

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE



1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK?

Yes No

Will you be in the area for more than 3 months?

Yes No

(If 'No', please complete a temporary resident form)

Male * Female *

Date of birth *

Title *

Surname *

Forenames *

Previous surname *

Email address #

Address *

Postcode *

Telephone #

Mobile #

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.

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

Community Health Index (CHI) number *

NHS number *

The following information can be found on your **birth certificate**:

Town of birth *

Country of birth *

Registered district of birth (Scotland only)

Mother's maiden name

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 *

Postcode *

Name and address of previous GP Practice in UK *

Postcode *

If you are from abroad:

Date you first came to live in the UK *

If previously resident in the UK, date of leaving *

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date *

Are you a Reservist? Yes No

If yes provide your address before enlisting *

Leaving date *

Postcode *

Is this your first registration with a GP since leaving the armed forces?

Yes No

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to www.organdonationscotland.org

4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland 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 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 do it as described by NHS Scotland in the NHS Inform website under the "[How the NHS handles your personal health information](#)" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

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, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature	<input type="text"/>	Date *	<input type="text"/>
Representative's name (if applicable)	<input type="text"/>		
Relationship to patient (if applicable)	<input type="text"/>		

6. FOR PRACTICE USE

GP reference number	<input type="text"/>	GP name	<input type="text"/>
Practice code	<input type="text"/>		

Identification seen – do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert <input type="checkbox"/>	Student ID card <input type="checkbox"/>	Driving licence <input type="checkbox"/>	Passport or HC2 cert <input type="checkbox"/>	Home Office app reg card <input type="checkbox"/>	Other / None <input type="text"/>
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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	<input type="text"/>	Date *	<input type="text"/>
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7. FOR OFFICIAL USE ONLY

Input by	<input type="text"/>	<input type="text"/>
Checked by	<input type="text"/>	
Date	<input type="text"/>	

DR HARRIS, BROWN, CANDY, GOURLAY, & CONWAY –
NEW PATIENT INFORMATION

NAME**:..... DATE OF BIRTH**:.....

IF BORN ABROAD – PROOF OF NHS ENTITLEMENT MUST BE SHOWN – EEA & SWISS NATIONALS – EHIC (European Health Insurance Card) obtained in own country -SEEN – YES/NO

NO ENTITLEMENT UNLESS PROOF OF EMPLOYMENT/APPROPRIATE COURSE OF STUDY e.g. VISA – WORKING PERMIT -

MARITAL STATUS:

NO OF CHILDREN:

NEXT OF KIN NAME & NUMBER:

POWER OF ATTORNEY:

ARE YOU A CARER – YES/NO- FOR

HAVE YOU BEEN REGISTERED HERE PREVIOUSLY - YES / NO

PAST MEDICAL HISTORY:

Height _____ Weight _____

FAMILY HISTORY:	Heart Disease under 60	YES / NO
	Heart Disease over 60	YES / NO
	Stroke	YES / NO
	Diabetes	YES / NO

LIFESTYLE:

Smoking YES / NO / EX if ex year stopped NO SMOKED DAILY.....

Alcohol: NO OF UNITS PER WEEK:.....

MEDICATION: Please make sure you have enough medication from your previous practice. PLEASE PROVIDE THE PRACTICE WITH A COPY OF YOUR LAST PRESCRIPTION IN ORDER THAT WE CAN CONFIRM YOUR REGULAR MEDICATIONS.

ALLERGIES: _____

IF YOU WISH TO HAVE A NEW PATIENT MEDICAL WITH THE NURSE PLEASE ASK FOR AN APPOINTMENT – WE WOULD ADVISE THAT ALL NEW PATIENTS OVER THE AGE OF 45 TO HAVE THEIR BLOOD PRESSURE CHECKED BY THE NURSE.

We use various systems to communicate with you regarding your health and under the new GDPR guidelines **we can continue to do this if it relates to your health**. We may also contact you regarding your appointment, general health, communications, reminders and to share practice information. This could be via text message, letter or phone

Please tick each box to confirm you are happy for us to communicate in these ways:

Text Message: Letter: Landline:

OFFICE USE – CODED 9NdP OR 9NdQ
PATIENT ACCESS GIVEN YES / NO

SIGNATURE: DATE:

FAST ALCOHOL SCREENING TEST (FAST) FOR THE DETECTION OF PROBABLE HAZARDOUS DRINKING

For the following questions please circle the answer which best applies.

1 Drink = 1 unit = ½ pint of beer or 1 glass of wine or 1 single spirits

- 1. MEN: How often do you have EIGHT or more units on one occasion?
WOMEN: How often do you have SIX or more units on one occasion?**

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost Daily 4	Score
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Only ask Questions 2,3 & 4 if the response to Question 1 is "Less than monthly" or "Monthly"

- 2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost Daily 4	Score
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- 3. How often during the last year have you failed to do what was normally expected of you because of drink?**

Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost Daily 4	Score
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- 4. In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?**

Never 0	Yes, on one occasion 2	Yes, on more than one occasion 4	Score
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TOTAL

If the person scores 3 or above, ask two consumption Questions to record levels of alcohol use:

1. On average how many days of the week do you drink?
2. On average how many units of alcohol do you consume?

FAST POSITIVE (Score 3 or more)

YES	NO
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DR HARRIS & PARTNERS MEDICAL PRACTICE: Patient Questionnaire

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care. More information about it is on the next page. Please ask a member of staff if you need more explanation. We would be grateful if you could complete once for each family member within/joining the practice.

NAME** _____ Date of Birth** _____ / _____ / _____

**Do you need an interpreter or sign language support? YES / NO
Which language? _____

What is your ethnic group? – Please choose ONE section from A to E tick ONE circle which best describes your ethnic group or background.

A – White

- Scottish
- English
- Welsh
- Northern Irish
- British
- Irish
- Gypsy/Traveller
- Polish
- Any other ethnic group, Please write _____

B – Mixed or Multiple ethnic group

- Any mixed or multiple ethnic group

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 _____

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 _____

E – Other ethnic group

- Arab
- Other, Please write _____
- If you do not wish to give this information please tick here

ANNEX E 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 diseases. 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 carer.

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

Only staff in the practice will have access to the 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. We sometimes prepare statistical reports for the NHS to help plan services and to check the NHS is treating people from different backgrounds fairly. These reports will never identify you individually.

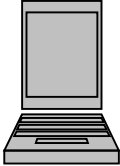
PLEASE ASK RECEPTION TO REGISTER FOR PATIENT ACCESS ONLINE SERVICES



Introducing PATIENT ACCESS online service

Book your next appointment

You can view, book and cancel appointments at your convenience



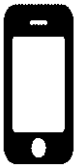
- Quick and easy to use
- Avoid busy telephone lines
- Access out of practice hours
- Electronic management of your appointments

Order your repeat medication

- Only repeat medication can be ordered
- Any other medication not on screen you will need to telephone request
- Access out of practice hours 24/7
- Prescriptions ordered online will still be 48 working hours till collection



Patient access contains links to www.patient.co.uk a trusted comprehensive source of GP – authored health information leaflets for patients.

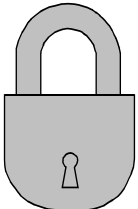


Mobile App

The free Patient Access app provides greater convenience for patients who are away from a desktop PC or Laptop, with access to a Smartphone*

Download at patient.co.uk/accessapp

*available on the android and iOS platforms



Safe and Secure

All data contained within Patient Access is protected using the highest standard Internet Security so you can be sure all your personal information is safe and secure.

HOW TO REGISTER – To register, ask at reception for details and they will issue a Patient Access Letter with your PIN number on it – each patient has their own PIN number.

A blue banner for NHS Inform. On the left, the text 'Everyday questions about your health' is written in white. Below it, 'The answer is NHS inform' is written in a smaller white font. On the right, there is a silver stethoscope. In the top right corner of the banner, the 'NHS 24' logo is visible.

www.nhsinform.scot

0800 22 44 88



NHS
inform
Health information you can trust