

Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Surname
Date of birth				First names
NHS No.				Previous surname/s
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Town and country of birth		
Home address				
Postcode		Telephone number		

Please help us trace your previous medical records by providing the following information

Your previous address in UK	Name of previous doctor while at that address
	Address of previous doctor

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving	Date you first came to live in UK

If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number	Enlistment date

If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

**Not all doctors are authorised to dispense medicines*

I live more than 1 mile in a straight line from the nearest chemist

I would have serious difficulty in getting them from a chemist

Signature of Patient Signature on behalf of patient Date ____/____/____

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

Any of my organs and tissue or

Kidneys Heart Liver Corneas Lungs Pancreas Any part of my body

Signature confirming my agreement to organ/tissue donation Date ____/____/____

For more information, please ask at reception for an information leaflet or visit the website www.uktransplant.org.uk, or call 0300 123 23 23.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register Date ____/____/____

*For more information, please ask for the leaflet on joining the NHS Blood Donor Register
My preferred address for donation is: (only if different from above, e.g. your place of work)*

Postcode: _____

HA use only Patient registered for GMS CHS Dispensing Rural Practice

To be completed by the doctor

Doctors Name HA Code

- I have accepted this patient for general medical services For the provision of contraceptive services
 I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above HA Code

- I am on the HA CHS list and will provide Child Health Surveillance to this patient or
 I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above HA Code

- I will dispense medicines/appliances to this patient subject to Health Authority's Approval
 I am claiming rural practice payment for this patient.
 Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Practice Stamp

Authorised Signature

Name Date ____/____/____

SUPPLEMENTARY QUESTIONS

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a) I understand that I may need to pay for NHS treatment outside of the GP practice
 b) I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
 c) I do not know my chargeable status

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:		Date:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</i></p>	Country Code:	
	3: Name	
	4: Given Names	
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	DD MM YYYY
	PRC validity period (a) From:	DD MM YYYY

Please tick if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff.**

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

Your child's appointment details:

Name:

Registration Date:

Registration Time:

With:

It is very important that you arrive on time for your child's registration. We will not be able to register your child if you are late.

What you need to bring to your child's appointment:

1. Completed purple 'GMS1' form
2. Completed new patient questionnaire
3. Any medication your child is taking
4. Official photographic ID for both yourself and your child
5. An original copy of a utility bill dated within the last 3 months
6. Immunisation records for your child
7. Urine sample

If you are unable to attend this new appointment please cancel it in advance. Patients who do not attend will not be offered another appointment.

If you are phoning on a Saturday please call 07532 035077

If you need this form in large print, different format, easy read or via email please let us know at reception and we can sort this out for you.



Dear Patient,

Welcome to the West Road Medical Centre. We would like to provide you with a high standard of care whilst you are registered with us.

- Attached you will find a practice booklet, a young person's booklet and a health status questionnaire. The practice booklet provides you with all the information you need to know about the practice and the services we offer including opening times and the procedure for ordering repeat prescriptions.
 - You **MUST** complete the attached health questionnaire and bring it to your appointment. This information is vital and will provide us with the necessary knowledge to plan your health care appropriately prior to receiving your patient records from your previous practice (if this applies).
 - In this pack is a urine sample bottle. Please bring this to your appointment.
 - If you are currently taking any medication, please bring them with you to your appointment.
 - Please inform us if you are living with or moving to an address with someone who is already registered with us.
 - Please tell us if you are a carer for somebody or if somebody cares for you.
 - You must provide proof of identity such as a passport, driving licence, previous medical card etc. We will be unable to process your registration further until these are provided.
 - If you need an **interpreter/translator** please let us know as quickly as possible and we can book this in.
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- Please remember this appointment is for your child only. If you also wish another member of your family to be registered please contact our Reception Staff.
 - The practice is participating in Summary Care Record. If you choose to have a summary care record you do not need to do anything, this will happen automatically. If you choose not to have a summary care record then you need to let us know by filling in an opt-out form which you can collect from reception.
 - The practice uses computerised patient records which can be shared with other care organisations for the benefit of your care. A leaflet about this is enclosed – please tell us if you **do not** consent to this.

The reception team are there to help you if you wish to clarify anything about the service we offer, please ask.

Yours sincerely,



Dr Palmer
Senior Partner

CHILD NEW PATIENT QUESTIONNAIRE

Welcome to West Road Medical Centre. We would be grateful if you could spend a few minutes answering the following questions. It will give the doctors and nurses important information about your child's medical history and will help us to provide a better service.

You must complete this form and bring it to your child's new patient appointment along with the purple GMS1 form or medical card. You will not be registered without this form.

Today's date:		Date of Birth:	Boy / Girl:
Surname:		First Name:	
Address:			
Home Telephone Number:			
Mobile Number (we will use this number to send text reminders):			
Name of Parent(s) or guardian:			
Relationship to child:			
Is your child a carer for anybody?			
Next of kin			
Name:			
Address:			
Telephone number:			
Is your child at school? Yes / No If Yes – please provide name of school and telephone number			
Does your child need any help with communication? Eg large print, easy read, sign language, braille etc. . .			
Has your child had any serious illness, accidents or operations? Yes / No			
Please detail:			
Please detail any regular medications your child is taking (either on prescription or bought over the counter) <i>Please bring all boxes/bottles/packets of your child's medication to their appointment</i>			
Name of medicine	Dose / Strength	How many times a day	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Please detail any allergies that your child suffers from:			
Is there any serious illness in the family? Yes / No			
Please detail:			
Has your child had a hearing test (aged about 7-9 months)? Yes / No			
Has your child had an eye test (aged about 3 years)? Yes / No			
Do you think your child has had all his/her immunisations? Yes / No			
Do you have any worries about your child's health? Yes / No			
Please detail:			
I do/do not consent to me child's electronic record being shared with other organisations:			

STANDARD BRITISH IMMUNISATIONS: Please record in the table below which immunisations your child has had and the date they were given.

Please bring your child's immunisation record card with you when you return this questionnaire or when you bring your child for his/her new patient appointment.

<i>When to immunize</i>	<i>What vaccine is given</i>	<i>Date given</i>
<i>2 months old</i>	<i>Diphtheria, Tetanus, Pertussis (whooping cough), Polio and Hib (DtaP/IPV/Hib) – one injection Pneumococcal (PCV) – one injection Rotarix - oral</i>	
<i>3 months old</i>	<i>Diphtheria, Tetanus, Pertussis (whooping cough), Polio and Hib (DtaP/IPV/Hib) – one injection Meningitis C – one injection Rotarix - oral</i>	
<i>4 months old</i>	<i>Diphtheria, Tetanus, Pertussis (whooping cough), Polio and Hib (DtaP/IPV/Hib) – one injection Pneumococcal (PCV) – one injection</i>	
<i>12 months old</i>	<i>Measles, Mumps and Rubella (MMR) – one injection Pneumococcal (PCV) – one injection Hib/MenC – one injection</i>	
<i>3 years 4 months to 5 years old (Pre-School Booster)</i>	<i>Diphtheria, Tetanus, Pertussis and Polio – one injection Measles, Mumps and Rubella (MMR) – one injection</i>	

Additional vaccines that your child may have had:

BCG

Hepatitis B

Measles

Additional Polio

Do you need an interpreter? Yes / No

Which ethnic group does your child belong to?

Which language does/will your child speak?

What is your child's religion?

Thank you for taking the time to complete this questionnaire.

If you are unable to attend your new patient appointment please let us know as soon as possible.

Electronic Prescriptions

Unless you specify a pharmacy which you would like your prescriptions to be sent electronically to we will automatically put you down for Lloyds Pharmacy next door to the practice. If you have a preferred Pharmacy please write below.

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.....

When returning this form both the Patient and Parent Applicant MUST bring photographic ID. If English is not your spoken language it may be necessary for us to arrange to have an interpreter present when you return this form for understanding.

Practice policy states that West Road Medical Centre has 21 calendar days to deal with any requests for online access to medical records. You will be notified via your preferred method of contact when access has been granted / denied.

Application for online parent access to my medical record

Patient Details	
Surname	Date of birth
First name	
Address	
Telephone number	
	Preferred method of contact
Mobile number	<input type="checkbox"/>
Email address	<input type="checkbox"/>

Parent Applicant Details	
Surname	Date of birth
First name	
Address	
Telephone number	
	Preferred method of contact
Mobile number	<input type="checkbox"/>
Email address	<input type="checkbox"/>

I wish to grant parent access to the following online services (please tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

I wish to grant parent access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
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2. I understand that by viewing my record online I might see something that may be bad news, that I find upsetting or that I may misunderstand before the doctor has been able to contact me	<input type="checkbox"/>
3. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
4. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
5. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
6. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
7. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>
Signature of Patient	Date
Signature of Parent Applicant	

For practice use only

Patient NHS number	Date
Identity verified by (Staff Member)	Method <input type="checkbox"/> Photo ID <input type="checkbox"/> Verified with Interpreter present
Notes / explanation	

Online Services Records Access

Patient information leaflet 'It's your choice'

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

When requesting records you will see all coded entries backdated in your notes and codes and notes going forwards from the date access is granted.

The practice has the right to remove online access to services. This is rarely necessary but may be the best option if you do not use them responsibly or if there is evidence that access may be harmful to you. This may occur if someone else is forcing you to give them access to your record or if the record may contain something that may be upsetting or harmful to you. The practice will explain the reason for withdrawing access to you and will re-instate access as quickly as possible.

Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Things to consider

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them. If this happens please contact your surgery as soon as possible. The practice may set your record so that certain details are not displayed online. For example, they may do this with test results that you might find worrying until they have had an opportunity to discuss the information with you.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Be careful that nobody can see your records on screen when you are using Patient Online and be especially careful if you use a public computer to shut down the browser and switch off the computer after you have finished.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

Identification

In order to request access to online services you will need to provide photographic evidence of identification (ID) in the form of:

- **Passport**
- **Driving licence**

If you cannot provide either of the above then a combination of two of the following will be considered as suitable forms of identification:

- Paid utility bills
- Local authority rent card
- Marriage certificate
- **Full** Birth certificate
- Papers from the Home Office or UK Borders Agency
- Bank/building society cards/statements
- Payslip / P45 / National Insurance number card
- Letter from Benefits Agency/benefit book/signing on card
- Photographic student card

We will not accept the following documents as proof of identification:

- Library card
- Video/DVD rental card
- Health club card