

## Care Home Registrations

Thank you for registering with Frome Medical Practice.

We would like to ensure we have as much information as possible about your wishes for your care to help us to look after you and for your permission where it is appropriate to discuss this with others involved with your care.

It is also helpful for us to be aware of close relatives or friends that you would want us to be able to share in discussions about your care and for the practice to have your permission to do so when you register with us.

## NHS Summary Care Record with Additional Information

If you are registered with a GP practice in England, you will have a Summary Care Record (SCR), unless you have previously chosen not to have one. It includes important information about your health:

- Medicines you are taking
- Allergies you suffer from
- Any bad reactions to medicines.

You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs. Having an SCR means that when you need healthcare, you can be helped to recall vital information.

SCRs can help the staff involved in your care to make better and safer decisions about how best to treat you.

**You can choose** to have additional information included in your SCR, which can enhance the care you receive. This information includes:

- Your illnesses and health problems
- Operations and vaccinations you have had in the past
- How you would like to be treated - such as where you would prefer to receive care
- What support you might need
- Who should be contacted for more information about you.

## Data Sharing

We also work closely with other services to offer you the best care to support your health and wellbeing. We are using a new computer system that lets us work together and share information about you in a secure way.

The services sharing information may include:

- Mendip GP Practices
- Health Connections Mendip
- Hospitals
- Hospices
- Care Homes
- District Nurses
- Health Visitors
- Social Care Services
- Services supporting discharge from hospital ( my home my life)
- Voluntary sector services supporting you ( for instance citizens advice)

**If you are happy to have additional information in your summary care record and for us to share information with other services to support your health and wellbeing, please complete this form and return it to the surgery.**

Patient's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Are you completing this form on behalf of the patient?**

If so please provide the name of the patient and sign and date the section above and then provide your name and tick the box that to identify the capacity in which you are signing below.

Name: \_\_\_\_\_

Capacity:      Parent       Legal Guardian       Lasting Power of Attorney   
For health & welfare

If you require more information, please visit <https://digital.nhs.uk/summary-care-records> or call NHS Digital on **0300 303 5678** or contact the surgery.

**Please complete the following pages with information about the patient.**

## Information about me

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**Title:**

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**First name(s):**

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**Surname:**

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**My preferred name is:**

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**Maiden name:**

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**Place of birth:**

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**Date of birth:**

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(DD/MM/YYYY)

**NHS number:**

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**Marital status:**

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**Address:**

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**Telephone Number:**

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**Previous Address :**

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## Information about my previous General Practitioner (GP)

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**GP's name:** \_\_\_\_\_

**Practice address:** \_\_\_\_\_  
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\_\_\_\_\_

## My care and support

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**I would like to give consent to the following family member (s) or friend (s) to share my health information, my goals, my outcomes and my results and for them to discuss my care:**

For the following, enter **Name, Contact Details, Relationship, and How They Help** (For example – shopping, personal care or transport)

**Main Carer:** \_\_\_\_\_

**Next of Kin:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Paid Carer:** \_\_\_\_\_

\_\_\_\_\_  
(include organisation name)

**Other people who support you** (for example – friend, neighbour, Son, Daughter etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Additional emergency contact details in case we are not able to contact your next of kin:**

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**Are you a carer for another person? If so, please give the name and contact details of the person you care for:**

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**My personal needs**

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**This section is to be completed by you if you have any personal needs. For example - Language or communication difficulties, physical difficulties, sensory impairments, sight limitation or anxiety in certain situations. Add anything that you might need help with or you feel that we should know about.**

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## What's important to me?

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## **Treatment Escalation Plan**

Advance care planning involves you discussing your views, preferences or wishes about your future care with family, friends, carers and health care professionals.

## **Cardiopulmonary Resuscitation (CPR)**

Cardiopulmonary arrest is when your heart stops beating and your breathing stops. It is sometimes possible to restart your heart and breathing with a combination of emergency treatments called cardiopulmonary resuscitation (CPR).

Sometimes people do not wish to be resuscitated if they become unwell. This is something you may wish to discuss with a family member and a health care professional.

## **What are your resuscitation wishes?**

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**Advance Decision to Refuse Treatment (ADRT)**

An advance decision to refuse treatment (ADRT), also known as a living will or advance directive, is a legal document which allows you to refuse certain treatments.

You may want to refuse a treatment in some situations, but not others. If this is the case, you need to be clear about your wishes in these situations.

**Would you like to discuss this with your health care professional?**

Yes

**Preferred place of care**

**If I become unwell, my preferred place of care is:**

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**If I am coming to the end of my life, my preferred place of death is:**

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**Other things that I would like to discuss about the end of my life are: (For example – My pets)**

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**Lasting Power of Attorney (LPA)**

There are two types of Lasting Power of Attorney (LPA):

**Property and Affairs LPA**

A Property and Affairs LPA appointed person can make decisions about financial matters such as selling your house or managing your bank account. They can do this as soon as the LPA is registered, even though you may still have capacity to make decisions. However, you can state that you only wish them to make decisions for you after you lose capacity.

**My appointed person is:** \_\_\_\_\_

**Personal Welfare LPA**

A Personal Welfare LPA appointed person can make decisions about your health and personal welfare, such as where you should live, day-to-day care, or having medical treatment. A personal welfare LPA will only take effect when you lack capacity to make decisions.

Forms are available to download from the Office of the Public Guardian [www.justice.gov.uk/forms/opg](http://www.justice.gov.uk/forms/opg). You can also ask for the forms to be sent to you by post.

**My appointed person is:** \_\_\_\_\_

**The medication I am currently taking is:**

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**Services involved in my care**

**The Community Services involved in my care are:**

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**The Hospital Specialists involved in my care are:**

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**Other services involved in my care are:**

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