

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*

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

- Any of my organs and tissue or
 Kidneys Heart Liver Corneas Lungs Pancreas

Signature confirming my consent to join the NHS Organ Donor Register Date ____/____/____

Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit www.organdonation.nhs.uk or call 0300 123 23 23 to register your decision.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature confirming my consent to join the NHS Blood Donor Register Date ____/____/____

My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode: _____

All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

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

Authorised Signature

Name

Date ____/____/____

Practice Stamp

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

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 details from your EHIC or PRC below:
 <p><i>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.</i></p>	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

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 The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.



New Patient Registration

Welcome to Westcourt Medical Centre.

Please complete pages **3 to 12** thoroughly and return to reception.

Pages 13 to 15 are for your information and guidance when completing pages 3 to 12; they do not need to be returned.

The following items will be required for you to register at the practice:

- NHS number
- Proof of current UK address (e.g. **one** of the following):
 - recent utility bill (less than 3 months old);
 - bank statement (less than 3 months old);
 - council tax bill, payment book or exemption certificate (less than 12 months old);
 - council/housing association tenancy agreement (private tenancy agreements are not acceptable);
 - council rent book/card (showing a payment in the last 12 months).
- Photographic ID (photocard driving licence or in-date passport).

We look forward to receiving your completed “New Patient” forms.

~~~~~

**FOR OFFICE USE ONLY**

Please **DO NOT** copy/attach ID to this form ensure ID seen when receiving registration forms from patient and complete box below.

|                                                                    |                                                          |
|--------------------------------------------------------------------|----------------------------------------------------------|
| Valid ID verification seen<br>State type (i.e. bank statement etc) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Photo ID verification seen<br>State type (i.e. passport etc)       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Photo taken at reception                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Catchment Area Checked                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name _____<br><small>Please print name</small>                     | Date _____                                               |
| Date given to Admin _____                                          |                                                          |
| <b>PLEASE ENSURE PATIENT HAS SIGNED AND DATED PAGE 12</b>          |                                                          |



**WESTCOURT**  
MEDICAL CENTRE



**Left blank on purpose**



***Please complete all pages in full using block capitals***

**ACCEPTABLE BEHAVIOUR CONTRACT**

We are committed to promoting access to our services and offering choice wherever possible in the services we provide and the way we deliver them. An acceptable behaviour contract is an individual written agreement between a patient and their GP practice.

The contract is between:

|               |  |
|---------------|--|
| PRINT NAME    |  |
| DATE OF BIRTH |  |

and Westcourt Medical Centre, and is valid from the date shown in the signature table below.

Westcourt Medical Centre will ensure you are dealt with quickly, fairly and in a courteous and helpful manner.

Westcourt Medical Centre will ensure that staff take responsibility for resolving or dealing with your query or that they refer it to an appropriate colleague.

**The Conditions:**

The above-named person applying for registration at the practice agrees to the following:

1. To refrain from using abusive or offensive language, making threats of violence or aggressive behaviour and to treat all staff fairly and with respect; in person, on the phone, in writing or on social media.
2. To cancel any appointments they are unable to attend with as much notice as possible.
3. To Westcourt Medical Centre's DNA (Did Not Attend) policy - if they miss three appointments without notifying the surgery, they may be removed from the practice list and will have to register with a different practice.
4. To adhere to Westcourt Medical Centre's repeat prescription policy and agree to allow 3 working days before collecting repeat prescriptions.

**Breach of this Contract:**

If the above-named person fails to adhere to the above conditions, they may be removed from the practice list. This contract serves as an initial warning in the event of breaches occurring.

**Declaration:**

I confirm that I understand the meaning of this contract and that the consequences of breaking the conditions of the contract.

|           |  |
|-----------|--|
| Signature |  |
| Date      |  |



**CONTACTING YOU**

We may need to contact you to confirm appointments, test results and any health campaigns. It is your responsibility to keep the Practice updated with any changes to your contact information.

**TEXT MESSAGING AND MJOG MESSENGER APP**

We are able to contact you via text message, or MJog Messenger app for your smartphones, with appointment confirmations, reminders and relevant health campaigns.

Would you be willing to receive this information via text message or a phone app?

YES  NO

.....  
**EMAIL COMMUNICATION**

We are considering, for the future, emailing specific patient groups the results of assorted tests. You will be advised if this available to you.

Would you be willing to receive this information via email when the service becomes available?

YES  NO

.....  
**YOUR ETHNICITY**

- |                                        |                                          |                                      |                                  |
|----------------------------------------|------------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> White (UK)    | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Arabic  |
| <input type="checkbox"/> White (Irish) | <input type="checkbox"/> Black African   | <input type="checkbox"/> Indian      | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> White (Other) | <input type="checkbox"/> Black (Other)   | <input type="checkbox"/> Pakistani   | <input type="checkbox"/> Other   |

.....  
**CARER & RELATIONSHIP DETAILS**

Are you cared for? If yes, who by:

Name and Relationship.....

Address .....

Telephone .....

Are you carer? If yes, who for:

Name and Relationship.....

Address .....

Telephone .....

.....



**YOUR LANGUAGE**

What is your main spoken language? .....

Do you need an interpreter:  Yes  No

Do you have any specific communication difficulties? E.g. Language issues, problems with vision or hearing.  Yes  No

If yes please give details .....

.....

**MEDICAL HISTORY**

Please list any medical conditions, operations or hospital admission details below:

**FAMILY HISTORY**

Please record any significant family history or close relatives with significant medical problems below:

**ALLERGIES**

Please record any allergies or sensitivities below:



**SMOKING**

Do you smoke?

- Yes       No

How many cigarettes/cigars do you smoke a day?

- Less than 1    1-9    10-19    20-39    40+

If you smoke a pipe, how many ounces a week?

- \_\_\_\_\_oz

Would you like help to quit smoking?

- Yes       No      for further information, please contact the practice for the st

**ALCOHOL**

How often do you have a drink containing alcohol?

- Never    Monthly or less    2-4 times a month  
 2-3 times a week       4 times or more a week

How many **units** of alcohol do you drink on a typical day 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

**One unit is:**



Half a pint of regular beer, lager or cider



A small glass of wine



A single measure of spirits



A small glass of sherry



A single measure of aperitifs

**Each of these is more than one unit:**



A pint of 3.5% beer, lager or cider



A pint of 5% beer, lager or cider



A 330ml bottle or can of 4.5% alcopop or lager



A 500ml can of 4% lager or strong beer



A 500ml can of 8% lager



A medium (175ml) glass of 11% wine



A bottle of 12% wine

**LIFESTYLE QUESTIONS**

Blood Pressure \_\_\_\_\_

(Please use the Blood pressure machine the reception area at the surgery)

Height \_\_\_\_\_

Weight \_\_\_\_\_





**NHS Electronic Prescription Service - Patient Nomination Request**

|                                                                                        |                                                                              |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>Name:</b>                                                                           |                                                                              |
| <b>Address:</b>                                                                        |                                                                              |
| <b>Postcode:</b>                                                                       |                                                                              |
| <b>Telephone:</b>                                                                      | <b>Mobile:</b>                                                               |
| <b>Date of Birth:</b>                                                                  | <b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> |
| <b>Email:</b>                                                                          |                                                                              |
| <b>NHS Number:</b>                                                                     |                                                                              |
| <small>This can be found at the top right of your prescription</small>                 |                                                                              |
| <b>Please provide your name and address if you are a representative of the patient</b> |                                                                              |
| <b>Full Name:</b>                                                                      |                                                                              |
| <b>Address:</b>                                                                        |                                                                              |
| <b>Postcode:</b>                                                                       |                                                                              |
| <b>Telephone:</b>                                                                      |                                                                              |

|                                                 |
|-------------------------------------------------|
| <b>Name and Address of Nominated Dispenser:</b> |
| <b>Postcode:</b>                                |

Nomination has been explained to me by staff at my GP practice / community pharmacy / appliance contractor. I have retained the leaflet providing an overview of EPS and 'nomination' and I understand what I have to do.

- I understand that EPS is an NHS-funded service and the Repeat Prescription Collection Service is a separate service run by the pharmacy.
- I confirm that I have made my nomination of my own free will and have not been influenced or given a gift to select a particular nomination.

|                                           |                                                               |                                                            |
|-------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> I am the patient | <input type="checkbox"/> I am the patient's parent / guardian | <input type="checkbox"/> I am the patient's representative |
|-------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------|

|                                            |
|--------------------------------------------|
| <b>Signed:</b>                             |
| <b>Print Name:</b>                         |
| <b>Date:</b>                               |
| <b>Date Actioned &amp; Staff Initials:</b> |



## SHARING YOUR HEALTH RECORD

Do you consent to your GP Practice sharing your health record with other organisations who care for you?

- Yes (recommended option)
- No, except in an emergency
- No, never (not recommended, please discuss this with your GP before ticking this option)

Do you consent to your GP Practice viewing your health record from other organisations that care for you?

- Yes (recommended option)
- No

Do you consent to having an Enhanced Summary Care Record with Additional Information?

- Yes (recommended option)
- No

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## ONLINE ACCESS TO YOUR HEALTH RECORD

I wish to have access to the following online services (tick all that apply):

- Booking appointments
- Requesting repeat prescriptions
- Access to coded record
- Completing questionnaires
- Summary care record

I wish to access my record online and understand and agree with each statement (**please tick all**):

- Request to access my medical record
- I have read and understood the 'Important Information' on attached sheet
- I will be responsible for the security of the information that I see or download
- If I choose to share my information with anyone else, this is at my own risk
- I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
- If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible.



## CONSENT FOR ONLINE ACCESS TO MEDICAL RECORDS

You can now view your GP medical record online.

If you would like to have secure online access to your records, we need to make sure that you understand what this involves and that you are happy for us to use the information about you (provided below) to set up operate the service.

The following form will take you through the things you need to think about. By signing the consent form you will be giving us your permission to go ahead with setting up the service for you. If you decide not to join, or wish to withdraw, it will not affect your treatment in any way.

### Declaration (please delete response as appropriate):

|                                                                                                                                                                                                                                                                                           |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. I agree to my GP practice giving me access to my record online.                                                                                                                                                                                                                        | Yes / No |
| 2. I have read and understood the information about access to GP medical records.                                                                                                                                                                                                         | Yes / No |
| 3. I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not access may be withdrawn                                                                                                                                      | Yes / No |
| 4. If I see information which does not relate to me, I will immediately log out and report the matter to the practice as soon as possible.                                                                                                                                                | Yes / No |
| 5. I agree that it is my responsibility to keep my username and password secure. If I think these have been shared inappropriately I will reset them using the instructions supplied. I am also responsible for keeping safe any information I may print from the record.                 | Yes / No |
| 6. I agree that my contact details may be used to contact me about how useful I find the service and whether it could be improved.                                                                                                                                                        | Yes / No |
| 7. I understand that online access is granted at the discretion of the practice, taking into account my best interests. I will be informed of any decision to withdraw the service. <i>Please note, this does not affect your rights of Subject Access under the Data Protection Act.</i> | Yes / No |

### Other considerations

**The practice makes every effort to record information as accurately as possible, however there may be information that you do not feel is correct.**

|                                                                                                                                                                                                                                                                                                                                                            |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. If I notice any inaccuracies with my record, I will inform a senior member of staff as soon as possible of any errors or omissions.                                                                                                                                                                                                                     | Yes / No |
| 2. I understand that I may see information on my record that I was unaware of / have forgotten about that could cause distress.                                                                                                                                                                                                                            | Yes / No |
| 3. I understand that as before, I will be informed directly, by the practice, of any test results which require further action. However I understand that I may, in the future, see these results online before the practice has been able to contact me. This could be while the surgery is closed and there is no one available to discuss them with me. | Yes / No |

**Please remember to keep all your account details secure. If you think your account details may have been shared you should reset them straight away, If you have any queries or concerns about the service or wish to withdraw from the service please ask to speak with the Reception Team Lead.**



**DECLARATION**

I consent to the surgery contacting me by electronic communication for the purposes of health advice, appointment confirmation and reminders as indicated by my preferences on this document.

I understand that some services are in addition to normal practices and therefore may not take place on all occasions.

I acknowledge that the responsibility of attending appointments, or cancelling them, still rests with me.

Emails and text messages are generated using a secure facility however I understand:

- That texts are transmitted over a public network onto a personal telephone and as such may not be secure, however the practice will not transmit any information which would enable an individual patient to be identified;

And

- That there may be confidential information included in test results received via email, and I am happy for this to be sent to the email address provided.

I agree to advise the surgery if my email address and/or mobile number changes, or if they are no longer in use.

I understand that I can amend/cancel these agreements at any time by contacting Westcourt Medical Centre.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_



**WESTCOURT**  
MEDICAL CENTRE



## Your emergency care summary

Dear Patient

### Summary Care Record – your emergency care summary

The NHS in England is using an electronic record called the Summary Care Record to support patient care. All the settings where you receive healthcare keep their own medical records about you.

These places can often only share information from your records by letter, fax or phone. At times, this can delay information sharing and this can affect decision making and slow down treatment.

#### About Your Summary Care Record

Your Summary Care Record contains important information about any medicines you are taking, any allergies you suffer from and any bad reactions to medicines that you have previously experienced.

Allowing authorized healthcare professionals to have access to this information will improve decision making by doctors and other healthcare professionals and has prevented mistakes being made when patients are being cared for in different care settings.

Your Summary Care Record also includes your name, address, date of birth and your unique NHS number to help identify you correctly.

You may want to add other details about your care to your Summary Care Record. This will only happen if both you and your GP agree to do this. You should discuss your wishes with your GP practice.

Healthcare staff will have access to this information, so that they can provide safer care, whenever or wherever you need it, anywhere in England.

#### What Are My Choices?

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

- **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.
- **No I do not want a Summary Care Record** – overleaf is an opt-out form. Please complete the form and hand it to a member of the GP practice staff.

If you need more time to make your choice you should let your GP Practice know.

For more information talk to the Health and Social Care Information Centre on 0300 303 5678.

**You can choose not to have a Summary Care Record and you can change your mind at any time by informing your GP practice.**

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

## PATIENT ONLINE ACCESS

### **What You Need To Know About Your GP Online Records**

Wouldn't it be great if you could look at your GP records online? Well, you can!

You can also book and cancel appointments and order repeat prescriptions online using Westcourt Medical Centre's **SystemOnline**. You can already see some information in your GP online records, including your medications and allergies. During the next year, you will be able to see even more. This will include illnesses, immunisations and test results. Each GP surgery will make this information available at different times, as their computer systems become ready.

Just like online banking, you can look at your GP records on a computer, a tablet or a smartphone, using a website or an app. If you would like to start using online services, see the **Online Services** page on our website at [www.westcourt.surgery](http://www.westcourt.surgery), under the tab entitled **Appointments**. Further information is also available online at [www.nhs.uk/patientonline](http://www.nhs.uk/patientonline).

#### **What's in it for you?**

You can look at your records whenever you choose to, without needing to print them. Online records are up to date and more secure than a printed paper record which could get lost or seen by others.

People who have long term conditions, for example diabetes, hypertension or coronary heart disease, have found that looking at their test results online helps them make positive changes to improve their health. They can see if their condition is improving or getting worse by looking at past test results. Adam, a patient at University Health Centre said "Record access is useful for those, like me, who need to have more regular contact with their GP".

You can look at your medical records, before your appointment to see if there is anything you need to discuss with your GP or nurse. This could be your test results, illnesses you have had in the past or any new information added to your records. This would help you discuss any concerns you may have and help you benefit more from your appointment.

Sometimes when you see your GP, you are given a lot of information which you may not be able to remember it later. You may also want further information once you have had time to think about what was said. You can look at your online records after your appointment to make sure you understood what your GP or nurse said.

One of the most useful things patients have found is that you can make sure your medical information is accurate. For example, you will be able to let your GP know if you have an allergy to a medicine and it is not recorded.

Before you go on holiday, you can check if your vaccinations are up to date without having to go to your surgery.

#### **Understanding your records**

Your records are written to help medical people look after you and so in some cases, you may not understand everything you see. If you find anything difficult to understand, as well as talking to your GP or nurse, you can go to the NHS Choices website at [www.nhs.uk](http://www.nhs.uk). NHS Choices is the



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NHS website for patients so you can look for information on illnesses, improving health and to find NHS services in your local area.

Other websites frequently used to search for information on illnesses and test results are [www.patient.info](http://www.patient.info) and [www.labtestsonline.org.uk](http://www.labtestsonline.org.uk). Although these are not owned or checked by the NHS, other patients have found them useful.

### **A few things to think about**

There are a few things you need to think about before registering for online records. On very rare occasions your GP may not think it in your best interest for you to look at your GP records online. If this happens, your GP will discuss their reasons with you. It is up to your GP to decide if you should be allowed access to your online records.

You may see your test results before your GP has spoken to you about them. This may be when you cannot contact the surgery, or when the surgery is closed. This means you will need to wait until an appointment is available to talk to your GP.

Information in your medical records might need correcting. If you find something you think is not correct, you should contact the surgery. Our staff will be able to note your concerns and set things right when needed. Please bear in mind that you cannot change the record yourself.

There may be information in your medical records that you did not know was there or that you had forgotten about, such as an illness or an upsetting incident. If you see anything you did not know about that worries you, please speak to the surgery and your GP will discuss this with you.

If you see someone else's information in your record, please log out immediately and let the surgery know as soon as possible.

**If you have questions about any of the above points, please talk to your surgery and they will be able to advise you further.**