Registration Procedure for St Edwards Medical Centre

Please see below a list of all the information that will be required for you to register at this practice as per the Primary Care Trust instruction.

If you do not have ALL of the following information we will not be able to register you as a patient with this practice.

BRITISH CITIZENS:

Please tick

- ☐ Proof of Identity : Passport/Birth Certificate/Driving Licence
- ☐ Medical Card/NHS Number
- ☐ Proof of Address : i.e. Current Domestic Bill: Gas/Electric/Water/Bank Statement

EU RESIDENTS:

Please tick

- ☐ Passport/ID Card
- ☐ Date of Entry to UK
- ☐ Proof of Address 1: i.e. Current Domestic Bill: Gas/Electric/Water
- ☐ Proof of Address 2 : i.e. Bank Statement/Utility Bill/Telephone (not Mobile)

PATIENTS FROM ABROAD EXCLUDING EU MEMBERS:

Please tick

- ☐ Passport
- ☐ Visa for more than 6 months and NOT a visitor visa
- ☐ Student visa must be accompanied by college information
- ☐ Medical Card/NHS Number if previously registered in UK
- ☐ Proof of Address 1: i.e. Current Domestic Bill: Gas/Electric/Water
- ☐ Proof of Address 2 : i.e. Bank Statement/Utility Bill/Telephone (not Mobile)

CHILDREN UNDER 5 YEARS:

Please tick

- ☐ Birth Certificate or Passports
- ☐ Child Immunisation history
- ☐ NHS Number

Your new Patient Registration Screening is booked on:

Day__________________________

Date__________________________

Time__________________________

Nurse__________________________

IF FOR ANY REASON YOU DO NOT ATTEND YOUR SCREENING APPOINTMENT WITHOUT CANCELLING OR RE-SCHEDULING, YOU WILL NOT BE REGISTERED AS A PATIENT AT THIS SURGERY.

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 GP practice while at that address

Address of previous GP practice

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

Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: ☐ Regular ☐ Reservist ☐ Veteran ☐ Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting:

Postcode

Service or Personnel number: Enlistment date: Discharge date: (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

☐ I live more than 1.6km in a straight line from the nearest chemist

☐ I would have serious difficulty in getting them from a chemist

**Not all doctors are authorised to dispense medicines*

☐ 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

Signature confirming my consent to join the NHS Organ Donor Register Date ____/____/____

Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit www.organdonation.nhs.uk or call 0300 123 23 23 to register your decision.

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 my consent to join the NHS Blood Donor Register Date ____/____/____

My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode:

All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

NHS England use only Patient registered for ☐ GMS ☐ Dispensing

052019_006 Product Code: GMS1

GMS1_112018_005 Family Doctor Services Registration_tearoff.indd 1 27/06/2019 15:08

St Edwards Medical Centre New patient registration Questionnaire.

You must complete the form fully before registering with the practice.

Date:	

Patient details

Surname:		**First name:**
Address: Postcode:		Email address: Do you consent to the practice using your email to communicate with you? Yes / No
Previous Address:		**Previous GP:**
   Postcode:		 Postcode:
Home Telephone:		**Mobile telephone:** Do you consent to the practice using your mobile number to send you texts? Yes/ No
Date of Birth:		**NHS Number :**
Male / Female:		**Any previous Surname/s:**
If you are from Abroad, your first UK address where registered with a GP:		**Date you first came to live in the UK:**

What is your first spoken language? (e.g English)..

Do you require an interpreter when attending for an appointment?..................................

What is your ethnicity? (e.g White British) ....

Are you a veteran?...

Do you have a family history of the following diseases? Please tick

Diabetes Type 1 ( ) Diabetes Type 2 ( ) Heart disease ( ) Asthma ( )

Have you missed any immunisations (do you have a copy)?

Are you a carer? Yes/ No

(A carer is someone who without payment, gives help and support to a person who otherwise may not manage because of their disability, frailty or illness)

Please tell us why you have moved practice and what the main issues are that affect your health at this time:

Name :..

Signature:...

Authorised Signature on behalf of Child/Patient:...

Date:...

The St Edwards Medical Centre Patient/Practice Agreement

Disclosure
I the patient named below agree to disclose all material facts regarding my health to my General Practitioner & clinical staff. We the Practice declare that we shall not disclose any information regarding the patient without the patient's written consent.

Confidentiality
We the Practice declare that we shall hold confidential all matters pertaining to the patient & not release such information without the patient's written consent.

Appointments
I agree to attend on time for all appointments that I book with the Practice & to cancel in advance any appointment I cannot attend. I acknowledge that should I arrive late for an appointment I may be asked to rebook for another time. I understand the practice has a policy for non-attendance of appointments which can result in being **removed** from the list.

Home Visits
I shall only request a home visit from the Practice when I cannot physically attend the surgery. I will endeavour to make this request no later that 11am.

Out of Hours Service
I agree to use the out of hours service **only** when medically necessary, otherwise I will wait until the surgery re-opens to consult a doctor.

Children & Waiting Area
I agree to supervise my children & respect the privacy & needs of other patients using the waiting area at all times.

Emergency Consultations
I understand that an emergency consultation is only for treatment of a clinical emergency which cannot wait until the next available appointment & that routine matters cannot be dealt with in an emergency appointment.

Mobile Phones
I agree to switch off my mobile phone before entering the Practice & to keep it switched off at all times while I am in the surgery building. If I forget to switch it off I agree to switch it off Immediately if it rings.

Repeat Prescriptions
If my doctor has agreed to issue repeat prescriptions I agree to give 3 working days notice. I agree to make the request by using the prescription counterfoil. I can make the request by post, fax or in person. I acknowledge that requests cannot be made by phone.

Treatment of Staff
I agree with the policy of zero tolerance of abuse towards all NHS staff and I agree not behave in an abusive, threatening or otherwise aggressive manner to staff at the surgery.

Food/Drink
I agree that in the interest of other patients it is unacceptable to consume food & drink within the practice building & I agree to observe this requirement at all times.

WOULD YOU LIKE TO RECEIVE TEXT MESSAGES FROM US ABOUT APPOINTMENT REMINDERS AND BE KEPT AWARE OF ANY CLINICS THAT YOU MAY BE ELIGIBLE FOR IN THE SURGERY?

YES MY MOBILE NUMBER IS : ....
NO THANK YOU I WOULD NOT LIKE TO RECEIVE TEST MESSAGES FROM THE SURGERY : ....

Would you like to have a Summary Care Record (SCA)? An SCA is brief summary of your clinical information which can be assessed by authorised clinicians in the event of urgent or emergency care.
Please indicate your preference YES NO

The Practice thank you for signing & adhering this agreement

Patient Name : .... **D.O.B :** ....

Signature : .... **Date :** ....

St Edwards Medical Centre

Application for online access to my medical record

Surname		Date of birth
First name		
Address		Postcode
Email address		
Telephone number		Mobile number

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

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my medical record	☐

I wish to 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	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	☐

Signature		Date

For practice use only

Patient NHS number		Practice computer ID number
Identity verified by (initials)	Date	Method Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐
Authorised by		Date
Date account created		
Date passphrase sent		
Level of record access enabled All ☐ Prospective ☐ Retrospective ☐ Detailed ☐ Limited parts ☐ Contractual minimum ☐		Notes / explanation