

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 _____ Email Address _____

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, 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

<input type="checkbox"/> I have accepted this patient for general medical services	For the provision of contraceptive services
<input type="checkbox"/> 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.

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 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 style="font-size: small; margin-top: 10px;"><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	(b) To:

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.

Summary Care Record OPT OUT FORM

YOUR NAME: _____

DATE OF BIRTH: _____

Studholme Medical Centre offers its patients the choice of having a Summary Care Record.

The new NHS Summary Care Record has been introduced to help deliver better and safer care and give you more choice about who you share your healthcare information with.

What is the NHS Summary Care Record?

The Summary Care Record contains basic information about:

- any allergies you may have,
- unexpected reactions to medications,
- and any prescriptions you have recently received.

The intention is to help clinicians in A & E Departments and 'Out of Hours' health services to give you safe, timely and effective treatment. Clinicians will only be allowed to access your record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Children under the age of 16

Patients under 16 years will not receive this form, but will have a Summary Care Record created for them unless their GP surgery is advised otherwise. **If you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf. Ask the surgery for additional forms if you want to opt them out.**

You do not have to have a Summary Care Record, although you are strongly recommended to consider this choice. If you are happy for a Summary Care Record to be set up for you then you need take no further action. If you want to opt-out now please tick the box below and return it to Reception as soon as possible.

Please sign below if you do not want a Summary Care Record:

No I do not want a Summary Care Record

Date _____

Signed _____

Hand this form in at your Surgery if you wish to "Opt-Out"

STUDHOLME CONSENT FORM – FOR USE OF SMS TEXTING
Consent to receive appointment reminders by SMS text message

APPOINTMENT REMINDER BY TEXT (Example)

We will get in touch with you approximately 1 day before your appointment is due.

The text will not identify the sender and will read as follows:

Your appointment is with Dr Alfred Doctor on Sun 14 Feb 2016 at 10:20. To cancel, reply 123 to this message or call 01784 420700

Please let us know if your phone is lost, stolen or **you have changed your number**

Thank you

The practice may wish to contact you by SMS Texting to remind you about a forthcoming appointment and/or if you do not attend a booked appointment.

Please confirm your mobile phone number:

- I agree to the practice communicating with me by Short Messaging Service (SMS or Text).
- I confirm that the mobile number the practice holds on my record is correct and I will notify them of any changes.
- I agree to receive a reminder of my appointment by SMS.
- I am aware that I can withdraw consent at any time by informing the practice either verbally or in writing.

NHS Number: **DOB:**

(Name)

Signature:

Consent obtained by:

(Name).....

Signature:

Acceptable Identification Documents for location at the Practice area.

Name Identification	Address Identification
<ul style="list-style-type: none"> • Current signed full passport • Current UK driving licence • Blue disabled drivers pass • Current benefits or State Pension notification letter confirming rights to benefits for the current period • Current HMRC tax notification e.g. PAYE coding, statement of account (P45's & P60's are not official HMRC documents) • Shotgun or Firearms certificate • Travel documents issued to foreign nationals granted permission to remain in the UK • Current EU/EEA driving licence • Residence permit issued by the Home Office to EU nationals • EU/EEA member state identity card 	<ul style="list-style-type: none"> • Recent utility bill or statement showing current address in our area • Local Authority tax bill for current year • Bank or Building society statements • Credit/store card statement • Mortgage statement • Local Council rent card • Tenancy agreement • Solicitors letter confirming recent purchase of your property

Under 16's

Children under the age of 16 whose Parent/Guardian is registered with the Practice or registering at the

same time will need to provide either:

- Original Birth Certificate or a certified copy
- Passport

If you are unable to provide any of the above documents please speak to a member of the Reception team who will be able to advise alternative documents.