

Shotts Health Centre
36 Station Road, Shotts, ML7 5DS
Tel: 01501 822256



Newmains Health Centre
17 Manse Road, Newmains, ML2 9A
Tel: 01698 384482

Email: burnbrae.medicalpractice@lanarkshire.scot.nhs.uk

Thank you for your interest in registering with Burnbrae Medical Practice.

This pack includes all the information you need to know about us and our services. We are a unique Practice located within Shotts Health Centre and Newmains Health Centre and primarily use online facilities. If you do not have access to the internet, don't worry! Our Patient Care Advisors are on hand to help where they can if you contact us via telephone.

Please read all the information contained in this pack carefully. We are different to other Practices in the area and offer a wide range of services – more information can be found in our Practice leaflet.

If you decide to register with us, please complete all the forms in this pack as fully as possible. The more information we have, the easier it will be to register you successfully without any follow up questions.

Return all the forms to our Reception desk and ensure you bring at least one form of ID with you so we can check your information. This could be a driving license, passport, or utility bill.

When you hand in your registration forms please bring a copy of your repeat prescription slip or a list of your current medication.

We will arrange a slot at our Surgery POD at our Shotts or Newmains site to carry out a health check.

If you decide not to register with our Practice, that's OK. There are two other GP Practices located in Shotts – Dr George (in Shotts Health Centre) and Rosehall Surgery, located in the Dykehead Area and one in Newmains – Dr Reddy at Manse Road Medical Centre – for you to choose from.

We thank you for taking the time to read this information.

Many thanks,

Dr Sue Arnott
GP Principal

Megan Biggerstaff
Business Manager

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

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



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 * Address *

Title *

Surname *

Forenames *

Previous surname * Postcode *

Telephone #

Email address # 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 * Country of birth *

Registered district of birth
(Scotland only) 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 * Name and address of previous GP Practice in UK *

Postcode * 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 If yes provide your address before enlisting *

Leaving date *

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
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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