

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: DD MM YY Discharge date: DD MM YY (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*

*Not all doctors are authorised to dispense medicines

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
 Signature of Patient Signature on behalf of patient
 Date / /

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:
White: British Irish Irish Traveller Traveller Gypsy/Romany Polish
 Any other white background (please write in):
Mixed: White and Black Caribbean White and Black African White and Asian
 Any other Mixed background (please write in):
Asian or Asian British: Indian Pakistani Bangladeshi
 Any other Asian background (please write in):
Black or Black British: Caribbean African Somali Nigerian
 Any other Black background (please write in):
Other ethnic group: Chinese Filipino
 Any other ethnic group (please write in):
Not stated:
 Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

NHS England use only Patient registered for GMS Dispensing

To be completed by the GP Practice

Practice Name _____ Practice Code _____

- I have accepted this patient for general medical services on behalf of the practice
- I will dispense medicines/appliances to this patient subject to NHS England approval.

I declare to the best of my belief this information is correct

Authorised Signature

Name _____ Date ____/____/____

Practice Stamp

SUPPLEMENTARY QUESTIONS – These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

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 an EU 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 non-UK 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 Business Service Authority for the purpose of recovering your NHS costs from your home country.

New Patient Registration

Additional Contact Information

Mobile or Work Telephone Number:.....

Email Address:

Do you look after a relative or friend, young or old, who is unable to care for themselves due to a physical or mental impairment or by age? YES / NO

If so, we would like to support you and ask that you please complete the following:

Name & Relationship of the person you are Caring for:

their address

Have you served in the Armed Forces? Yes No

The definition of a veteran is:

"anyone who has served for at least one day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces"

Medication

Are you taking any regular medication? Please attach Repeat Slip Ideally or list below including frequency and doses;

Additional Information

Height:

Weight:

As a practice we offer new patient appointments with a Health Care Assistant, do you require this? Yes / No?

Summary Care Record (Please refer to additional information sheets)

Yes I would like a Summary Care Record – you do not need to do anything and a Summary Care Record will be created for you.

Undecided - enclosed is an opt out form. Please complete the form and hand it to a member of the GP practice staff within 12 weeks. If you do nothing, after this time, we will assume that you are happy with these changes and create a Summary Care Record for you.

No I do not want a Summary Care Record – enclosed is an opt out form. Please complete the form and hand it to a member of the GP practice staff.

Smoking status- Over 16 yrs

Current Smoker

Current Non-Smoker → Date/Year Stopped Smoking

Never Smoked Tobacco

Assistance During Appointments

In order for us to provide you with any assistance you may require during consultations, please let us know if you would benefit from any of the following:-

First language **NOT** English – require a translator

Deafness – require a sign language translator

Disability – require a carer

Female Patients only

In order that we can arrange the correct follow-up, please let us know if you are using either of the following contraceptive devices:-

IUCD (coil) Date of insertion.....

Implanon/Nexplanon Date of insertion.....

Alcohol Use Disorders Identification Test Primary Care (AUDIT PC)

AUDIT-PC consists of 5 questions from the full 10 question AUDIT. This assessment tool was developed for Primary Care Nurses and Doctors to use in their surgeries and clinics.

Questions:	Scoring system					Your Score
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
How often do you have a drink containing alcohol?	<i>Never</i>	<i>Monthly or less</i>	<i>2 to 4 times per month</i>	<i>2 to 3 times per week</i>	<i>4 times or more per week</i>	
How many units of alcohol do you drink on a typical day when you are drinking?	<i>0 to 2</i>	<i>3 to 4</i>	<i>5 to 6</i>	<i>7 to 8</i>	<i>10 or more</i>	
How often during the last year have you found that you were unable to stop drinking once you had started?	<i>Never</i>	<i>Less than monthly</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily or almost daily</i>	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	<i>Never</i>	<i>Less than monthly</i>	<i>Monthly</i>	<i>Weekly</i>	<i>Daily or almost daily</i>	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	<i>No</i>		<i>Yes, but not in the last year</i>		<i>Yes, during the last year</i>	
AUDIT PC Score (Total):						

**A total of 5 or more is a positive screen indicating increasing or higher risk drinking*

What to do next

If positive on the primary care test and if time permits, complete remaining alcohol harm questions on the next page to obtain a full score.

Remaining alcohol harm assessment questions from AUDIT

Questions:	Scoring system					Your Score
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or 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 or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Total AUDIT Score:						

Scoring:

- * 0 to 7 indicates low risk
- * 8 to 15 indicates increasing risk
- * 16 to 19 indicates higher risk
- * 20 or more indicates possible dependence

One unit of alcohol



Half pint of "regular" beer, lager or cider



Half a small glass of wine



1 single measure of spirits



1 small glass of sherry



1 small measure of aperitifs

Drinks more than a single unit



Pint of "regular" beer, lager or cider



Pint of "strong" or "premium" beer, lager or cider



Alcopop or a 275ml bottle or regular lager



440ml can of "regular" lager or cider



440ml can of "super strength" lager



250ml glass of wine (12%)



75cl Bottle of wine (12%)



Your emergency care summary

CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you **DO NOT** want a Summary Care Record please fill out the form and send it to your GP practice (completed forms must be returned to your GP practice. Forms sent anywhere other than your GP practice will not be actioned).

A. Please complete in BLOCK CAPITALS

Title Surname / Family name

Forename(s)

Address

Postcode Phone No Date of birth

NHS number (if known) Signature

B. If you are filling out this form on behalf of another person or child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name Your signature.....

Relationship to patient..... Date

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

- phone the Summary Care Record Information Line on 0300 123 3020;
- contact your local Patient Advice Liaison Service (PALS); or
- contact your GP practice.

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	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

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	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
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	<input type="checkbox"/>
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>

Signature	Date
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**IDENTIFICATION DOCUMENTS REQUIRED WHEN
REGISTERING AS A NEW PATIENT**

When returning the completed registration form, please bring your proof of identification. We are unable to register you without this.

**PROOF OF NAME
(One of the following)**

Birth Certificate
Marriage Certificate
Driving Licence (valid)*
Passport (Valid)*

**PROOF OF ADDRESS; MUST BE DATED WITHIN THE LAST 3
MONTHS
(One of the following)**

Utility Bill
Council Rent Book
Bank Statement
Credit Card Statement
Letter from Benefits Agency

***Please note if applying for Online Access to your medical records, photo ID must be produced.**

Information for our patients.

**We're improving how we communicate with patients.
Please tell us if you need information in a different format or
need communication support.**

Out of area registration:

New arrangements introduced from January 2015 give people greater choice when choosing a GP practice. Patients may approach any GP practice, even if they live outside the practice area, to see if they will be accepted on to the patient list.

GP practices have always had the ability to accept patients who live outside their practice area. Regardless of distance from the practice, the practice would still provide a home visit if clinically necessary.

The new arrangements mean GP practices now have the option to register patients who live outside the practice area but without any obligation to provide home visits.

Out of area registration (with or without home visits) is voluntary for GP practices meaning patients may be refused because they live out of area.

If your application is considered the GP practice will only register you without home visits **if it is clinically appropriate and practical in your individual case**. To do this we may:

- Ask you or the practice you are currently registered with questions about your health to help decide whether to register you in this way
- Ask you questions about why it is practical for you to attend this practice (for example, how many days during the week you would normally be able to attend)

If accepted, you will attend the practice and receive the full range of services provided as normal at the surgery. If you have an urgent care need and the surgery cannot help you at home we may ask you to call NHS 111 and they will put you in touch with a local service (this may be a face to face appointment with a local healthcare professional or a home visit where necessary).

We may decide that it is not in your best interests or practical for you to be registered in this way. In these circumstances we may offer you registration with home visits, for example:- if you live just outside the practice area or we may not register you and advise you should seek to register (or remain registered) with a more local practice.

If accepted, but your health needs change, we may review your registration to see if it would be more appropriate for you to be registered with a GP practice closer to your home.

This new arrangement only applies to GP practices and patients who live in England. For further information visit the NHS Choices website (www.nhs.uk)

FOR PRACTICE USE ONLY (Checklist)

PST To Complete

	Checked By (Initials)
Registration Form completed and signed <ul style="list-style-type: none"> • Patient details to be complete • Previous address in the UK and GP details • If from abroad or Returning from armed forces (IF APPLICABLE) • Signature and Date 	
Ethnicity form completed	
Alcohol Screening Questions completed	
Smoking Status completed	
SCR option selected (Opt-Out Form completed if dissent given)	
ID Verified and photocopied (x2 if possible)	
New Patient Screening appt made(If wanted)	
Given Named GP letter	
Check if requesting online access and if so sign to say you have seen ID	

PSST To Complete

	Checked By (Initials)
Register Patient onto System	
Register patient for online access if applicable	
Inform patient that online details are available(If above is yes)	
Allocate Registration to GP	
Once received back, scan onto patients record	
File registration form and await notes to come in.	