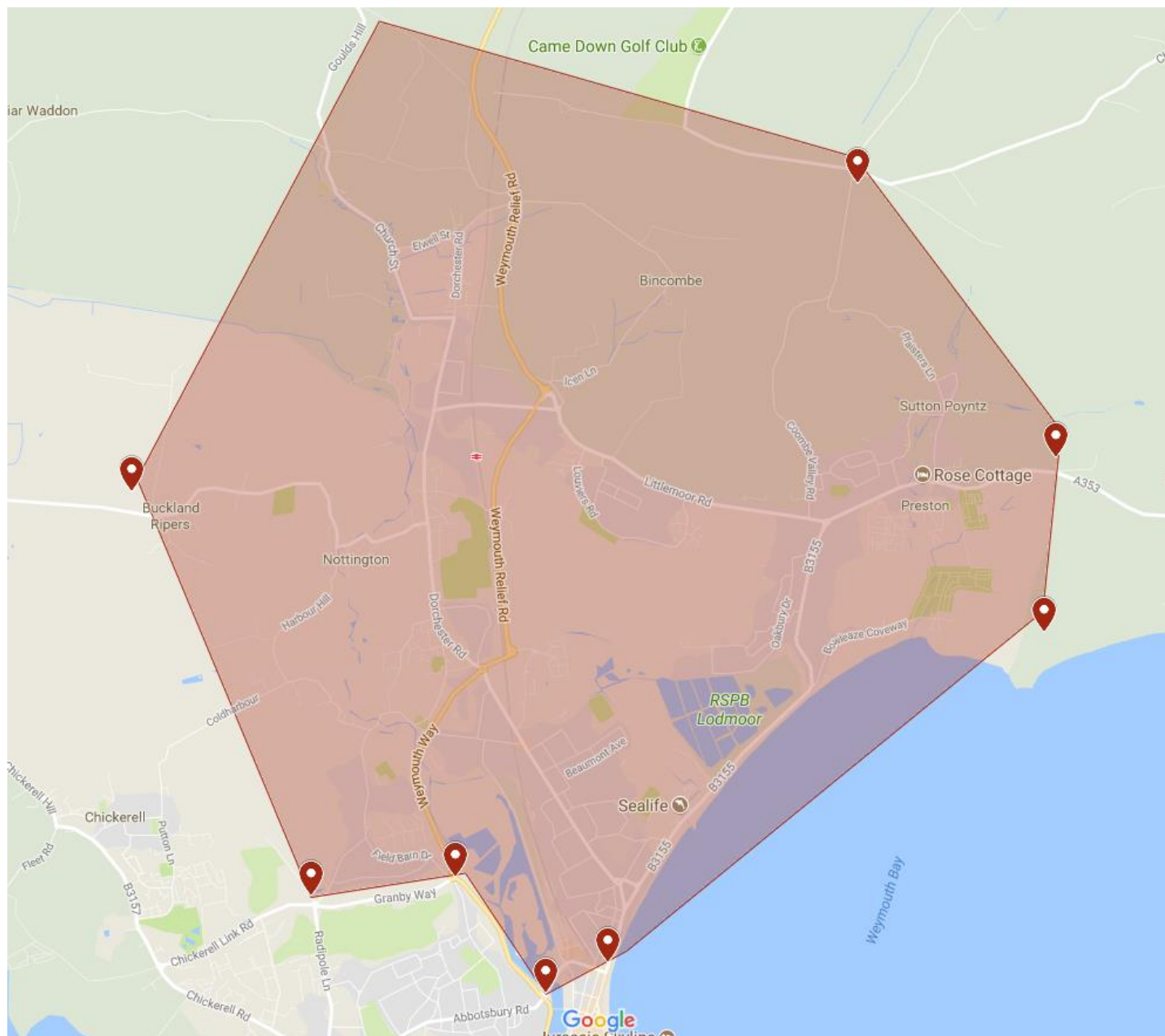


# THE DORCHESTER ROAD SURGERY



## NEW REGISTRATION PACK

In order to register at the Dorchester Road Surgery you will need to be living within our geographical area as shown on the boundary map below.



Please complete the following this registration pack in order to register at The Dorchester Road Surgery. Please note each patient will need to bring the completed forms along to the surgery personally with TWO forms of identification, one being a photographic identification and the other with details of your home address in the form of either of the following:

- Passport
- Driving Licence
- Birth Certificate
- Utility Bill

We are open every week day from 8.15 am – 6.00 pm.

Please note it can take up to 3-4 days for you to be added to our Practice register.

You do not need to contact your current surgery to register at The Dorchester Road Surgery.

**Patient's details**

 Please complete in BLOCK CAPITALS and tick  as appropriate

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Surname
Date of birth				First names
NHS No.				Previous surnames
<input type="checkbox"/> Male <input type="checkbox"/> 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 doctor while at that address


**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

**If you are returning from the Armed Forces**

Address before enlisting


Service or Personnel number

Enlistment date

**If you are registering a child under 5**
 I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

**If you need your doctor to dispense medicines and appliances\***

\*Not all doctors are authorised to dispense medicines

 I live more than 1 mile 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**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     Any part of my body

Signature confirming my agreement to organ/tissue donation    Date \_\_\_\_/\_\_\_\_/\_\_\_\_

 For more information, please ask at reception for an information leaflet or visit the website [www.uktransplant.org.uk](http://www.uktransplant.org.uk), or call 0300 123 23 23.

**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 consent to inclusion on the NHS Blood Donor Register    Date \_\_\_\_/\_\_\_\_/\_\_\_\_

 For more information, please ask for the leaflet on joining the NHS Blood Donor Register  
 My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode: \_\_\_\_\_

**HA use only**    Patient registered for     GMS     CHS     Dispensing     Rural Practice

To be completed by the doctor

Doctors Name \_\_\_\_\_ HA Code \_\_\_\_\_

- I have accepted this patient for general medical services  For the provision of contraceptive services  
 I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above \_\_\_\_\_ HA Code \_\_\_\_\_

- I am on the HA CHS list and will provide Child Health Surveillance to this patient or  
 I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above \_\_\_\_\_ HA Code \_\_\_\_\_

- I will dispense medicines/appliances to this patient subject to Health Authority's Approval  
 I am claiming rural practice payment for this patient.  
 Distance in miles between my patient's home address and my main surgery is \_\_\_\_\_

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Practice Stamp

Authorised Signature

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUPPLEMENTARY QUESTIONS**

**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 EHC, 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 EHC 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:	<input type="text"/>
3: Name	<input type="text"/>
4: Given Names	<input type="text"/>
5: Date of Birth	DD MM YYYY
6: Personal Identification Number	<input type="text"/>
7: Identification number of the institution	<input type="text"/>
8: Identification number of the card	<input type="text"/>
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 The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

# THE DORCHESTER ROAD SURGERY

## NEW PATIENT HEALTH QUESTIONNAIRE AND PERSONAL DETAILS

Welcome to The Dorchester Road Surgery. As we may not receive your medical notes for several weeks, please help us by completing and returning this form with your Registration form.

**If you need larger size print – please ask the Receptionist**

Please complete in **BLOCK CAPITALS** AND WRITE CLEARLY:

### **Personal Details:**

FULL NAME & TITLE:	DATE OF BIRTH:
ADDRESS:	MOBILE TEL NO:
	WORK TEL NO:
Postcode:	HOME LANDLINE TEL NO:
E-Mail Address:	

### **Smoking Status:**

Please tick **one** box:     NEVER SMOKED     EX-SMOKER     SMOKER – Number per day: .....

If you smoke and would like help to stop smoking, LiveWell Dorset can give you information and support.  
You can self-refer by contacting either of these numbers FREEPHONE – 0800 840 1628 or 01305 233105

### **Language and Ethnicity:**

<b>Language</b>	
What is your first spoken language: <input type="checkbox"/> English	
or <input type="checkbox"/> Other (Please state which language): .....	
<b>Ethnicity</b>	
To which ethnic group do you belong?	
<input type="checkbox"/> British or Mixed British	<input type="checkbox"/> Chinese
<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Other Ethnic group: please state: .....
<input type="checkbox"/> Other Asian background	<input type="checkbox"/> Ethnic group not given (prefer not to say)
<input type="checkbox"/> African	

### **Occupation and Exercise:**

YOUR OCCUPATION (or retired, unemployed, student):

### **Are You a CARER:**

A Carer is anybody who looks after (unpaid) a family member, partner, friend or relative **who needs your help and support because of their illness, frailty or disability.**

**Are you a Carer:**     Yes

Please provide details of the person you care for and their relationship to you.

Name of person you care for in full:	Date of Birth:
Is the person cared for registered at this surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship of the person cared for by you (ie, husband, daughter):	

### **Family History:**

Has a first degree relative (brother/sister/parent) had any of the following conditions before they were 60 years?

<input type="checkbox"/> Diabetes    Relationship:	<input type="checkbox"/> Stroke    Relationship:	
<input type="checkbox"/> Heart Disease    Relationship:	<input type="checkbox"/> Cancer    Relationship & type of cancer:	

Are there any other illnesses that run in the family?     Yes     No    If yes, what are they?

**Alcohol:**

If you are 16 or over, The Department of Health now requires surgeries to ask you the questions below regarding your alcohol intake. Please circle **one box from each of the columns** below:

	0	1	2	3	4	Your Score
How often to you have a drink that contains alcohol?	never	monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	never	less than monthly	monthly	weekly	daily or almost daily	
<b>TOTAL SCORE:</b>						
<p><i>A total of 5+ indicates hazardous or harmful drinking and you will be asked to complete a further questionnaire.</i></p> <p>LiveWell Dorset can give you information and support to help you reduce your alcohol intake. Please phone:            FREEPHONE – 0800 840 1628 or Local phone number 01305 233105</p>						

**Next of Kin Details:**

NAME OF NEXT OF KIN IN FULL:		Date of Birth of Next of Kin:
Relationship to you of your next of kin (ie, your wife/son):		
Address of Next of Kin (if different from you – please include postcode):		Is your next of kin registered at this practice: <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone No of Next of Kin (if different from yours):		

**Allergies:**

Do you have any significant allergies:  Yes  No

If yes, what is the name of the drug allergy or other allergy and what happened to you:

**Disability Impairment or Sensory Loss:**

Do you have any of the following:

Visual Impairment  Yes

Hearing Impairment  Yes

Learning difficulties  Yes

Surgery use only: Code as major problem / reminder / patient plan

**Current Health Problems:**

Do you have or have you suffered from: (please tick):

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Heart Disease (eg Heart Attack or Angina)                              | <input type="checkbox"/> Epilepsy    |
| <input type="checkbox"/> Chronic Bronchitis/Emphysema   | <input type="checkbox"/> Stroke      |
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Hypothyroid |
| <input type="checkbox"/> High Blood Pressure  | <input type="checkbox"/> Diabetes    |
| <input type="checkbox"/> Severe Mental Health Problems (eg Schizophrenia or Chronic Depression) |                                      |

Other Problems (including operations and hospital consultant reviews):

*If you tick any of these conditions or are currently on regular medication, we strongly recommend that you have a New Patient Health Check. Please book in at reception and bring with you a urine sample and a list of your medication. Thank you*

**Prescriptions – Chemist Destination (MUST BE COMPLETED FOR ALL PATIENTS):**

Please select a pharmacy of your choice. Prescriptions are sent electronically to the pharmacy. This applies even if you are not on regular medication. **This means you do not have to collect the signed prescription from the surgery.**

- Alliance Moss
- ASDA
- Boots (St Mary Street)
- Boots (Westham)
- Day Lewis Pharmacy, Chickerell
- Lloyds Pharmacy
- Morrisons Pharmacy
- Pharmacy2U
- Rowland Pharmacy
- Well Pharmacy, Abbotsbury Road
- Well Pharmacy, Buxton Road
- Well Pharmacy, Crescent Street
- Well Pharmacy, Southill
- Wessex Pharmacy

**Armed Forces**

- Are you an active member of the Armed Forces: Yes  No
- Are you a family member of an active member of the Armed Forces: Yes  No
- Are you a military veteran who has served in the Armed Forces: Yes  No

**It is your responsibility to inform us of any changes you may have to your name, address and contact telephone numbers, both landline and mobile in the future.**

YOUR FULL NAME & TITLE:	DATE OF BIRTH:
<p><b>Record Sharing and Consent</b></p> <p>Please see attached “Sharing your medical Information” leaflet. We will automatically share your medical information on the Summary Care Record and on Systemone unless you state otherwise in writing.</p> <p><b>Text Messages</b></p> <ul style="list-style-type: none"><li>• I give consent for the Surgery to send me Appointment Text Reminders and Appointment Confirmations. I understand it is my responsibility to inform the surgery if I change my mobile or landline telephone number(s).</li></ul> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Signed ..... Date: .....</p>	

***Thank you for completing this form***

For surgery recoding use only:	<input type="checkbox"/> Informing patient of named GP (Xab9D) <input type="checkbox"/> Patient allocated named accountable GP (XacWQ)
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## Dorchester Road Surgery

### Patient Information Leaflet

## SHARING YOUR MEDICAL INFORMATION Data Sharing

Telephone: 01305 766472

E-mail: [postmaster@gp-j81613.nhs.uk](mailto:postmaster@gp-j81613.nhs.uk)

Website: [www.dorchesterroadsurgery.co.uk](http://www.dorchesterroadsurgery.co.uk)

### Introduction

This leaflet explains why information is collected about you, the ways in which this information may be used and who will be using it to help care for you.

There are 2 basic reasons for sharing data

#### 1. Sharing Data For The Purpose of your Direct Care

##### **One way of sharing for your direct care is the Summary Care Record**

If you decide to have a SCR, it will in its basic form contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed. Your Summary Care Record will also include data to uniquely identify you correctly.

You can also ask your practice to include additional information such as current conditions on your SCR. It is very straight forward to add but we can only do this with your express permission.

For more information on SCR : Phone 0300 123 3020 or visit [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk)

##### **Another way of sharing for your care is SystmOne Data Sharing**

The practice uses a clinical computer system called SystmOne. The system is also used **nationally** by other GP practices, Child Health Services, Community Services, Hospitals, Out of Hours, Palliative Care services and many more. This means your information can be shared with other clinicians so that everyone caring for you is fully informed about your medical history.

You can control how your medical information is shared with other organizations that use these systems.

##### **As a default for both SCR and SystmOne, we will set your record as available to share.**

- 1. Sharing** – You can opt out of both SCR and/or SystmOne sharing at any time. We will then set your record to not share out to other services/clinicians.
- 2. If you decide to make your details available to share** - When you visit another service, using these systems, they will still ask your permission to view your data. You can always decline permission at the point of care. In this way you can decide which services you want to have the data and those you may not want to share with.

### Benefits of sharing information

Sharing information can help improve understanding, responses to different treatments and potential solutions. Information will also help to:

- Provide better information to out of hours and emergency services
- Prevent Prescribing of medication to which you may already have an allergy
- Remove the need for you to repeat all your medical information each time you visit a different service.

- Make more informed prescribing decisions about drugs and dosages, avoid unnecessary duplication in prescribing
- Increase clinician confidence when providing care
- Results of investigations, such as x-rays and laboratory tests
- Reduce referrals, ambulance journey admissions, tests, time wastage and visits to healthcare premises
- Find out basic details about you, such as address and next of kin

### **Do I have a choice?**

Yes. You have the right to prevent information about you from being shared or used for any purpose, except in special circumstances. This will prevent your confidential information being used other than where necessary by law.

### **Declining on behalf of others**

If you are a carer and have a **Lasting Power of Attorney for health and welfare** then you can decline on behalf of the patient who lacks capacity. If you do not hold a **Lasting Power of Attorney** then you can raise your specific concerns with the patient's GP.

If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

### **Do I need to do anything?**

Note your decisions on the enclosed form and return to Reception. You can change your mind at any time, just complete another form.



**Data Sharing For the Purpose of Your care**

Please complete the information below with your choices on sharing your data and hand to Reception

**FULL Name:** .....

**Date of Birth:** .....

**Address:** .....

**Postcode:** .....

---

**Summary Care Record** (please tick one):

I give express consent for medication, allergies, adverse reactions  
and additional information useful for my care.  Additional

**OR**

I do **not** want to have a Summary Care Record (opt out).

---

**SystemOne Sharing**

I do not agree to the sharing of my information for the purposes of my care

---

## **Data sharing for Research (Not for direct care)**

### **Data Share**

NHS England aims to link information from all the different places where you receive care, such as hospital, community service and us your GP Surgery. This will allow them to compare the care you received in one area against the care you received in another.

Information will be held in a secure environment called the Health and Social Care Information Centre (HSCIC). The role of the HSCIC is to ensure that high quality data is used appropriately to improve patient care. The HSCIC has legal powers to collect and analyse data from all providers of NHS care. They are committed, and legally bound, to the very highest standards of privacy and confidentiality to ensure that your confidential information is protected at all times.

This data can also be used, with permission from NHS England, for research purposes.

- You can object to information containing data that identifies you from leaving the Practice. This will prevent identifiable information held in your record from being sent to the HSCIC secure environment. It will also prevent those who have gained special legal approval from using your health information for research.
- You can also object to any information containing data that identifies you from leaving the HSCIC secure environment. This includes information from all places you receive NHS care, such as hospitals. If you object, confidential information will not leave the HSCIC and will not be used, except in very rare circumstances for example in the event of a public health emergency.

The law requires Doctors to provide some very limited information about certain things. The law says, for example, that Doctors must provide information to local authorities about some infectious diseases, e.g. if you had food poisoning. Very rarely, Doctors may be required to disclose information in order to detect a serious crime. Likewise, a court order can require Doctors to disclose certain information during a court case.

If you do not wish your confidential patient information to be used for research and planning purposes, you will need to record a national data opt-out. You can find out more information about the national data opt-out at [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters) or by contacting 0300 303 5678. **Unfortunately, the national data opt-out cannot be set by the GP surgery.**

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help communicating with us, for example because you use British Sign Language, please let us know at The Dorchester Road Surgery.



## 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. It's your choice.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. 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.

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.

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



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.

## 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**  
**(Applicable for 16 years and over)**

To register, you will need to present this completed form to the Receptionist with a form of photographic ID, such as a Passport or a Driving Licence. If you do not have photographic ID, you may be able to present an alternative method of ID to the Receptionist.

You will be able to access your FULL medical records, book appointments, order prescriptions and see your own test results from the date you are registered with the online services. You also have the option to see a limited amount of your medical records if you prefer. **Please tick the appropriate box below.**

Forename(s):	Surname:
Date of Birth:	NHS No (if known):
Mobile Tel No: Landline Tel No:	Address:
Email Address (please write very clearly):	

Your on-line details are generally sent to your email address but can also be posted or printed at reception.

I wish to have access to my FULL medical records

**OR** I wish to have limited access to my medical records

**ie detailed coded entries, summary record access**

(Please note you will still be able to book appointments, order prescriptions, coded entries and see test results if you choose this option).

I wish to access my medical record online and understand and agree with each statement (**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. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<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"/>
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible	<input type="checkbox"/>
7. I give consent to share my medication, allergies, adverse reactions and additional information onto the summary Care Records	<input type="checkbox"/>
8. I give my consent to be contacted by the surgery by text or email	<input type="checkbox"/>
9. I give my consent to be contacted by the surgery by text or email	<input type="checkbox"/>
10. When you look at your results online you will be able to see all your results including abnormal results. We will make every effort to communicate significant results to you, but sometimes it may be that you will see these results before the clinician has had time to communicate them to you. <b>Please be aware of this possibility and tick this box to confirm you understand this.</b>	<input type="checkbox"/>

**Patient Signature:**

**Date:**

**For Practice Use Only:**

Identification seen:	Passport ? Driving Licence ? Other (please state) ?
Identification vouched by:	Staff Member:
Account generated and sent to patient by:	Staff Member:                      Date:
Method of sending patient log-in details:	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Printed