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Family doctor services registration GMS1

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Patient's details	Please complete in BLOCK CAPITALS and tick 🗹 as appropriate
Mr Mrs Miss Ms	Surname
Pate of birth	First names
IHS lo.	Previous surname/s
Male Female	Town and country
ome address	of birth
ostcode	Telephone number
Please help us trace your prevous address in UK	vious medical records by providing the following information Name of previous GP practice while at that address
our previous address in ox	Address of previous GP practice
	Address of previous of practice
f you are from abroad Your first UK address where registered	d with a GP
	Date you first came
previously resident in UK.	
late of leaving Were you ever registered wit lease indicate if you have served in t JK or overseas: Regular Res	to live in UK th an Armed Forces GP
Nere you ever registered witelease indicate if you have served in the JK or overseas: Regular Researchers before enlisting: Service or Personnel number: Researchers are options.	to live in UK th an Armed Forces GP the UK Armed Forces and/or been registered with a Ministry of Defence GP in the servist Veteran Family Member (Spouse, Civil Partner, Service Child)
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To be completed by the GP Practice

Family doctor services registration

GMS1

ractice Name	Practice Code			
☐ I have accepted this patier	nt for general medical services on b	ehalf of the prac	tice	
] I will dispense medicines/ap	opliances to this patient subject to	NHS England app	oroval.	
declare to the best of my belief t	this information is correct	Prac	tice Stan	np
uthorised Signature				
lame	Date/_			
SLIDDI EMENTARY OLIESTIONS	- These questions and the patient	declaration are o	ontional	and your
answers will not affect your er	ntitlement to register or receive se	vices from your	GP.	
	ARATION for all patients who a	THE RESERVE OF THE PERSON NAMED IN		
However, if you are not 'ordinaril ordinarily resident broadly means of countries outside the European iome services, such as diagnostic	with a GP practice and receive free mo by resident' in the UK you may have to soliving lawfully in the UK on a proper n Economic Area must also have the so tests of suspected infectious diseases	pay for NHS treating settled basis for the satus of 'indefinite and any treatment	ment out the time leave to of those	side of the GP practice. Being being. In most cases, nationa remain' in the UK. diseases are free of charge to
	no are not ordinarily resident here are sidence, exemptions and paying for N our GP practice			
ou may be asked to provide pro ou may be charged for your trea	oof of entitlement in order to receive to atment. Even if you have to pay for a	service, you will a		
The information you give on this with NHS secondary care organis recovery. You may be contacted	treatment, regardless of advance pay form will be used to assist in identify ations (e.g. hospitals) and NHS Digita on behalf of the NHS to confirm any	ing your chargeat I, for the purposes	of valida	
Please tick one of the following a) I understand that I may n	boxes: eed to pay for NHS treatment outside			
example, an EHIC, or payment or provide documents to support the control of the c		e Surcharge"), wh	nen accon	npanied by a valid visa. I can
action may be taken against me.		dor 16		
	lete the form on behalf of a child un	Date:		DD MM YY
Signed:				DO WINT 1
Print name: On behalf of:		Relationship patient:	to	
UK but work in another EEA r NON-UK EUROPEAN HEALTH I DETAILS and S1 FORMS	ive in an EU country, or have move member state. Do not complete th INSURANCE CARD (EHIC), PROVISIO	s section if you l DNAL REPLACEM	nave an I ENT CER	EHIC issued by the UK.
Do you have a <u>non-UK</u> EHIC or		PRC belo	w:	
	Country Code: 3: Name			
	4: Given Names			
	5: Date of Birth	DD MM YYYY		Complete Section (1975) while
	6: Personal Identification Number		1-19	and discounting
If you are visiting from another E				
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country and do not hold a currer EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be for the cost of any treatment rec	of the institution billed eived 8: Identification number		200 10	
country and do not hold a currer EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be for the cost of any treatment recoutside of the GP practice, includated at a hospital.	of the institution 8: Identification number of the card 9: Expiry Date	DD MM YYYY		
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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.

Princes Risborough Surgery (Main Site)
Wades Field
Stratton Road
Princes Risborough
Bucks HP27 9AX
Tel: 01844 344281
Fax: 01844 274719

Fax: 01844 274719 Web: www.unity-health.co.uk **Clinical Partners**

Dr Thomas Broughton Dr Anna Furlonger Dr Stuart Logan Dr Michael Mulholland Dr Stephen Stamp Dr Mike Thomas Dr Martin Thornton Dr Anna Willcock

Managing Partner Lesley Munro-Faure



Welcome Letter for children

We would like to take the opportunity of welcoming you as a patient of Unity Health Practice.

The receptionist will have given you, together with this letter, the registration form which needs to be completed for each patient **under 16**.

It is important, when completing the purple registration form, that patient's full names are listed, including all middle names.

Each patient has a unique 10-figure NHS number which you will need to know in order to complete your registration forms. If you do not know your number, you should contact your previous GP surgery who will be able to give it to you.

With regards to children, only an identification document is required ie a birth certificate, to confirm relationship to registered patient.

Identity

Birth Certificate
Current Passport
Current EU member state ID card
UK photocard driving licence
Current Residence Permit
Benefit / Pensions book
Inland Revenue notification
Entry Clearance documents

Residency (not required for under 16s)

Housing Contract / Rent Book / Tenancy Agreement
Current Council Tax Notification
Bank/building society/mortgage statements
UK photocard driving licence
Official Inland Revenue document
Work Permit
Utility Bills
Insurance company correspondence
Current Residence Permit

Your registration forms should be completed and returned to the receptionist who will then register you as a permanent patient.

Should you need an immediate appointment, you will be asked to register 'temporarily' so that your immediate needs may be met. This will involve the completion of a Temporary Registration Form. You will then be registered permanently with the Practice, once all the forms and documentation have been received and verified. Should you need medication, it is helpful if you have your repeat slip from your previous practice.

We hope you will be happy with the treatment / service that you receive from our Practice. We at Unity Health Practice are always striving to improve our service for the benefit of both staff and patients alike.

Thank you

Collecting information about your ethnic group

The 16 ethnic groups used are standard categories for collecting ethnic group information based on the 2001 population census. The list of groups is designed to allow most people to identify themselves; the list is not intended to leave out any groups of people, but to keep the collection of ethnic information simple.

It is important to us that you are able to **describe your own ethnic group**. If you need to complete any of the boxes labeled 'any other group' then please give some details so that we can better understand your needs.

You do not have to complete the question, but providing this information is important. It will help us with diagnosis and assessment of your needs, and it will also help us to plan and improve our service.

The information you provide will be treated as part of your confidential NHS or care notes and will not be shared with any other person or organisation. The NHS and social services have strict standards regarding data protection and your information will be carefully safeguarded.

If you have any concerns or questions regarding this request or you want to make any comments or complaint about the collection of this information or the way in which you have been treated by staff requesting this information please contact the Practice Manager or your local Patient Advice and Liaison Service.

Ethnic Category	Please Tick One Choice
a) White	
British	
Irish	
Any other white background	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
b) Mixed	
White and Black Caribbean	
White and Black African	
White and Asian	
Any other mixed background	
c) Asian or Asian British	
Indian	
Pakistani	
Bangladeshi	
Any other Asian background	
d) Black or Black British	
Caribbean	
African	
Any other Black background	
e) Other ethnic Groups	
Chinese	transport of the control of the cont
Any other ethnic group	
Ethnic group refused	
Main spoken language	
Do you need an interpreter?	

PLEASE COMPLETE THIS FORM AND HAND TO RECEPTION

UNITY HEALTH PRA	CTICE NEW PATIENT QUESTION	NAIRE			
Name					
Height	Height Weight		Date of Birth		
Allergies Do you have any Allergies? Yes/No If yes, What are they?		(u-ship)			
Type of Allergy 1.			onset of Allergy		
Family History					
Do any of your family suffer from the following?			Yes/No if Yes, their age at onset and relationship to you?		
Stroke			Age at onset - Relationship -	maternal/paternal	
Heart Disease in a male relative with the onset before he was 55 years of age		e he	Age at onset - Relationship -	maternal/paternal	
Heart Disease in a female relative with the onset before she was 65 years of age		re	Age at onset - Relationship -	maternal/paternal	
Type 1 Diabetes			Age at onset - Relationship -	maternal/paternal	
Type 2 Diabetes			Age at onset - Relationship -	maternal/paternal	
Access to Records					
Occasionally other he here if you wish to o		ent rec	ords to prove accuracy, consist	tency, etc. Please tick, sign and date	
Parent/guardian Signature		Date			

How we communicate with you

Contact information (please complete)
Name Date of Birth
Please fill in your details below. We will use this to send information on:-
 Appointment reminders Clinic cancellations
 Relevant health information such as flu clinics SMS messages re need for repeat blood test, medications reviews etc. Practice information and services
To opt out of all text / email messaging, please tick here
Your Mobile Number
Your Email address (not a shared account)
Choice of Pharmacy for electronic prescriptions
Next of kin
Name
Contact number
Relationship to patient

Accessibility Information

	es, please complete the sections below)
Mobility issues/concerns? (Please give details)	salt of MC State of etaclinations like no.
Mobility issues/concerns? (Please give details)	national de mant de la company de la la la la company de l
Are you housebound? Yes / No	
Are you able to administer your own medication? Yes / No	
Do you have any long term medical conditions? Yes / No (if sele	cted yes please give details)
Are you:	
Deaf Yes / No Blind Yes / No (if selected yes please gi	ve details of the communication needs you
require below)	
Hearing or sensory loss? (Please give details)	
Treating of sensory loss: (Frease give details)	
Aible tofe weeking Chandenland	
Accessible Information Standard (Questionnaire
We are trying to improve the way we communicate with	
impairment or sensory loss. Please let us know your requiren	nent and we wish to try to meet them.
M/hat cumpart do you need at concultations?	
What support do you need at consultations?	
Do you require any of the following:	
Do you require any of the following: Communication support worker	
Do you require any of the following: Communication support worker BSL support	
Do you require any of the following: Communication support worker	
Do you require any of the following: Communication support worker BSL support Hearing loop	
Do you require any of the following: Communication support worker BSL support Hearing loop Recording on personal audio recording device	
Do you require any of the following: Communication support worker BSL support Hearing loop Recording on personal audio recording device Lipspeaker	
Do you require any of the following: Communication support worker BSL support Hearing loop Recording on personal audio recording device Lipspeaker Loud verbal communication	
Do you require any of the following: Communication support worker BSL support Hearing loop Recording on personal audio recording device Lipspeaker Loud verbal communication Slow verbal communication	
Do you require any of the following: Communication support worker BSL support Hearing loop Recording on personal audio recording device Lipspeaker Loud verbal communication Slow verbal communication Manual note taker	
Do you require any of the following: Communication support worker BSL support Hearing loop Recording on personal audio recording device Lipspeaker Loud verbal communication Slow verbal communication Manual note taker Sighted guide	
Do you require any of the following: Communication support worker BSL support Hearing loop Recording on personal audio recording device Lipspeaker Loud verbal communication Slow verbal communication Manual note taker Sighted guide Third part to read out written information Symbols/pictures for communication	
Do you require any of the following: Communication support worker BSL support Hearing loop Recording on personal audio recording device Lipspeaker Loud verbal communication Slow verbal communication Manual note taker Sighted guide Third part to read out written information Symbols/pictures for communication How would you prefer us to provide written information?	
Do you require any of the following: Communication support worker BSL support Hearing loop Recording on personal audio recording device Lipspeaker Loud verbal communication Slow verbal communication Manual note taker Sighted guide Third part to read out written information Symbols/pictures for communication How would you prefer us to provide written information? In contracted (Grade 2) Braille	
Do you require any of the following: Communication support worker BSL support Hearing loop Recording on personal audio recording device Lipspeaker Loud verbal communication Slow verbal communication Manual note taker Sighted guide Third part to read out written information Symbols/pictures for communication How would you prefer us to provide written information? In contracted (Grade 2) Braille In uncontracted (Grade 1) Braille	
Do you require any of the following: Communication support worker BSL support Hearing loop Recording on personal audio recording device Lipspeaker Loud verbal communication Slow verbal communication Manual note taker Sighted guide Third part to read out written information Symbols/pictures for communication How would you prefer us to provide written information? In contracted (Grade 2) Braille In uncontracted (Grade 1) Braille In Easyread (pictures for patients with hearing difficulties	
Do you require any of the following: Communication support worker BSL support Hearing loop Recording on personal audio recording device Lipspeaker Loud verbal communication Slow verbal communication Manual note taker Sighted guide Third part to read out written information Symbols/pictures for communication How would you prefer us to provide written information? In contracted (Grade 2) Braille In uncontracted (Grade 1) Braille	Size

We will usually contact you by letter, phone and text. If you cannot access these please let us know how you would prefer us to contact you.

Patient options for sharing information from your Medical Record Summary Care Record and My Care Record

You will automatically be opted 'IN' to the core data sharing options unless you want to be opted 'OUT'. You need to complete this form either if you want to opt out of core summary care record or the local My Care Record or if you want to opt in to additional SCR data.

1. Summary Care Record (SCR) - National Data Sharing

The NHS in England is using a national electronic record called the Summary Care Record (SCR) to support patient care. There are two elements; Core SCR and additional SCR.

- a) Core Summary Care Record is a copy of key information from your GP record medications and allergies only. It provides authorised healthcare staff nationally with faster, secure access to essential information about you when you need unplanned care or when your GP practice is closed to improve the safety and quality of your care.
- b) Additional Data for Summary Care Record. Patients can choose to have additional data uploaded and viewed as part of their Summary Care Record. Approved healthcare staff will be able to see additional key data, such as significant medical history, care plans, patient wishes or preferences as part of your Summary Care Record. This will not be available unless you specifically opt-in to this additional service.

2. My Care Record – Local Data Sharing of Full Medical Record ((Bucks / Oxon / Berks only)

Your patient record is held securely and confidentially on the electronic system at your GP practice. If you require attention from a **local** health and social care professional such as an emergency department, minor injury unit, social worker, or out of hours service, those treating you would be better able to give you appropriate care if some of the information from the GP practice was available to them via My Care Record.

Your permission will be asked before the information is accessed unless the health and social care user is unable to ask you and there is a clinical reason for access (eg you are unconscious).

Please circle your sharing preferences below. Only required if you want to change the automatic settings around data sharing.

1a)	The Summary Care Record (SCR) – core data only Used nationally across England. Currently only core data uploaded (medications and allergies).	To OPT OUT of the core SCR circle OPT-OUT (9Nd0)
1b)	The Summary Care Record (SCR) – additional data Used nationally across England to enable additional aspects of your medical record to be viewed by authorised users only	To OPT IN to ADDITIONAL DATA UPLOAD circle OPT-IN (9Ndn)
2.	My Care Record Used locally across Buckinghamshire and the immediate surrounding area. All data can be seen in Bucks, Berks and Oxon only but is NOT uploaded from the GP system.	To OPT OUT of the local My Care Record circle OPT-OUT (93C1)

Patient details (please write in CAPITAL LETTERS)		
Forenames:	Surname:	
Date of birth:		
If the person signing below is n patient e.g. parent, guardian, atto	ot the patient, please also enter the signatory's name and relationship to the orney	
Full name:	Relationship to patient:	
Signature:	Date:	

Patient options for sharing information from your Medical Record Summary Care Record and My Care Record

You will automatically be opted 'IN' to the core data sharing options unless you want to be opted 'OUT'.

Proxy access now available.

What's new?

You can now use Patient Access on behalf of loved ones and those you care for to book appointments, order repeat prescriptions and, where appropriate, view and share medical records.

Who is it aimed at?

This is designed for all users of Patient Access who need to use the service on behalf of someone else. This may include:

- Families with young children
- Those who care for a family member or friend who finds using the internet difficult
- Professional carers

How do I access this feature?

To use Patient Access on behalf of your loved ones or dependents, you must request access via your GP.

For children under 11 years of age a parent/guardian can request access through the surgery and there is no need for the child to co sign the form. The access will be switched off on the child's 11Th Birthday (reminders will be sent 3 months prior) The proxy will need to bring in ID with them.

For children 11-16 the parent/guardian can continue with proxy access but both the child and proxy must come into the surgery and sign the form in front of reception and bring ID. If the child wishes their own online account then this will be sent to the GP for approval. Also if the child declines the proxy access but the parent/guardians feels it would be in the patients best interest to continue then this will go to the GP for review and a decision made. The proxy can have their own account if they are deemed competent to make decisions. Proxy access will turn off on the child's 16th Birthday. (reminders will be sent 3 months prior.)

Patients over 16 can grant proxy access to a carer/relative/friend on their behalf. Both the patient and the proxy will need to bring ID into the surgery and sign the forms giving explicit consent for the proxy to manage the patient's online access.

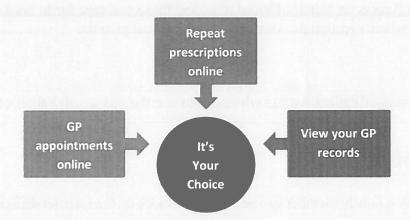
If you are an existing online user then the next time you log into your account you will automatically be linked to the proxy account. (under linked users)

If not an existing online user already then once you register you will then have access to the linked patient at the point registration is complete.

Please ask at reception for a proxy access form once registered.

The practice has the right to remove online access to services for anyone that does not use them responsibly.

Patient Online: 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.

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 print out any information from your record, it is also your responsibility to keep this secure.

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.

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.

Guidance on Viewing your Medical Records Online

Accessing your Medical Record on line

If you are booking appointments or ordering repeat medication on line you can also choose to see other aspects of your medical record when you log into Patient Access. You will be able to view your medications, any allergies that are recorded in your medical record, your immunisations; and your test results. As results are very individual to each person and what is deemed abnormal for some patients could actually be normal for others, we felt it would be helpful to provide a guide on what the test results module looks like and what it means to patients.

Below is a screen shot of a Test Results page and an explanation of what can be seen when you view your results and how your GP will communicate the result findings with you.

NB: You will need to visit your GP surgery to complete a consent form provide ID, and received passwords to access your Patient Access account.

Blood Tests and Results- What do they mean?

Laboratory tests are tools helpful in evaluating the health status of an individual. It is important to realise that laboratory results may be outside of the so-called "normal range" for many reasons.

These variations may be due to such things as race, dietary preference, age, sex, menstrual cycle, degree of physical activity, problems with collection and/or handling of the specimen, non-prescription (over the counter) drugs (aspirin, cold medications, vitamins, etc.), prescription drugs, alcohol intake and a number of non-illness-related factors.

Any unusual or abnormal results should be discussed with the clinician who ordered the test. Generally diseases or problems are not diagnosed or treated with a blood test alone. It can, however, help you to learn more about your body and detect potential problems in the early stages when treatment or changes in personal habits can be most effective.

How to access your test results:

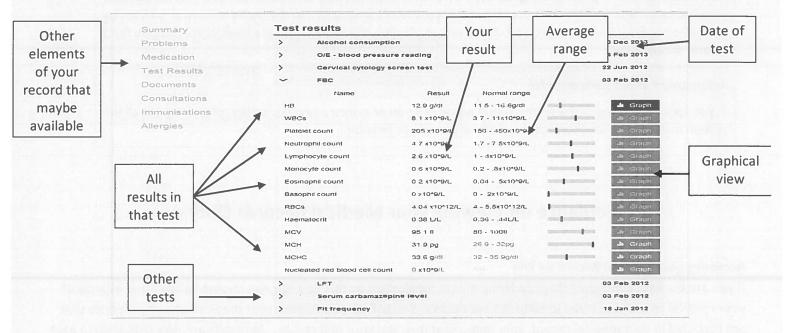
Visit your practice website or https://patient.emisaccess.co.uk/Account/Login

Sign in using your **user ID** and **password** (you must have previously registered at your GP Surgery to sign in to this service)

Click on Medical Record (if this is not visible you will need to contact your GP Surgery)

We have now activated Test Results and you will see them in the summary page. Click on the test result to view the results and comments.

Below is a screen shot of what you can expect to see when you access 'Test results' via Patient Access



You may notice occasional results fall outside of the normal average range for that test. Sometimes a result that is outside of the normal average range is not concerning. For example it may be normal for you.

Your doctor will leave a comment about your results and any actions that may be required. If the GP is concerned about any result they will call you or send you a letter.

What the doctor's comments mean

Satisfactory – **no action** This means that the doctor has looked at the result and deemed it to be within or close to the normal range for the test and the result is not concerning. Some patients have consistently abnormal results that are "normal" for them.

Doctor to discuss result with patient by phone, not urgent - This means that the doctor wishes to speak to you in order to explain the result

Make appointment to see doctor, not urgent - This is similar to the above but the doctor wishes to explain the result(s) face to face as detailed explanations and/or further treatment or investigation(s) may be necessary.

Discuss result with doctor urgently – If you have not already heard from the doctor please contact the surgery urgently.

Infection confirmed, on correct antibiotic/antifungal - Self-explanatory.

Continue on current medication - No reason to change current treatment according to test result(s).

Review in diabetic clinic - Used for diabetic patients who will have their results discussed during their next clinic review.

Improving – Patient will be contacted directly if any action is required.

Repeat test – Practice will contact you in due course to arrange

See PN – Internal Practice Note; practice will contact you directly if required.

Health check clinic result – You will be informed directly if any action is required

Hospital ordered test – call hospital for result