

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE



1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* <input type="checkbox"/> Female* <input type="checkbox"/>	Is this your first registration with a GP Practice in the UK?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you be in the area for more than 3 months?* <input type="checkbox"/> Yes <input type="checkbox"/> No (If 'No', please ask for form GMSTRF001)
Date of Birth* <input type="text"/> - <input type="text"/> - <input type="text"/>	Address* <input type="text"/>	
Title* <input type="text"/>		
Surname* <input type="text"/>		
Forenames* <input type="text"/>	Postcode* <input type="text"/> <input type="text"/>	
Previous Surname* <input type="text"/>	Telephone # <input type="text"/>	
email address # <input type="text"/>	Mobile # <input type="text"/>	

The following information can be found on your current medical card:

Community Health Index (CHI) Number* <input type="text"/>	NHS Number* <input type="text"/>
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The following information can be found on your birth certificate:

Town of Birth* <input type="text"/>	Country of Birth* <input type="text"/>
Registered district of birth (Scotland only) <input type="text"/>	Mother's maiden name <input type="text"/>

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP* <input type="text"/>	Name and address of previous GP Practice in UK* <input type="text"/>
Postcode* <input type="text"/> <input type="text"/>	Postcode* <input type="text"/> <input type="text"/>

If you are from abroad:

Date you first came to live in the UK* <input type="text"/> - <input type="text"/> - <input type="text"/>	If previously resident in the UK, date of leaving* <input type="text"/> - <input type="text"/> - <input type="text"/>
Your most recent country of residence <input type="text"/>	

If you have served in the British Armed Forces:

Enlistment date* <input type="text"/> - <input type="text"/> - <input type="text"/>	Service Number <input type="text"/>
Are you a Reservist?* <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide your address before enlisting* <input type="text"/>
Leaving date* <input type="text"/> - <input type="text"/> - <input type="text"/>	
Is this your first registration with a GP since leaving the Armed Forces?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Postcode* <input type="text"/> <input type="text"/>

3. VOLUNTARY CONSENT TO ORGAN DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonation.nhs.uk.

Any of my organs and tissue <input type="checkbox"/>	Or my <input type="checkbox"/>						
Kidneys <input type="checkbox"/>	Eyes <input type="checkbox"/>	Heart <input type="checkbox"/>	Lungs <input type="checkbox"/>	Liver <input type="checkbox"/>	Pancreas <input type="checkbox"/>	Small bowel <input type="checkbox"/>	Tissue <input type="checkbox"/>
Patient signature <input type="text"/>							Date <input type="text"/> - <input type="text"/> - <input type="text"/>

4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit www.nhsnss.org. If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the NHS Inform website at www.nhsinform.co.uk/rights/ or ask your GP surgery.

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

5. PATIENT DECLARATION

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

To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature _____ Date - -

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number - GP name
Practice code - Mileage (No.) Road Water Footpath

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)

Birth Cert. ☐ Student ID Card ☐ Driving Licence ☐ Passport or HC2 Cert. ☐ Home Office App Reg Card ☐ Other/None - specify Receptionist initials

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature _____ Date - -

7. OFFICIAL USE ONLY

Input by

Checked by

Date - -

Practice Stamp

Please give the following information – New Patient

PERSONAL DETAILS

Name

Address

.....

.....

Telephone No

Date of Birth

Nationality Ethnic Origin

Marital Status

Occupation

Children(Sex & Year of birth)

.....

Smoking Status Never Ex

 Current

If so, how many per day?

Average weekly alcohol intake

What regular exercise do you take?

Do you have any disabilities which require the assistance of a Carer?

Are you currently acting as a Carer for anyone with any form of disability?

YOUR MEDICAL DETAILS

Relevant family history (diabetes, heart disease, stroke, epilepsy, etc)

.....

.....

Current medication

.....

.....

Allergies

.....

Previous medical history (operations, hospital admissions, major illnesses—with dates)

.....

.....

WOMEN ONLY PLEASE

How many pregnancies have you had?

How many children do you have?

Do you use any form of contraception?

If so, please give details

.....

When did you last have a cervical smear?

North Avenue Surgery : PATIENT QUESTIONNAIRE

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care.

We would be grateful if you could complete one for each family member within/joining the practice.

Name DOB __ / __ / __

Do you need an interpreter or sign language support? ☐ Yes ☐ No

If you do need an interpreter what language do you speak?

Please state

What is your ethnic group?

Choose **ONE** section from A to E then tick **ONE** box which **best describes** your ethnic group or background

A White

- ☐ Scottish
- ☐ English
- ☐ Welsh
- ☐ Northern Irish
- ☐ British
- ☐ Irish
- ☐ Gypsy/Traveller
- ☐ Polish
- ☐ Any other white ethnic group, please write in

B Mixed or multiple ethnic groups

- ☐ Any mixed or multiple ethnic groups

C Asian, Asian Scottish or Asian British

- ☐ Pakistani, Pakistani Scottish or Pakistani British
- ☐ Indian, Indian Scottish or Indian British
- ☐ Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- ☐ Chinese, Chinese Scottish or Chinese British
- ☐ Other, please write in.....

D African, Caribbean or Black

- ☐ African, African Scottish or African British
- ☐ Caribbean, Caribbean Scottish or Caribbean British
- ☐ Black, Black Scottish or Black British
- ☐ Other, please write in.....

E Other ethnic group

- ☐ Arab
- ☐ Other, please write in.....

If you do not wish to give this information, please tick here ☐

Ethnicity: Patient Information

People registered with this Practice and others in Scotland are being asked to give their ethnic group. Your ethnic group is the group you identify with because of your language, culture, family background or country of birth. It is not necessarily the same as your nationality. For example you may see yourself as White Scottish, Polish or Pakistani. Your ethnic group is important for your care as it may influence your risk of disease. Knowing your ethnic group may also help us to provide services that meet your individual needs and to check that our services treat people from all backgrounds fairly and equally. For children, information about ethnic group can be provided by their parents or guardians.

People are also being asked to say whether they need an interpreter when talking with NHS staff, including the need for sign language support.

Why am I being asked these questions?

Practices across Scotland which are participating in this exercise are asking all their patients to give their ethnic group and if they need interpreter support when talking with NHS staff.

What do you mean by ethnic group?

An ethnic group is the group we identify with as a result of our culture, family background, the language we speak and the food we eat. For example most people in Scotland would identify themselves as White Scottish, while others might identify themselves as Indian. Ethnic group is different from nationality - for example people of many different ethnic groups have British nationality.

What has my ethnic group got to do with my health care?

Diseases like diabetes, heart disease and cancer are more common in some ethnic groups than others. We want to make sure that NHS services treat people equally whatever their ethnic group, gender, age, religion, disability or medical background.

Isn't it obvious what my ethnic group is?

No it isn't. Only an individual can say which ethnic group they identify with. It is important not to make assumptions about people without asking.

Why do I need to answer a question about needing an interpreter?

We know that most of our patients can speak English, but some people may find it difficult to explain their health problems in English. By collecting information on patients' needs for an interpreter, the NHS will be able to better plan their provision of interpreter services.

Who will have access to this information?

Only staff in the Practice will have access to information that identifies you personally. Sometimes it would be helpful to share this information with other NHS staff to make sure that your health care needs are met. This might happen for example if you are being referred to hospital. We sometimes prepare statistical reports for the NHS to help plan services and to check that the NHS is treating people from different backgrounds fairly. These reports will never identify you individually.

North Avenue Surgery Text Messaging Reminder Service

As a practice we offer our patient's a Text Messaging Reminder Service.

This allows the practice to send you a text message to your current mobile number to remind you of any upcoming doctor or nurse appointments with the date and time attached. This also allows us to send Practice News and any health screening.

Please tick the appropriate box below:

☐ Yes I would like to receive reminders, practice news and health screening by text.

☐ No, I would not like to receive reminders, practice news and health screening by text.

Name:

DOB:

Contact Number



Opt In: 9NdP
Opt Out: 9NdQ

