

Care Information Exchange Sign Up Form

CIE is here to give you online access to your blood test and x-ray results.

Please fill in this form in **BLOCK CAPITALS**

SECTION A

Full Name							
NHS Number *							
Date Of Birth	DD / MM / YYYY	Post Code					
Do you already have a CIE account?					<input type="checkbox"/> Yes		<input type="checkbox"/> No
If yes, please specify the service which signed you up?			<input type="checkbox"/> Check-in kiosk		<input type="checkbox"/> Other (please specify below):		
Do you give the Maternity team permission to have access to your record?					<input type="checkbox"/> Yes		<input type="checkbox"/> No
Please select the categories you would like to give access to. We recommend you to select all categories.							
<input type="checkbox"/> General Health			<input type="checkbox"/> Social Care				
Most of your health record is general health and includes information that most health professionals will use to deliver care.			Information about the care you receive from your local authority social care team, including disability funding. This is very useful in helping to manage home care services.				
<input type="checkbox"/> Mental Health			<input type="checkbox"/> Sexual Health				
Information about mental health conditions, for example diagnoses of anxiety, depression or schizophrenia. It is very useful for your GP to see such information alongside your mental health team.			Information about sexual health. This includes reproductive health and HIV				
Name							
Signature			Date	DD / MM / YYYY			

If you already have a CIE account please hand this form to the reception desk (you do not need to present ID).

If you do not have a CIE account please additionally complete Section B overleaf.

Please tick if you are happy for us to contact you in the future to give us your feedback to improve our services.

Please turn overleaf

SECTION B

Please complete this section if you do not have a CIE account.

Do you have an email address?												<input type="checkbox"/> Yes			<input type="checkbox"/> No				
Email Address																			
If NO, would you like your carer (friend/family) to have access to your records on your behalf?												<input type="checkbox"/> Yes			<input type="checkbox"/> No				
Please add carer's (friend/family) details below												Title	<input type="checkbox"/> Mr		<input type="checkbox"/> Mrs		<input type="checkbox"/> Ms		
Name of carer (friend/family)												Other (please specify)							
Carer's email																			
Please select ALL the categories you would like to give your carer (friend/family) access to.																			
<input type="checkbox"/> General Health						<input type="checkbox"/> Social Care													
<input type="checkbox"/> Mental Health						<input type="checkbox"/> Sexual Health													

*** Please return the completed form to the reception desk and present PHOTO ID**
If you do not have any form of ID, please bring this form with you on your next visit
Feel free to take a leaflet from the front desk for more information.

* Please note that currently ONLY patients with NHS numbers can be given CIE accounts

For official use only																	
Site (e.g. C&W, WMUH)																	
Email address confirmed & legible												<input type="checkbox"/> Yes			<input type="checkbox"/> No		
* Type of Photo ID Provided						<input type="checkbox"/> Passport			<input type="checkbox"/> Driving Licence			<input type="checkbox"/> Other (please specify below)					
* Verified by						Name						Date			DD / MM / YYYY		
						Signature											
For official use only																	
Entered onto CIE by						Name						Date			DD / MM / YYYY		
						Signature											