

Online Medical Records Access Pre-Questionnaire

This questionnaire is about Online Medical Record Access and goes through the main issues you need to understand before you can access your records over the internet. This is NOT a test with a pass or fail – its purpose is to go through issues with you so that you feel happy to be able to decide whether you wish to access your records. Please add further comments if you wish.

Name: <i>(Block capitals)</i>	
Date of Birth:	
<i>Please answer all questions.</i>	
<p>1. Have you read the Guide for Patients on viewing your medical records online?</p>	<p>YES</p> <p>NO</p>
<p>2. The system allows you to see a summary of your medical record: diagnoses, allergies, medications, recent consultations, letters to the GP and test results. Are you happy to view this information?</p>	<p>YES</p> <p>NO</p>
<p>3. You may see that a test result is reported as 'abnormal' or information about you that concerns you.</p> <p>For example, you may have seen a hospital doctor who will write to your GP. You may read information in their letter that you do not understand or you find upsetting. You may have a test done that shows something 'bad' that you were not expecting. (e.g. an x-ray report which shows you have a 'shadow' on your lungs). You may be reading these results/letters when the surgery is closed, in the evening or at the weekend, before the GP has accessed them.</p> <p>How do you think you would you react in these circumstances? Please tick boxes opposite as appropriate</p>	<p>Open results and make a routine appointment to see the doctor/nurse to discuss my concerns <input type="checkbox"/></p> <p>Not view an abnormal result but make an appointment to see the doctor/nurse <input type="checkbox"/></p> <p>Panic and get worked up if surgery is closed <input type="checkbox"/></p> <p>Look at some of the recommended websites <input type="checkbox"/></p> <p>Contact NHS Direct to get further information <input type="checkbox"/></p> <p>Contact the Out of Hours Service <input type="checkbox"/></p> <p>Other (please state):</p>
<p>4. Sometimes information may be recorded that is incorrect or there may be information that you think is missing. Would you inform the practice so that your records can be corrected?</p>	<p>YES</p> <p>NO</p>

<p>5. What if you see someone else's medical information, would you?</p>	<p>Read it and print a copy? <input type="checkbox"/></p> <p>Exit the system immediately and inform the practice as soon as possible <input type="checkbox"/></p>
<p>6. Do you feel you have a better understanding of 'Medical Records Access' and what the issues are about it?</p>	<p>YES</p> <p>NO</p>

Thank you for your time. We hope the issues highlighted have helped with your decision as to whether you wish to access your medical records over the internet. Please sign the questionnaire if you still wish to register for online medical record access and follow the instructions in the 'Guide for Patients' on the surgery website.

Signature:

Date:

Do you have any additional comments?