on their behalf.

=====?

Please amend my electronic record sharing preferences as specified below:

Share information in from other NHS service providers (Sharing IN)	Enabled	Disabled
<i>Please tick box required</i>	<input type="checkbox"/>	<input type="checkbox"/>
Share information with other NHS service providers (Sharing OUT)	Enabled	Disabled
<i>Please tick box required</i>	<input type="checkbox"/>	<input type="checkbox"/>

Patients Name:..... DOB.....DATE.....

Signature of Patient..... Signature on behalf of Patient

NAME

DATE OF BIRTH



Alcohol Users Disorders Identification Test (AUDIT)

Questions	Scoring system					Your score
	0	1	2	3	4	
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 if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk, 16 – 19 higher risk, 20+ possible dependence

16 – 19 Higher risk, 20+ Possible dependence



Agreement for a nominated person to have access to a patient’s medical records

Doctors and staff at College Surgery Partnership often have husbands, wives, partners, Carers etc asking for confidential information which they cannot disclose without formal consent from the patient.

It can often appear that the staff member is being obstructive and unhelpful when they are in fact simply complying with NHS and Government 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.

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

Patient Full Name Date of Birth//

Address

.....

I, the above-named person give my formal consent for Doctors and Staff of College Surgery Partnership to communicate test results and discuss repeat prescriptions and all other medical information from my confidential NHS Health records with the following person.

Name:

Address:

.....Tel No:

Relationship to patient

Patient Declaration

* Please specify a date you wish this 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.

Effective from (date) / / Until (date)* / /

Signed: