

Bridgnorth Medical Practice

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Patient EMIS Number: _____

One piece of level 2 evidence and one piece of level 3 evidence OR two pieces of level 3 evidence.

Level 2 Evidence	Patient	Proxy	Level 3 Evidence	Patient	Proxy
Fire Arm Certificate	<input type="checkbox"/>	<input type="checkbox"/>	Passport	<input type="checkbox"/>	<input type="checkbox"/>
DBS Enhanced Disclosure	<input type="checkbox"/>	<input type="checkbox"/>	Government issued ID card that comply with Council Regulation	<input type="checkbox"/>	<input type="checkbox"/>
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	US Passport Card	<input type="checkbox"/>	<input type="checkbox"/>
Adoption Certificate	<input type="checkbox"/>	<input type="checkbox"/>	Retail Bank/Credit Union/ Building Society current account document	<input type="checkbox"/>	<input type="checkbox"/>
National 60+ Bus Pass	<input type="checkbox"/>	<input type="checkbox"/>	Student Loan Account Document	<input type="checkbox"/>	<input type="checkbox"/>
Residential rental or purchase document	<input type="checkbox"/>	<input type="checkbox"/>	Bank Credit Account (Credit Card)	<input type="checkbox"/>	<input type="checkbox"/>
Proof of age card issued under the Proof of Age Standards	<input type="checkbox"/>	<input type="checkbox"/>	Buy to Let Mortgage Document	<input type="checkbox"/>	<input type="checkbox"/>
Police warrant card	<input type="checkbox"/>	<input type="checkbox"/>	Armed Forces ID Card	<input type="checkbox"/>	<input type="checkbox"/>
Marriage Certificate	<input type="checkbox"/>	<input type="checkbox"/>	Proof of age card issued under the Proof of Age Standards	<input type="checkbox"/>	<input type="checkbox"/>
Fire Brigade ID Card	<input type="checkbox"/>	<input type="checkbox"/>	Mortgage Account Document	<input type="checkbox"/>	<input type="checkbox"/>
Non-Bank Savings account	<input type="checkbox"/>	<input type="checkbox"/>	Driving Licence	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Phone Contract	<input type="checkbox"/>	<input type="checkbox"/>	Digital Tachograph Card	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle or Contents Insurance Document	<input type="checkbox"/>	<input type="checkbox"/>	Secured Loan Account (Including hire purchase)	<input type="checkbox"/>	<input type="checkbox"/>

Vouching

How do you know them?	Patient	Proxy	Date	Staff Initial
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Staff Initials	<input type="text"/>	Date form sent upstairs	<input type="text"/>
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Form scanned to holding folder	<input type="checkbox"/>
Appointments granted	<input type="checkbox"/>
Prescriptions granted	<input type="checkbox"/>
Lab Test Results granted	<input type="checkbox"/>
Core Summary Record (Allergies & Immunisations) granted	<input type="checkbox"/>
91B – Code on notes	<input type="checkbox"/>
Log in details posted to patient	<input type="checkbox"/>

Put form to scanning if no further access is required

New patient	<input type="checkbox"/>	Date: _____
Notes verified	<input type="checkbox"/>	Date: _____
To GP to verify	<input type="checkbox"/>	Date: _____
Full medical record access granted	<input type="checkbox"/>	Date: _____
Initials of verifier	<input type="text"/>	Date put to scanning <input type="text"/>

Partners

Dr M Magill, Dr H Millar, Dr G Potter, Dr J Swallow,
 Dr J Tatton, Dr A Tindall, Dr S Wright, Dr S Yell

Practice Manager

Sandra Sutton