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All correspondence to:
Purton Surgery
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Purton
Swindon
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SN5 4BD
☎ 01793 770207

Dear New Patient

Welcome to Purton Medical Practice

To register as a new patient you need to complete a Registration Form, Ethnic origin form and a New Patient Questionnaire for each patient joining our practice list. We would be grateful if you could complete these forms as fully as possible as it will provide us with the essential information we need for our records.

Please note we are unable to register you with the practice until we have all these completed forms returned to us.

We **do not** routinely ask you to visit the nurse for a new patient check. Once registered, the Nurse checks the questionnaires and enters the relevant information to your records, if they feel that it may be helpful to meet you to obtain further information and maybe for further routine tests, we will contact you and ask you to make an appointment.

We have a very informative website which you may like to browse: - www.purtonsurgery.co.uk

Could I also take the opportunity to mention that we have an active patient participation group (this is a group made up from our registered patients), the 'PPG' help organise health promotions, talks and other events. We are very grateful to anybody who is able to support PPG in any way they can. Please see a message from our PPG chair about further details about the group.

Please contact the Surgery if you have any questions, our receptionists will be happy to help.

Yours sincerely

Mr Kai Howard
Practice Manager

Dear new patient,

On behalf of the Patient Participation Group, hello & welcome to our surgery.

We are a small committee of patients who meet regularly on the first Thursday of each month. We work with other people/agencies when extra help is needed.

These are some of the events and activities that we are involved with:

- Information evenings when we invite medical professionals to speak on a variety of issues.
- Assisting at flu clinics.
- Fundraising for medical items for the patients that the NHS no longer provide.
- Organise the 200 Club which has a monthly draw.
- Affiliation to NAPP National Association of Patient Participation which has an annual conference.
- Attending meetings of the Wiltshire Clinical commissioning Group.

If you would like to become involved in any way we would love to hear from you.

Please contact groupforpatients@gmail.com

PLEASE REST ASSURED THAT AT NO TIME ARE YOUR PERSONAL AND MEDICAL RECORDS ACCESSIBLE BY ANY MEMBER OF THIS COMMITTEE.

Warm wishes,

Nikki Lawrence

PPG Chair

April 2023

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 _____
 Town _____ and country _____
☐ Male ☐ Female 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

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

Practice Stamp

Authorised Signature

Name

Date

____/____/____

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: NO:**

If yes, please enter details from your EHIC or PRC below:



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.

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 Business Service Authority for the purpose of recovering your NHS costs from your home country.

PURTON SURGERY NEW PATIENT QUESTIONNAIRE

Please complete as much of the questionnaire as possible & return it with your Registration Forms to Purton Surgery.

Title: Surname:

Forenames:DOB:

Address:
.....Postcode:

Home Tel No: Mobile Tel No:

Email address.....

Would you like to receive text message reminders from the surgery (appointments/health campaigns etc.)?
YES / NO

Occupation / School:

Next of Kin: Next of Kin contact no:

Relationship of Next of Kin:

MEDICAL HISTORY. Please list below any major illnesses/operations (in date order if possible). Please continue on a separate sheet if necessary.

Date	Illness / Operation

Do you have any drug allergies? (if yes, please specify)

Please list below ALL medication currently on your repeat prescription. Please use a separate sheet if needed.		
Name of Medication	Medication Strength	Daily dose

FAMILY HISTORY. Please list below any major illnesses suffered by any close family members (e.g. diabetes, asthma high blood pressure, heart disease etc.)

Family Member	Illness

LIFESTYLE

Do you smoke? If yes, how many per day? Ex-smoker YES/ NO		
<input type="checkbox"/> Cigarettes <input type="checkbox"/> Roll your own	<input type="checkbox"/> Cigars <input type="checkbox"/> Pipe	<input type="checkbox"/> Other <input type="checkbox"/> No

Do you drink alcohol? (if yes, how many units per week?)	
1 unit = 1 small glass of wine 1 measure of spirits or ½ pint beer	

HEIGHT	WEIGHT
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DO YOU EXERCISE?

Type of exercise and how often? (i.e. once a week or more?)

IMMUNISATIONS

Have you ever had a course of Tetanus & Polio Vaccine: **YES / NO** **DATE:**

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If you are aged between 18 and 24 have you had a Men C Vaccination **YES / NO** **DATE:**

(If the answer is NO to either of the above questions please make an appointment with one of our Practice Nurses to update your immunisation cover)

FEMALE PATIENTS (if you have a coil fitted please answer the following questions)

What type? (e.g. Mirena)	When was it inserted?	Where was it inserted e.g. Hospital or GP	When was it last checked?
Do you use another form of contraception? If so, please state			

1. How often do you have a drink containing alcohol?

- | | | |
|---|---|--|
| <input type="checkbox"/> Never | <input type="checkbox"/> 4 or more times a week | <input type="checkbox"/> Monthly or less |
| <input type="checkbox"/> 2 – 3 times a week | <input type="checkbox"/> 2 – 4 times month | |

2. How many standard drinks containing alcohol do you have on a typical day?

- | | | |
|---------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> 1 or 2 | <input type="checkbox"/> 5 or 6 | <input type="checkbox"/> 10 or more |
| <input type="checkbox"/> 3 or 4 | <input type="checkbox"/> 7 or 9 | |

3. How often do you have six or more drinks on one occasion?

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Never | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Daily or almost daily | <input type="checkbox"/> Less than monthly | |

All information given is correct at today's date

SignedToday's Date.....