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# COLLINGHAM MEDICAL CENTRE

## Consent Form

I, \_\_\_\_\_ DOB \_\_\_\_\_ can confirm that I have read the letter and leaflet regarding sharing my GP record, given to me by Collingham Medical Centre.

### Summary Care Record

I understand that a Summary Care Record contains key information about medicines, allergies and any bad reactions I have suffered, along with additional information regarding long term health conditions, relevant medical history, immunisations and health care and personal preferences. I realise that this will be available for authorised healthcare staff to view, after seeking my permission.

Yes, I would like a Summary Care Record

No, I do not want a Summary Care Record

Signed..... Date.....

Patient.....

OR

Patient representative..... Relationship.....

### Enhanced Data Sharing Model (eDSM)

I understand that this allows my GP to share my entire GP record, including past medical history, medications, allergies, vaccinations and so forth with other local healthcare professionals but that they will need to ask my permission before viewing.

Please answer both questions and delete \* as applicable:

I **would\*/would not\*** like the information recorded at Collingham Medical Centre to be available to be seen by other care teams who are involved in my care where I have granted those care teams access to see my shared data.

I **would\*/would not\*** like the information recorded by other care teams who are involved in my care to be seen by members of the team at Collingham Medical Centre, where I have granted those care teams the right to add my shared data.

Signed..... Date.....

Patient.....

OR

Patient representative..... Relationship.....



INVESTOR IN PEOPLE

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