

FAIRBROOK MEDICAL CENTRE

Registration Form & Health Questionnaire

PLEASE READ ALL THE INFORMATION BELOW BEFORE COMPLETING THE FORMS

(any incomplete papers will result in a delay in the registration process)

ALL PATIENTS MUST

- Complete the GMS1 (purple) form & the Health Questionnaire Form

REGISTERING WITH NHS NUMBER – Additional Information Required

- **NHS Number**
 - *If you do not have your NHS number this can be obtained from your previous surgery*
- **Proof of Address** – (only 1 document is required)
 - *Recent Council Tax Statement*
 - *Electoral Register Letter or Voters Card*
 - *Utility Bill eg. Gas, Water, Electricity (dated within the last 3 months)*
(we do not accept Bank Statements or Mobile Phone Bills)
- **If you do not have Proof of Address** - *Log onto website below and register for electoral services. You will be sent an email confirmation which can be accepted*
<https://www.hertsmere.gov.uk/Your-Council/Democracy-Elections/Registering-to-vote.aspx>

FIRST REGISTRATION IN THE UK (NO NHS NUMBER) - Additional Information Required

- **Date of Entry Into The UK**
- **A copy of your passport**
- **A copy of birth certificate and immunisation records for children under the age of 15**

NEW-BORN BABIES & CHILDREN REGISTERING - Additional Information Required

- **New-Borns** - Provide Birth Certificate and/or Copy of Child Health Record (Red Book)
- **Children (Under 6 Years)** - Provide Immunisation History - Please refer Child Health Record (Red Book) for this information

AU PAIRS - Additional Information Required

- Please provide a letter from your employer
- If you have any outstanding medical problems from your last surgery, please make an appointment with a GP

FOR ANY FURTHER INFORMATION OR QUERIES

Please Call 0208 236 2523 or email fairbrook.registrations@nhs.net

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*

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

**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 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 _____

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 _____ 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 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:
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

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.

FAIRBROOK MEDICAL CENTRE

CONFIDENTIAL HEALTH QUESTIONNAIRE

Title: Miss / Ms / Mrs / Mr / Other (please state) _____ DOB: _____ AGE: _____

Surname: _____ First Name: _____

Previous Surnames: _____

Address: _____

_____ Postcode: _____

Home Telephone: _____ Mobile: _____

Email Address: _____

Place of Birth Town & Country: _____

Please state your ethnic origin: _____

DO YOU SPEAK ENGLISH Yes / No (please circle)

Main spoken language? _____

Other languages spoken? _____

Marital Status: Single / Married / Cohabiting / Separated / Divorced / Widowed

Occupation / School Name / College Name: _____

Next of kin: Name _____ Relationship _____

Next of Kin Contact No.: _____

Previous Doctor Name of Surgery: _____

If no previous Doctor, date of entry to the UK: _____

Have you been registered with us previously: Yes No

Number of people in your household: _____

At which surgery are they registered: _____

Why are you changing doctors: _____

<p align="center">Do you give permission to be contacted via SMS/Email</p> <p align="center">SMS Consent <input type="checkbox"/> SMS declined <input type="checkbox"/> Email Consent <input type="checkbox"/> Email declined <input type="checkbox"/></p>	
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LIFESTYLE

Height: _____ metres

Weight: _____ kg

Blood Pressure Please use the self-service blood pressure monitor in reception.

SMOKING STATUS

Do you smoke? Never

Ex-smoker How many a day? _____ When did you stop? _____

Yes How many Cigarettes / Cigars per day
How much Tobacco ounces per week?

IF YOU WOULD LIKE HELP TO STOP SMOKING, PLEASE ASK AT THE RECEPTION

DRINKING STATUS

Teetotaller: Light 1-2 units/day

Moderate 3-6 units/day Heavy 7-9 units/day

ALCOHOL

If you score 0 to the 1st question, you do not need to score questions 2 & 3.

Score	0	1	2	3	4	Enter Score
1. How often do you have a drink containing alcohol?	Never	Monthly Or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have five or more drinks on one occasion?	Never					

PLEASE NOTE, THAT IF YOU SCORE 5 AND OVER, YOU MAY BE INVITED TO MAKE AN APPOINTMENT WITH ONE OF THE NURSES FOR ADVICE.

How much exercise do you do? light / moderate / heavy / other (please circle)

What and how often? _____

FOR WOMEN ONLY

When was your last cervical smear done? _____

Where was it done? _____

Result? _____

Have you ever had any abnormal results? Yes No

When? _____

Have you had a Hysterectomy? Yes No When? _____

Have you had a Mammogram? Yes No When? _____

Result? _____

Have you had children? Yes No

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Carers

Do you have a carer for your health needs? Yes No

Name of carer: _____ Contact No: _____

Address: _____

Do you care for someone who is ill, frail, disabled or mentally ill? Yes No

Details: _____

Email / telephone: _____

Young Carers in Herts

Do you look after someone who ill/frail/disabled Yes No

We have strong links with YOUNG Carers in Herts, please see our carers noticeboard and ask at reception for a carers pack or to speak to our Carers Champion.

Communication Needs

Do you have any communication needs i.e.: signing, hard of hearing or visually impaired. Yes No
If so, please state below

UNDER 16s ONLY

Please confirm who has parental responsibility for this child: _____

Relationship to child: _____ Contact Number: _____

Please provide details of all immunisations and dates given for all children under the age of 16

Age due	Diseases protected against	Vaccine given	Date Given	Place Given (surgery name)
Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (Hib)	DTaP/IPV/Hib		
	Pneumococcal (13 serotypes)	Pneumococcal conjugate vaccine (PCV)		
	Meningococcal group B (MenB) ²	MenB ²		
	Rotavirus gastroenteritis	Rotavirus		
Three months old	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib		
	Meningococcal group C (MenC)	MenC		
	Rotavirus	Rotavirus		
Four months old	Diphtheria, tetanus, pertussis, polio and Hib	DTaP/IPV/Hib		
	MenB ²	MenB ²		
	Pneumococcal (13 serotypes)	PCV		
Twelve months old	Hib and MenC	Hib/MenC booster		
	Pneumococcal (13 serotypes)	PCV booster		
	Measles, mumps and rubella (German measles)	MMR		
	MenB ²	MenB booster ²		
Two to six years old (including children in school years 1 and 2)	Influenza (each year from September)	Live influenza vaccine		
Three years four months old	Diphtheria, tetanus, pertussis and polio	DTaP/IPV		
	Measles, mumps and rubella	MMR (check first dose given)		
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus (HPV) types 16 and 18 (and genital warts caused by types 6 and 11)	HPV (two doses 6-12 months apart)		
Fourteen years old (school year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)		
	Meningococcal groups A, C, W and Y disease	MenACWY		

Please list other immunisations (BCG etc.) below with dates and place given

Immunisation	Date Given	Place Given

ALL PATIENTS MUST SIGN

I declare that the information I have given is correct to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

Where did you hear about the surgery? _____

THANK YOU FOR YOUR HELP

You May Be Invited For A Consultation Within Six Months Of Registering

Fairbrook Medical Centre, 4 Fairway Avenue, Borehamwood, Herts, WD6 1PR,

Tel: 0208 953 7666

Appointment Cancellation line (answerphone 24hrs) 0208 236 2519

Email: fairbrook.medicalcentre@nhs.net Website: www.fairbrookmedical.co.uk

FOR NHS USE ONLY

Actioned by practice: yes / no

Date.....

ALL PATIENTS

**If you have had a flu vaccination this year.
Please fill in the note below,
so that we can update your medical records promptly.**

**If you do not wish to have a flu injection this year but are in
an 'at risk' group, please tick the box below.**

Name _____

D.O.B _____

Date of Flu Vaccination: _____

Where flu jab was
done: Doctors Work Pharmacy - please circle.

Preferred not to have this year:

Patient Participation Group

Would you like to have a say about the services provided
at Fairbrook Medical Centre?

We would like to hear your views.

By providing your email details we can add them to a contact list
that will mean we can contact you by email every now and again
to ask you a question or two.

If you could fill in the 3 lines below and hand it back into reception,
(or provide your details over the phone to me) we will add your
email address to a contact list. Your contact details will only be
used for this purpose and will be kept safely.

Many thanks

Michele Cain
Practice Manager

Name: _____

Postcode: _____

Email Address: _____

*Please note that no medical information or questions
will be responded to.*

*The information you supply us will be used lawfully,
in accordance with the Data Protection Act 2018.
The Data Protection Act 2018 gives you the right to know what
information is held about you, and sets out rules to make sure
that this information is handled properly.*

**The Data Protection Act 1998 has been replaced by the General Data Protection
Regulation (GDPR) and the Data Protection Act 2018.**

HSCIC
NHS England's Care. Data – Opt Out Form

NHS England's care. data system aims to provide timely, accurate information to citizens, clinicians and commissioners about the treatments and care provided by the NHS.

Please refer to the NHS England's care. data patient information leaflet before completing this form. The NHS England's care. data patient information leaflet can be found on our website www.fairbrookmedical.co.uk or the NHS Choices website www.nhs.uk/caredata

OPT-OUT FORM – Confidential

Please tick this box if you do not want your GP to release any of your GP record to the Health and Social Care Information Centre (HSCIC) for purposes of the care data system

If you **DO NOT** want the Health and Social Care Information Centre (HSCIC) to disclose to any information they hold on you (from any NHS source to accredited third parties) then please go to the website "Your NHS Data Matters" (www.nhs.uk/your-nhs-data-matters) and confirm that you wish to opt-out. The form can be completed online, by phone (T: 0300 303 5678 - open 9am to 5pm Monday to Friday excluding bank holidays) or paper print-out.

Please note that in general, such data would only be made available to accredited third parties in anonymous, pseudonymous or aggregated form.

Please complete in **BLOCK CAPITALS**

Title: _____ Surname / Family Name: _____

Forename: _____ Date of Birth: _____

Address: _____

Postcode: _____ Phone No.: _____

Signature: _____ Date: _____

If you are filling out this form on behalf of another person or a child, their GP Practice will consider this request. Please ensure that you fill out their details in section C and your details in section D.

Your Name: _____

Your Signature: _____

Relationship to Patient: _____ Date: _____

Fairbrook to add in codes:- **Prevent PCD leaving the GP practice = #9Nu0**

FOR NHS USE ONLY

Actioned by practice: yes / no

Date.....



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

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 a 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 contact your GP practice.

FOR NHS USE ONLY

Actioned by practice: yes / no

Date.....



"Using the NHS App makes it easier to order repeat prescriptions, check symptoms, and book appointments."

Dr Abu Mohammed, GP, Portsmouth



"I use the NHS App to book GP surgery appointments and order repeat prescriptions to help manage my condition."

Lauren Pickup, Midwife, Leeds

The NHS App



A simple and secure way to access a range of NHS services on your smartphone or tablet



www.nhs.uk/app

Your NHS, your way
Download the NHS App 😊



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v1.1 02/20

Your NHS, your way
Download the NHS App 😊



Introducing the NHS App

The NHS App gives you 24/7 access to a range of NHS services.

Use the app to:

- **book and cancel appointments**
book, view and cancel appointments at your GP surgery
- **view your record**
access your GP medical record securely
- **order repeat prescriptions**
see your available medicines and place an order
- **check your symptoms**
find trusted NHS information on hundreds of conditions and treatments and get instant advice
- **register your organ donation decision**
choose to donate some or all of your organs and check your registered decision
- **find out how the NHS uses your data**
choose if data from your health records can be shared for research and planning

The NHS App gives you more control over your health and care.

Use it wherever you are, at any time of the day or night.

It puts information about your health and treatments at your fingertips. This means you can see it when speaking to a health and care professional, for example.

Owned and run by the NHS

The app is designed and operated by the NHS in England to give you access to a range of services.

We will carefully check your identity when you register for the app, which is secure and easy to use.

The NHS App will not replace existing services. You can still contact your GP surgery in the usual ways if you prefer.



www.nhs.uk/app

How information about you helps us to provide better care

hscic Health & Social Care
Information Centre

Benefits of sharing information

Sharing information can help improve understanding, locally and nationally, of the most important health needs and the quality of the treatment and care provided by local health services. It may also help researchers by supporting studies that identify patterns in diseases, responses to different treatments and potential solutions.

Information will also help to:

- find more effective ways of preventing, treating and managing illnesses;
- guide local decisions about changes that are needed to respond to the needs of local patients;
- support public health by anticipating risks of particular diseases and conditions, and help us to take action to prevent problems;
- improve the public's understanding of the outcomes of care, giving them confidence in health and care services; and
- guide decisions about how to manage NHS resources fairly so that they can best support the treatment and management of illness for the benefit of patients.

What will we do with the information?

We will only use the minimum amount of information we need to help us improve patient care and the services we provide.

We have developed a thorough process that must be followed before any information can be shared. We sometimes release information to approved researchers, if this is allowed under the strict rules in place to protect your privacy. We are very careful with the information and we follow strict rules about how it is stored and used.

We will make sure that the way we use information is in line with the law, national guidance and best practice. Reports that we publish will never identify a particular person.

Introduction

Information about you and the care you receive is shared, in a secure system, by healthcare staff to support your treatment and care.

It is important that we, the NHS, can use this information to plan and improve services for all patients. We would like to link information from all the different places where you receive care, such as your GP, hospital and community service, to help us provide a full picture. This will allow us to compare the care you received in one area against the care you received in another, so we can see what has worked best.

Information such as your postcode and NHS number, but not your name, will be used to link your records in a secure system, so your identity is protected. Information which does not reveal your identity can then be used by others, such as researchers and those planning health services, to make sure we provide the best care possible for everyone.

How your information is used and shared is controlled by law and strict rules are in place to protect your privacy.

We need to make sure that you know this is happening and the choices you have.

Please take time to read this leaflet. You need to make a choice.

Do I have a choice?

Yes. You have the right to prevent confidential information about you from being shared or used for any purpose other than providing your care, except in special circumstances. If you do not want information that identifies you to be shared outside your GP practice, ask your practice to make a note of this in your medical record. This will prevent your confidential information being used other than where necessary by law, (for example, if there is a public health emergency).

You will also be able to restrict the use of information held by other places you receive care, such as hospitals and community services. You should let your GP know if you want to restrict the use of this information.

Your choice will not affect the care you receive.

Do I need to do anything?

If you are happy for your information to be shared you do not need to do anything. There is no form to fill in and nothing to sign and you can change your mind at any time.

If you have concerns or are not happy for your information to be shared, speak to your GP practice.

Where can I get more information?

Leaflets in other languages and formats are available from our website.

For more information, including a list of frequently asked questions (FAQs), please go to the website at www.nhs.uk/caredata.

You can also get further information from the website at www.hscic.gov.uk.

Or you can speak to staff at your GP practice.

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If you require further copies of this title visit www.orderline.dh.gov.uk and quote: 2901215 / How information about you helps us to provide better care

Produced by Williams Lea for NHS England and HSCIC

WHAT TO DO IF YOU HAVE AN URGENT HEALTH PROBLEM IF YOU ARE REGISTERED WITH A GP PRACTICE IN BOREHAMWOOD

In Hertsmere we are undertaking a pilot project to try to keep children away from Accident and Emergency Departments if there is a service that can better deal with their health care needs.

The reason for doing this project is that:

- ☐ It can be difficult to control the sights and sounds that children are exposed to in Accident and Emergency departments, which can result in psychological trauma
- ☐ There is a range of service that can offer alternative management of urgent health care needs
- ☐ Most children who attend Accident and Emergency departments do not receive any active treatment.

For urgent but non-emergency situations please consider the following alternative services and make it clear to the person answering the telephone that you are concerned about your child:

1. Contact your GP

Fairbrook Medical Centre: Telephone 020 8953 7666 is open Monday to Friday 8.30am to 6.30pm and alternate Saturday mornings 8.00am to 12.00 noon.

2. Contact NHS Direct

NHS Direct is available for advice and information about any medical condition 24 hours a day. They will assess your problem and direct you towards the most appropriate service. They are also the first point of contact for anyone wishing to see or speak to a GP when surgeries are closed. Telephone **0845 46 47** or if you have access to the Internet you can access the NHS Direct website and get very good advice about what you should do about specific health problems www.nhsdirect.co.uk.

3. Contact your health visiting team

You can do this by telephone: Telephone 020 8359 8520

4. Contact the out-of-hours service

Herts Urgent Care is the provider of the GP out-of-hours service for Hertfordshire and is available for you to access Monday to Friday 6.30pm–8am, all weekend and every bank holiday.

Telephone: 03000 333 333

If your child's urgent problem is due to a dental problem please contact your regular dentist in the first instance, or out-of-hours please contact:

Telephone: 03000 333 224

5. Go to your nearest walk-in centre

THE MINOR INJURIES UNIT (MIU) at St Albans City Hospital is open between 9 am and 8 pm every day except Christmas Day. MIU is run by a team of highly trained and skilled nurse practitioners who are happy to deal with any minor injuries.

THE URGENT CARE CENTRE at Hemel Hempstead General Hospital is open from 8am to 8pm, 7 days a week.

FINCHLEY MEMORIAL HOSPITAL WALK IN CENTRE, Granville Road, London, Greater London, N12 0JE is open from 8.00 am – 10.00 pm every day.

EDGWARE COMMUNITY HOSPITAL, Burnt Oak Broadway, Edgware, Middlesex, HA8 0AD is open every day from 7.00am – 10.00pm. The telephone number is: 020 8732 6459.

CHESHUNT URGENT CARE CENTRE, at Cheshunt Community Hospital is open from 8am to 8pm, Monday to Sunday, 365 days per year.

SPRING HOUSE MEDICAL CENTRE, at Ascot Lane, Welwyn Garden City is open from 8am to 8pm, 365 days of the year. You do not need to register with the centre to be seen by the doctors or nurses. The telephone number is: 01707 294354.

IF YOU BELIEVE THAT YOUR CHILD REQUIRES THE SERVICES OF AN ACCIDENT AND EMERGENCY DEPARTMENT THEN PLEASE TAKE HIM OR HER THERE OR DIAL 999.

If you would like any more information about this project please contact the project manager on jaynedtaylor@aol.com.

Some people may need extra vaccines

Some people are **more likely to suffer serious illness** from infections and should be offered extra vaccinations to help protect them. This includes people living with a chronic illness that affects their major organs or their immune system.

Hepatitis A The vaccine is needed for people at high risk of hepatitis A, including those with liver disease and families where a case has been reported.

Hepatitis B Extra hepatitis B vaccine is also available for people with liver disease or those with a high chance of catching the infection (e.g. babies born to women with hepatitis B or people who have a partner or family member with the infection). Ask your GP practice if you or your baby should receive hepatitis B vaccination.

Tuberculosis The BCG vaccine is needed by children and adults living in areas with high rates of TB. People with close family members with TB also need the BCG vaccine.

For information on the current NHSE registration guidance (the Primary Medical Care Policy and Guidance Manual) and the BMA's rough guide to migrant health needs please visit: <https://bit.ly/zhv37ze>



I have a right to register and receive treatment from a GP practice

Are you or someone you care about ill?



Call **NHS 111** if you urgently need medical help or advice but it's not a life-threatening situation. You can also call NHS 111 if you're not sure which NHS service you need.



Ask your local **Pharmacist for advice** – your pharmacist can give you advice for many common minor illnesses, such as diarrhoea, minor infections, headache, travel advice or sore throat.



Make an **appointment with your GP** if you are feeling unwell and it is not an emergency.



Visit a **walk-in centre, minor injuries unit or urgent care centre** if you have a minor illness or injury (cuts, sprains or rashes) and it can't wait until your GP surgery opens.



Call **999** if someone is seriously ill or injured and their life is at risk.



An **A&E department** (also known as emergency department or casualty) deals with genuine life-threatening emergencies. People are seen and treated in order of need.



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Public Health England



Moved to the UK:

Get up-to-date with your vaccinations



Vaccines are the safest way to protect you and your family from serious infections – they help you stay healthy



In England, most vaccinations are offered free on the NHS. Vaccinations can protect you throughout your life. To protect children as early as possible many vaccines are offered to babies and toddlers before they start school. As vaccinations are so well accepted in England, they are not mandatory.



Vaccinations are usually given by practice nurses at your GP practice. Practice nurses are specially trained to give advice and offer vaccines. The nurse will carefully check the medical history but, as long as you or your child is well, an examination by a doctor is not needed.

Older children are offered some vaccinations in school. Vaccinations for adults are normally offered at your GP practice or pharmacy.



If you are unsure if you or your child has had all the recommended vaccinations in England – check with your GP practice. It is never too late to catch-up on the vaccinations recommended in England.

Registering with a GP practice

Anyone in England can register with a GP practice and see a primary care doctor or nurse for FREE. You do not need to provide proof of identity or immigration status in order to register with a GP practice.

This also applies if you are an asylum seeker, refugee, a homeless patient or an overseas visitor, whether lawfully in the UK or not.

You should register even if you are fit and well. You never know when you may need health care and the practice can offer preventive services to keep you healthy.

If you need a chaperone or an interpreter, ask your GP practice.

Everyone in England should register with a GP. You can see them for free and you do not need proof of address

You can find details on how to register with a GP in this leaflet and at www.nhs.uk/using-the-nhs/nhs-services/gps/how-to-register-with-a-gp-practice

You may have to pay for some treatment on the NHS, but routine vaccinations are free.

What to do if you have problems accessing health care?

If you are still having problems dial 111.

Different countries offer different vaccines

It is good to check with your GP practice and make sure you have had all of the vaccines we offer for free here in England. It does not matter why you have missed them, it is important to catch up and get protected.

Some infections can be more common in other countries, so it is also important to check if you need any extra vaccines before you travel overseas to visit family and friends – some travel vaccines are not free on the NHS.



When and what vaccines are given routinely in England?



Vaccinations are offered to new-born babies, young children, teenagers, pregnant women and older people. You can find out more about the vaccination schedule here www.nhs.uk/conditions/vaccinations. If you have missed any of the vaccines in the UK schedule, you may still need protection, even at an older age. Ask your GP or nurse to check if you need a catch-up dose.



Babies and toddlers need vaccinations to protect them from childhood infections including measles, mumps, rubella (MMR), rotavirus, diphtheria, whooping cough, meningitis, polio, tetanus, hepatitis B, TB and more.



Pre-school children need booster vaccinations for some of the diseases listed above. This helps to protect children better and for longer. Primary school children are offered flu vaccination every year.



Teenagers need another top up (booster) vaccination for some of these infections, including meningitis, to give longer lasting protection into adulthood. They are also offered the HPV vaccine which can prevent some cancers.



If you are planning a baby then you should check you have received all of your vaccinations – especially two doses of MMR – before you get pregnant.



If you are pregnant you need vaccinations to protect you and your baby from whooping cough and flu. You should also be screened (have a blood test) for infections such as hepatitis B which can pass from mother to child. Some babies may need an extra hepatitis B vaccination at birth.



Older people need vaccinations to protect them against flu, pneumonia and shingles.

Talk to your GP or practice nurse to check if you or your child need any routine or extra vaccines.