

**Name**

**Date of Birth**

Medical confidentiality is the cornerstone of trust between doctor and patient and we keep your records secure and confidential. Your details will be kept on record at the surgery and will be accessible only to practice staff at the surgery unless you give other permissions below.

For your direct care either from the practice or within the NHS hospital service we do ask for your consent to pass on relevant clinical information to other professional staff involved in your direct care.

It is the view of our surgery, that saying "yes" to electronic record sharing and summary care record makes it easiest for us to access all of your medical information and also for other health professionals to access information when they are seeing you and they need it.

Medical Record Sharing Out allows your complete GP medical record, held by us, to be made available to other authorised health professionals involved in your care.

Medical Record Sharing In allows us to see medical information that might be entered by other health professionals not working at Arch.

**You will always be asked your permission before anyone outside Arch looks at your medical record.**

**Consent given for Medical Record Sharing Out (please circle) YES/NO**

**Consent given for Medical Record Sharing In (please circle) YES/NO**

The **Summary Care Record (core)** contains details of your key health information – medications, allergies & adverse reactions. They are accessible to authorised healthcare staff in A&E Departments.

**You will always be asked your permission before anybody looks at your Summary Care Record**

The **Summary Care Record (enhanced)** contains much more information, including diagnoses, past medical records. **Please talk to a member of staff before consenting to sharing an Enhanced Record.**

**EITHER**

**Express consent for the core Summary Care Record upload YES NO**

**OR**

**Express consent for the enhanced Summary Care Record upload YES NO**

By signing this form, you give your authority for Arch Healthcare to store and process your personal information purely and solely for the purpose of providing medical care. Your consent, as stated above, will determine how we share your information with other medical professionals.

**Please say if you would like to discuss this with the practice manager before signing.**

**Signed**

**Date**



Alcohol Audit Questions	These are the scores:					Your score:
	0	1	2	3	4	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not last year		Yes, in the last year	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 3 times a month	2 - 3 times a week	4+ times a week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 to 2	3 to 4	5 to 6	7 to 8	10+	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get you going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not last year		Yes, in the last year	
<b>TOTAL:</b>						

