NHS Family doctor services registration GMS1

Patient's details

Please complete in BLOCK CAPITALS and tick ☑ as appropriate

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

Date of birth

First names

NHS No.

Previous surname/s

☐ Male ☐ 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 con irming 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 con irming 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

042017_003 Product Code: **GMS1**

GMS1_072017_004 Family Doctor Services Registration_tearoff.indd 1 20/07/2017 14:27

NHS Family doctor services registration

GMS1

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.

Authorised Signature

Name Date _____/_____/_____

Practice Stamp

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 NHS.

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:** ☐ **NO:** ☐	If yes, please enter details from your EHIC or PRC below:
	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	(b) To: DD MM YYYY

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.

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.

Grafton Road Surgery

New Patient Registration

Your Details

Please complete and return this questionnaire together with **2** forms of identification.

- Passport or photo driving licence or National Identity Card.
- Bank/Building Society statement or utility bill (less than 3 months old) showing home address.

Have you been registered with this surgery in the past? Yes ☐ No ☐

If yes, when? ……..

Your Nominated/Allocated GP is your Registered GP

NHS Number **(Available from Previous Surgery)**	
Title **(Mr, Mrs, Mis, Miss etc)**	
Surname	
First Name	
Date of Birth	
Address Line 1	
Address Line 2	
Address Line 3	
Post Code	
Email Address	

Home Telephone No.	
Mobile Telephone No.	

Previous Details

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

Previous Doctor	
Previous Surgery Name	
Address	

Your Previous Address

Address Line 1	
Address Line 2	
Address Line 3	
Post Code	

If you are from Abroad

Place of Birth	
Date you arrived in UK	

Grafton Road Surgery

New Patient Registration

Ethnicity
(Please circle as appropriate)

White	Mixed	Black	Asian	Chinese
White British White Irish White European	White / Black Caribbean White / Black African White / Asian	Black British Black Caribbean Black African Other Black background	Indian Pakistani Bangladeshi Other Asian Background	
	Any other ethnic category ; please state			

Main Language Spoken	

Next of Kin

Name	
Relationship	
Contact Details	

Smoking Habits

Please tick the appropriate box

Smoker	Never smoked	Ex-smoker

If you are a Smoker please answer the following :

What do you smoke?
(Please circle)

Cigarettes	Cigars	Pipe	Electronic Cigarettes

How many Cigarettes to you Smoke :

1 – 10 per day	10 – 20 per day	20 + per day

If you would like Help to Quit Smoking, please ask for details at Reception

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Healthcheck

We offer a New Patient Health Check to newly registered patients, if you would like to have one, please speak with a Receptionist.

Grafton Road Surgery

New Patient Registration

Family History

Has any close family member (grandparent, parent, brother, sister, aunt or uncle) had any of, or suffer from, any of the following?

Problem	Their Relationship To You	Their Age when Diagnosed
Heart Attack		
Angina		
Stroke		
Asthma		
Diabetes		
Cancer **(State type, eg. bowel, breast)**		

Alcohol Habits

One alcohol unit equals one 25ml single measure of whisky (ABV 40%), or a third of a pint of beer (ABV 5-6%) or half a standard (175ml) glass of red wine (ABV 12%).

Please complete the following by circling the appropriate answer:

Do you drink alcohol?	**Yes / No**

Estimated Units Per Week	

How often do you have 8 (Men) 6 (Women) or more drinks on one occasion?

Never	Less than Monthly	Monthly	Weekly	Daily	Almost Daily

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

Never	Less than Monthly	Monthly	Weekly	Daily	Almost Daily

How often during the last year have you failed to do what was normally expected of you because of drinking?

Never	Less than Monthly	Monthly	Weekly	Daily	Almost Daily

In the last year has a relative or friend, or doctor or other health worker been concerned about your drinking or suggested that you cut down?

No	Yes	At least one occasion

Grafton Road Surgery
New Patient Registration

Current Medication

Please give details of any medication which you take (prescribed or otherwise):

Name of Drug	Dosage

Would you like to nominate a Pharmacy for prescriptions? **If Yes all future prescriptions will be sent electronically to your nominated pharmacy**	**Yes / No**
Pharmacy Name and address:	

Past Medical History

Please give details of any previous significant past medical history :

Grafton Road Surgery

New Patient Registration

Carers

Do you have a Carer? Yes / No

If YES please provide their details :

Name	
Address	
Telephone No	

Are you a Carer ?

Do you look after someone who is ill, frail, disabled or mentally ill?

Name	
Address	
Telephone No	

Armed Forces

Are you an Armed Forces Veteran ?	**YES / NO**
If YES, which Service?	

Are you currently employed by the Armed Forces?	**YES / NO**
If YES, which Service?	

Consent for Communications

I consent to receiving Text messages for appointments, reminders etc	**Yes / No**	**Date**	
I consent to receiving Email Messages for appointments, reminders etc			

Accessibility

We aim to ensure that all patients have access to services at the Practice. If you require accessibility support please detail below;

British Sign Language Interpreter	☐
Audible Alerts	☐
Large Print	☐
Accessing Test Results, Immunisations and Problems	☐

What is your preferred method of communication?	
How would you like us to communicate with you?	
What support would be helpful?	
What is the best way to send you information?	

Grafton Road Surgery

New Patient Registration

DATA SHARING

You need to let us know if you wish to opt out of any of the services below :

Summary Care Record

A Summary Care Record is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had.

Having this information stored in one place makes it easier for other healthcare staff to treat you in an emergency, or when your GP Practice is closed.

I DO NOT WANT my Summary Care Record shared with other Healthcare Professionals	

Signature of Patient	

Name and Signature on Behalf of Patient	

Your Care Connected

This is a more **detailed record** that can be **shared with local hospitals and community services** throughout Solihull, Birmingham and Sandwell. This enables all organisations to share important details of your medical history along with investigations, test results, medication etc.

The aim is to improve communication across local GP's, hospitals and community services and helps avoid duplicating investigations such as blood tests.

I WANT TO OPT OUT of Your Care Connected	

Signature of Patient	

Name and Signature on Behalf of Patient	

National Opt-Out Facility

You can choose whether your confidential patient information is used for research and planning.

Who can use your confidential patient information for research and planning?

It is used by the NHS, local authorities, university and hospital researchers, medical colleges and pharmaceutical companies researching new treatments.

Making your data opt-out choice

You can choose to opt out of sharing your confidential patient information for research and planning. There may still be times when your confidential patient information is used: for example, during an epidemic where there might be a risk to you or to other people's health. You can also still consent to take part in a specific research project.

Will choosing this opt-out affect your care and treatment?

No, your confidential patient information will still be used for your individual care. Choosing to opt out will not affect your care and treatment. You will still be invited for screening services, such as screenings for bowel cancer.

What should you do next?

You do not need to do anything if you are happy about how your confidential patient information is used.

If you do not want your confidential patient information to be used for research and planning, you can choose to opt out securely online or through a telephone service.

You can change your choice at any time. To find out more or to make your choice visit nhs.uk/your-nhs-data-matters or call 0300 303 5678

Grafton Road Surgery

New Patient Registration

Access to GP ONLINE SERVICES

In order for Access to be given Identity **must** be verified, please provide one of the following for verification:

- Passport P
- Photo Driving Licence
- National Identity Card.

Surname	
First name	
Date of birth	
Address	
Postcode	
Email address	

I wish to have access to the following online services (tick all that apply):

Booking appointments	☐
Requesting repeat prescriptions	☐
Accessing Test Results, Immunisations and Problems	☐

For practice use only

Identity Verified By: (Please Tick)	Vouching		Photo ID	

Verified By	Name:	Signature:	Date

Scanned to Record By:	
Date scanned:	
Use Read Code	Xabui

Grafton Road Surgery

New Patient Registration

Application for Online Access to Your Medical Record

Important Information – Please read before returning the Online Access Form

If you wish, you can now use the internet/mobile phone to book appointments with a GP, request repeat prescriptions for any medications you take regularly, look at your test results, Immunisations and medical records all online. Also, you can still call the surgery for any queries regarding the above services. It's your choice.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If for any reason you cannot do this, we recommend that you contact the practice so that they can remove your online access until you are able to reset your password.

If you print out any information from your records, it will be your responsibility to keep this safe and secure. If you are at all worried about keeping printed copies safe and secure, we recommend that you do not make copies at all.

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

Although the chances of any of the following happening are very small, you will be asked if you have read and understood the following before you are given login details from our Staff Member. **If you wish to have access to your Online Medical Record please ask at Reception for a Form to complete.**

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 to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.
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.
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.
Misunderstanding Medical 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.

More information
For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society: Keeping your online health and social care records safe and secure
http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf