

## 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 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](http://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.

<b>Signed:</b>		<b>Date:</b>	DD MM YY
<b>Print name:</b>		<b>Relationship to patient:</b>	
<b>On behalf of:</b>			

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 <u>non-UK</u> 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.

# Christchurch Medical Practice – NEW PATIENT INFORMATION



**IT IS VERY IMPORTANT THAT YOU COMPLETE AND RETURN THIS FORM TO US**  
 (The information helps us to look after you while we are waiting for your medical records)

## PERSONAL DETAILS

Title	
Surname	
First Names	
Date of Birth	
Address	
Postcode	

E-Mail Address					
(by giving us your email address you are agreeing to us sending you messages by email)					
**Online access required**	Yes		No		

Height		Weight	
--------	--	--------	--

Marital Status	
(E.g. Widow, Married, Common law, Single)	

Occupation	
------------	--

## CONTACT DETAILS

Home tel No.	
Mobile tel No.	
Work tel No.	

May we use your telephone numbers to send you brief text messages?	Yes	No
--	-----	----

Are you under the care of Social services/Family services	Yes	No
---	-----	----

Do you have a Social Worker	Yes	No
(If yes) Name		

## CARER INFORMATION

Do you have a Carer?	Yes	No
(if yes) Name of Carer & relationship		

Are you a Carer?	Yes	No
(If yes) Name of person caring for & relationship		

**PLEASE TURN OVER**

**NEXT OF KIN**

Name of Next of Kin	
Address	
Contact Number	
Relationship of this person to you	

**MEDICAL HISTORY**

Are you allergic/intolerant of any medications or other substances?	<b>Yes</b>	<b>No</b>
(If yes) please state which medications/substances		

Do you suffer from any of the following? If yes please provide details below:

	Current	Past (dates)
Diabetes		
Asthma		
Blood Pressure problems		
Heart Problems		
Chronic Obstructive Pulmonary Disorder		
Other serious illness/condition		

Any Major Operations	
----------------------	--

Are you on any regular medication?	<b>Yes</b>	<b>No</b>	
(If yes) Please list.			

**LIFESTYLE INFORMATION**

All patient's over the age of 15 will need to complete this section

Do you smoke	<b>Yes</b>	<b>No</b>
(If yes) how many per week		

(IfNo)Have you ever smoked?	<b>Yes</b>	<b>No</b>
(If yes) when did you give up?		

PLEASE TURN OVER

# ALCOHOL

This brief intervention package is based on the Drink-Less programme originally developed at the University of Sydney as part of a W.H.O. collaborative study.  
©2006 Institute of Health & Society, Newcastle University. Produced by Design Services, Gateshead Council.

**UNITS**



Questions (Please circle your answer)	Score				
	0	1	2	3	4
How often do you have a drink containing Alcohol?	Never	Monthly or Less	2-4 times per month	2-3 times per week	4 +times per week
How many units of alcohol do you drink on a typical day ?	1-2	3-4	5-6	7-8	10+
How often have you had 6 or more units (female) or 8 or more units (Male), on a single occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost Daily

## CULTURAL BACKGROUND

With effect from 01.April 2006 the UK Government requires that Doctors record ethnicity and and first language of newly registered patients. Please could you tick below it indicate your cultural background. Thank you.

British or Mixed British		9i0
Irish		9i1
Other White Background		9i2
White and Black Caribbean		9i3
White and Black African		9i4
White and Asian		9i5
Other Mixed Background		9i6
Indian or British Indian		9i7
Pakistani or British Pakistani		9i8
Bangladeshi or British Bangladeshi		9i9
Other Asian Background		9iA
Caribbean		9iB
African		9iC
Other Black Background		9iD
Chinese		9Ei
Other		9iF
Patient declines to give information		9iG/9SD

What is your first language

Signed \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE TURN OVER**

**FAMILY HISTORY** - Has any 1st degree family relative (e.g. Mother, Father, Sister, Brother) suffered from the following before the age of 60.

	Yes	No	Family Member(s)
Heart attack or Angina			
Stroke			
Raised Cholesterol			
Asthma			
Diabetes			
Cancer			

## SUMMARY CARE RECORD

The NHS in England has introduced a Summary Care Record (SCR), which will be used in emergency care. The record will contain information about any medication you are taking, allergies you may suffer from and any bad reactions to medication that you have, to ensure those caring for you have enough information to treat you safely.

Your Summary Care record will be available to authorised healthcare staff providing your care anywhere in England, this could be a walk in centre, minor injuries unit, A & E, Out of hours or if you are admitted to Hospital.

**PLEASE NOTE THAT YOU WILL AUTOMATICALLY BE ISSUED A SUMMARY CARE RECORD UNLESS YOU OPT OUT - PLEASE ASK FOR AN OPT OUT FORM IN RECEPTION**

## SUMMARY CARE RECORD ENRICHED INFORMATION

What is Enriched Information?

You choose the enriched information that you want included in your Summary care record. You may have long term health conditions such as Diabetes, Asthma, COPD, heart problems or other rare conditions for which you need to take specific medications.

You may have personal preferences such as religious beliefs, legal decisions or dietary requirement that you may wish to be known.

You may want to include Tetanus or any childhood immunisations.

Specific sensitive information will not be included unless you want it included.

You will need to discuss with your GP the information that you want added to your enriched summary care record.

**PLEASE NOTE THAT YOU WILL AUTOMATICALLY BE ISSUED A SUMMARY CARE RECORD UNLESS YOU OPT OUT - PLEASE ASK FOR AN OPT OUT FORM IN RECEPTION**

**PLEASE TURN OVER**

## **DORSET CARE INFORMATION (DCR)**

Currently, hospitals, social services and GP practices in Dorset hold information about you on various computer systems. Sometimes this information may be duplicated. The Dorset Care Record (DCR) is a confidential electronic record that will join up these systems to create a more complete and up to date health record about you.

### **HOW WILL WE USE YOUR INFORMATION?**

Health and social care (H&SC) professionals who work with you provide care already keep records about the treatment and support that you receive. Having this information available in one record will help H&SC professionals to work together more efficiently to ensure you receive the best quality care possible.

All personal information within the DCR is used in accordance with the data protection legislation. The full privacy notice can be viewed on the front page of the DCR website. [www.dorsetforyou.com/dorset-care-record](http://www.dorsetforyou.com/dorset-care-record)

### **WHAT DOES THIS MEAN FOR ME?**

Everyone will have their own record in the DCR containing information about their personal health and care needs. However, only minimal data such as name, NHS number, gender and date of birth will be visible to H&SC professionals. The rest of the record will be sealed (not accessible) until you decide to give consent to share your record.

While we expect most people to share the information to help H&SC professionals to improve the quality of care provided to you, there may be times when you wish to decline to give consent or Optout.

Opting out means your record will be hidden and will not be accessible to any H&SC professional at any time, even in a medical emergency.

**PLEASE NOTE THAT UNLESS YOU OPT OUT OR DECLINE YOU WILL AUTOMATICALLY BE OPTED IN - SEE RECEPTION FOR A LEAFLET FOR MORE INFORMATION AND OPT OUT FORM**