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UnityHealth

Welcome Letter

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, a number of forms which need to be completed for each patient, (alcohol form for over 16's only).

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.

Please note for all adults (18+) registering with the practice it is helpful for us to see proof of ID and residency, prior to registration. Formal identification documents that we will accept to support your registration are listed below and you will need to bring in one from each column for each adult patient you wish to register.

With regards to children, only an identification document is required ie a birth certificate, to confirm their relationship to the 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

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. This can take up to a week to complete.

Should you need an immediate appointment, you will be asked to register as a 'temporary' patient 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 offer new patients the opportunity of a basic new patient health review with one of our nurses, please contact reception if you want to make an appointment.

We hope you will be happy with the treatment and service that you receive from our Practice. We at Unity Health Practice are always striving to improve the service that we provide and look forward to receiving any suggestions for improvement.

Thank you

Unity Health

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 - 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.

Health Questionnaire

UNITY HEALTH PRACTICE NEW PATIENT QUESTIONNAIRE		
Full Name:		Date of Birth:
Height:	Weight:	Gender:
Have you ever smoked?		Yes / No
Are you a current smoker?		Yes / No
If yes, how many do you smoke?		
Cigarettes	 No./Day
Cigars	 No./Day
Pipe	 No./Day
Roll own	 Ounces/Week
Have you quit smoking?		Yes / No
If so, when?		Approx date
Number you used to smokeNo./day. If Roll-ups ounces /week		
Allergies	Do you have any Allergies? Yes/No If yes, please detail below?	
Type of Allergy	Date of onset of Allergy	
1.	1.	
2.	2.	
3.	3.	
Carer Information		
Are you looking after someone?		Yes / No
Let us know if you are looking after someone who is ill, frail, disabled or has mental health and/or emotional support needs, or substance misuse problems.		
Is someone looking after you?		Yes / No
Let us know if a family member, friend or neighbour looks after you. If yes, they are your carer. You are welcome to invite your carer to accompany you to visits at the practice		
Carers name		Relationship to you
Address of carer		Telephone number of carer
Veteran Status		
Have you ever served in the regular or reserve British Armed Forces?		Yes / No
Did you serve in the: Royal Navy <input type="checkbox"/> British Army <input type="checkbox"/> Royal Air Force <input type="checkbox"/> Royal Marines <input type="checkbox"/>		
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	Age at onset - Relationship - maternal/paternal	
Heart Disease in a female relative with the onset before she was 65 years of age	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 health professionals audit our patient records to prove accuracy, consistency, etc. Please tick here if you wish to opt out of this. <input type="checkbox"/>		
Signature:		Date:

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	
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	
Any other ethnic group	
Ethnic group not stated	
Main spoken language	
If your main spoken language is not English do you need an interpreter?	

Alcohol Questionnaire for Over 16s

Name Date of Birth



UNIT = 2
Pint/bottle of
regular beer/lager/cider/wine

1.5
Alcopop or
can of lager

2
Glass of wine
(175ml)

1
Single measure of
spirit

9
Bottle of wine

Score =	0	1	2	3	4	Your Score 0-4	
How often do 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		Total (a)
How often in the last year have you found you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily		
Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year		
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year		Grand Total (a) + (b)

How we communicate with you

Name Date of Birth

We would like to use text and/or email to contact you and also send you information. Please provide your mobile number and/or email below:

- 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)

To save patients having to come into the practice to collect prescriptions we can send these to your chosen pharmacy

Choice of Pharmacy for electronic prescriptions (they are sent directly to the pharmacy electronically)

.....
(Not required for Long Crendon / Brill dispensing patients.)

*If you have ever been registered with the practice under a different name in the past, please let us know your previous name:-

..... (previous name)

*(if completed, reception please alert office in Princes Risborough prior to registering)

Name of your next of kin

Name

Contact number

Relationship to patient

Patient Participation Group (PPG)

The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views and ideas for making services better. To help us to do this we have established a patient participation group and want to give new patients the opportunity to be part of the PPG.

If you are interested in getting involved in the PPG, please tick yes in the box below and we will contact you with further details.

Yes I am interested in becoming involved in the PPG

Would you like us to pass your email details to our PPG? So they can communicate with you directly

Accessibility Information

Do you have any accessibility/mobility issues. Yes / No (If Yes, please complete the sections below)

Mobility issues/concerns? (Please give details)

.....

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 selected yes please give details)

.....

Are you:

Deaf Yes / No **Blind** Yes / No (if selected yes please give details of the communication needs you require below)

Hearing or sensory loss? (Please give details)

.....

Accessible Information Standard Questionnaire

We are trying to improve the way we communicate with people who have a disability, visual impairment or sensory loss. Please let us know your requirement and we wish to try to meet them.

What support do you need at consultations?

Do you require any of the following:

- | | |
|--|--------------------------|
| Communication support worker | <input type="checkbox"/> |
| BSL support | <input type="checkbox"/> |
| Hearing loop | <input type="checkbox"/> |
| Recording on personal audio recording device | <input type="checkbox"/> |
| Lipspeaker | <input type="checkbox"/> |
| Loud verbal communication | <input type="checkbox"/> |
| Slow verbal communication | <input type="checkbox"/> |
| Manual note taker | <input type="checkbox"/> |
| Sighted guide | <input type="checkbox"/> |
| Third part to read out written information | <input type="checkbox"/> |
| Symbols/pictures for communication | <input type="checkbox"/> |

How would you prefer us to provide written information?

- | | |
|---|-------------------------------------|
| In contracted (Grade 2) Braille | <input type="checkbox"/> |
| In uncontracted (Grade 1) Braille | <input type="checkbox"/> |
| In Easyread (pictures for patients with hearing difficulties) | <input type="checkbox"/> |
| Verbally | <input type="checkbox"/> |
| Large font – please specify size | <input type="checkbox"/> 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 (SCR) 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.

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)

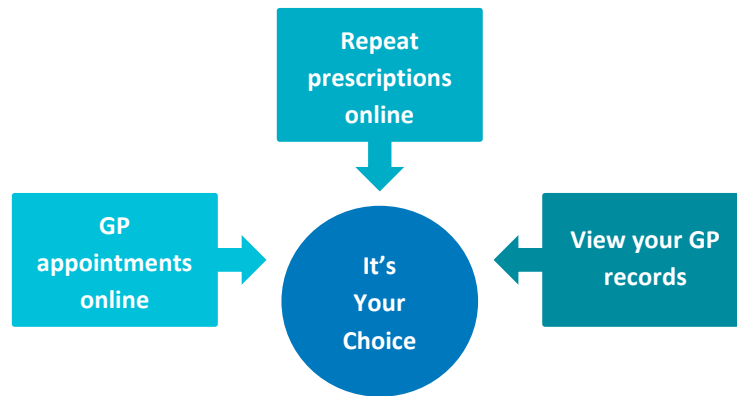
Patient details (please write in CAPITAL LETTERS)	
Forenames:	Surname:
Date of birth:	
If the person signing below is not the patient, please also enter the signatory's name and relationship to the patient e.g. parent, guardian, attorney	
Full name:	Relationship to patient:
Signature:	Date:

National Data Opt Out

Separate to the Summary Care Record above, your health records (including confidential patient information) are used to help with research and planning. However, you can choose to stop your information being used for this purpose (as well as make a choice for someone else like your children under the age of 13). This will not affect your care and treatment, as your confidential patient information will still be used for this purpose. For more information on how to **opt out**, go to www.nhs.uk/your-nhs-data-matters/

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 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)

Test Results you will see 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

The screenshot shows a patient's test results page. On the left, a sidebar contains a list of menu items: Summary, Problems, Medication, Test Results (highlighted), Documents, Consultations, Immunisations, and Allergies. A callout box labeled 'Other elements of your record that maybe available' points to this sidebar. The main content area is titled 'Test results' and lists various tests with their results and normal ranges. A callout box labeled 'All results in that test' points to the list of tests. Another callout box labeled 'Other tests' points to the bottom of the list. A callout box labeled 'Your result' points to the 'Result' column. A callout box labeled 'Average range' points to the 'Normal range' column. A callout box labeled 'Date of test' points to the date column. A callout box labeled 'Graphical view' points to the 'Graph' button next to each test result. The table below shows the data for the 'FBC' test.

Name	Result	Normal range	Graphical view
HB	12.9 g/dl	11.5 - 16.6g/dl	Graph
WBCs	8.1 x10 ⁹ /L	3.7 - 11x10 ⁹ /L	Graph
Platelet count	205 x10 ⁹ /L	150 - 450x10 ⁹ /L	Graph
Neutrophil count	4.7 x10 ⁹ /L	1.7 - 7.5x10 ⁹ /L	Graph
Lymphocyte count	2.6 x10 ⁹ /L	1 - 4x10 ⁹ /L	Graph
Monocyte count	0.6 x10 ⁹ /L	0.2 - .8x10 ⁹ /L	Graph
Eosinophil count	0.2 x10 ⁹ /L	0.04 - .5x10 ⁹ /L	Graph
Basophil count	0 x10 ⁹ /L	0 - .2x10 ⁹ /L	Graph
RBCs	4.04 x10 ¹² /L	4 - 5.5x10 ¹² /L	Graph
Haematocrit	0.38 L/L	0.36 - .44L/L	Graph
MCV	95.1 fl	80 - 100fl	Graph
MCH	31.9 pg	26.9 - 32pg	Graph
MCHC	33.6 g/dl	32 - 35.9g/dl	Graph
Nucleated red blood cell count	0 x10 ⁹ /L	N/A	Graph

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

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 patient's 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 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 the linked patient at the point registration is complete.

The form included in this pack is to request access to your own medical records. For proxy access please ask reception for a form.

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

Unity Health

Patient Online: registration form Access to GP online services (separate form exists for proxy access for parents/carers)

Name			
Date of birth			
Address			
Postcode			
Email address		Usual GP	
Telephone number		Mobile number	

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record - Medication and Allergies	<input type="checkbox"/>
4. Accessing my medical record – Test results and immunisations	<input type="checkbox"/>
5. Accessing my medical record – Problems, Consultations	<input type="checkbox"/>
6. Accessing my medical record – Referrals & Clinic letters	<input type="checkbox"/>

Application for online access to my medical record

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

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

Signature		Date	
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Please go to the website www.unity-health.co.uk and download documents on 'Accessing GP Medical Records on-line' for more information – these can be found through the 'Patient on-line services' tab.

For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Name of verifier	Date
Name of person sent to for authorisation			Date
Date account created			