PROCESS FOR COMPLETING REGISTRATION FORMS

- **You must complete both forms in BLACK INK and BLOCK CAPITALS**
- We ask that you complete all mandatory fields on the Registration Form marked with an * otherwise it may delay your registration process
- Please note that section 2 of the Registration Form requires **YOUR** previous address **AND** the name and address of your previous GP
- You **MUST** sign Section 5 of the Registration Form or your forms cannot be processed
- The 'New Patient Information Form' must be **FULLY** completed for all patients over the age of 16
- When filling out the 'New Patient Information Form' for patients under 16 please complete any relevant sections (i.e. for newborns and children without significant medical history, please provide the next of kin and any family history).
- If you have listed medication on your 'New Patient Information Form' please **attach** a copy of your repeat order slip from your previous practice. (*If you do not do this it may delay your medication being prescribed until we receive your records from your previous practice).*
- When **both** forms are complete, please return them to the Reception Desk as soon as possible so that your registration can be processed. If you are unable to return them in person, you can email the completed forms to: Prescription.61502@lanarkshire.scot.nhs.uk
- Please provide photographic proof of identification e.g. passport, driving license ***and*** a utility bill or bank statement with your address on it. (For new-born babies, please attach the NHS form provided by the Registrar).
- If you are unable to provide any identification at all, please advise the Receptionist.
- The GP will look over your completed forms and may contact you to make an appointment if they require discussing further any information you have provided.

Registration Note

- *Under the terms of the General Medical Services Contract introduced in 2004, patients are no longer registered with a specific GP but are registered with the practice.*
- *New patients registering with the practice are therefore not required to indicate which GP they wish to register with.*
- *Patients are no longer automatically given a medical card once registration with the practice is complete. If you wish to be sent out your or your child's medical card, you can request it from Practitioner Services Glasgow Regional Office.*

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE

NHS SCOTLAND

1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK? Yes ☐ No ☒

Will you be in the area for more than 3 months? Yes ☐ No ☐

(If 'No', please complete a temporary resident form)

Male * ☐ Female * ☐

Date of birth *

Title *

Surname *

Forenames *

Previous surname *

Email address #

Address *

Postcode *

Telephone #

Mobile #

 # the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system.

The following information can be found on your **current medical card:**

Community Health Index (CHI) number *

NHS number *

The following information can be found on your **birth certificate:**

Town of birth *

Registered district of birth *(Scotland only)*

Country of birth *

Mother's maiden name

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP *

Postcode *

Name and address of previous GP Practice in UK *

Postcode *

If you are from abroad:

Date you first came to live in the UK *

If previously resident in the UK, date of leaving *

Your most recent country of residence

If you have served in the British Armed Forces:

Service Number

Enlistment date *

Are you a Reservist? Yes ☒ No ☐

Leaving date *

If yes provide your address before enlisting *

Postcode *

Is this your first registration with a GP since leaving the armed forces? Yes ☐ No ☐

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to www.organdonationscotland.org

4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "How the NHS handles your personal health information" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature

Date *

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number

GP name

Practice code

Identification seen – do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert ☐ Student ID card ☐ Driving licence ☐ Passport or HC2 cert ☐ Home Office app reg card ☐ Other / None

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature

Date *

7. FOR OFFICIAL USE ONLY

Input by

Checked by

Date

Practice stamp

Kilsyth Medical Partnership – New Patient Information Form

YOUR DETAILS

Name:		Date Of Birth:
Address:		
	Postcode:	
Home Telephone No:		Mobile No:

YOUR NEXT OF KIN

Name:		Date Of Birth:
Relationship:		
Address:		
	Postcode:	
Home Telephone No:		Mobile No:

YOUR PERSONAL DETAILS

Marital Status	Single ☐	Married ☐	Co-Habiting ☐	Divorced ☐	Widowed ☐	Other ☐
Ethnic Group						
Interpreter Needed?	Yes / No If yes, language:					
Smoking Status	Current Smoker ☐	Number of cigarettes per day:				
	Ex-Smoker ☐	Date stopped:				
	Never Smoked ☐					
Alcohol Status	Currently Drink ☐	Number of units per week:___ **OR** drink rarely ☐				
	Stopped Drinking ☐	Date stopped:				
	Never Drank ☐					
Height						
Weight						
Are you a Carer?	Yes / No (If yes please ask for a carer pack at Reception Desk)					

YOUR MEDICAL HISTORY (i.e. any current investigations/symptoms and any previous medical diagnosis such as skin condition, asthma, diabetes, heart condition, cancer, etc)

Event Date	Details

Kilsyth Medical Partnership – New Patient Information Form

YOUR SURGICAL HISTORY

Event Date	Procedure

FAMILY HISTORY (please do not include your own medical history in this category)

Hypertension	Yes / No Relation(s):
Heart Disease	Yes / No Relation(s):
Diabetes	Yes / No Relation(s):
Stroke	Yes / No Relation(s):
Asthma	Yes / No Relation(s):
COPD	Yes / No Relation(s):
Cancer – please specify which type	Yes / No Relation(s):
Other – Please specify	

ALLERGIES

Drug Allergies	
Non-Drug Allergies (food, pets etc)	

IMMUNISATION RECORD (please complete if you are moving to this practice from outside the UK)

Immunisations	DTP/POLIO/HIB/MEN C/MMR	Booster	DT/POLIO/MMR
Others (Please circle and date if known)	RUBELLA HEP A/HEP B TETANUS	TB TYPHOID POLIO	OTHER:

MEDICATIONS

if you are on repeat medication from your previous GP please attach a copy of your repeat order slip and complete the table below

Name of Medication	Dosage of Medication (i.e. 5mg)	Regimen (i.e. once daily)

FEMALES ONLY

Contraception:		Sterilisation:	Yes / No
Last Smear Date:		Hysterectomy:	Yes / No If yes, date: