

How to Register with Dollar Health Centre

Rumbling Bridge Nursing Home

Please complete the form

"Application to register permanently with a General Medical Practice".

All boxes marked with a * **MUST BE COMPLETED.**

Check List

- Have you completed and signed the *"Application to register permanently with a General Medical Practice" Form*
- Have you completed the *"New Patient Questionnaire Sheets"*
- Have you signed **that** you have received a copy of *"Your Information – Used and Protection"* on the *"New Patient Questionnaire Sheets"*



“Your Information – Uses and Protection”

We are registered with the Information Commissioner and our Data Controller is Dr Neil Houston.

What Information Do We Hold?

We hold data relevant to your medical care, and can include personal details, a record of your appointments and consultations, prescribed medications, test results, lifestyle and employment information.

Who Has Access?

In addition to your doctors, the practice nurses, district nurses, health visitors and administration staff working at the health centre have access to your medical information.

Other attached medical professionals who have access to information about you are:

Visiting Colleagues offering specialist medical and support services, for example:

- >Physiotherapist, Dietitian, Podiatrist
- >Clinical Guidelines Co-ordinator
- >Medical and Nursing Students

- but only in relation to the care they are providing.

Sharing Information

Telephone calls made to NHS24 are recorded. A summary of the care you receive from NHS24 and the Out of Hours service is retained on a clinical system used by this organisation and a copy is in your medical record at this practice.

Everyone working in the NHS has a legal duty to keep information about you confidential. Great care is taken to ensure that confidentiality is maintained in respect of all information held about you.

If you are receiving care from other medical professionals or other organisations, we can provide information relevant to the care you are receiving.

How is the Information used?

In addition to using the information to provide you with proper and appropriate care and treatment, both the wider NHS and the Practice keep information relating to our activities.

Information is collated and used to plan health services (statistical anonymous data only) and to provide protection and monitoring of public health, investigate complaints, and to ensure quality of your care and treatments and to provide evidence of best practice.

The medical care and treatment you receive is audited, monitored and reviewed. Information specific to you is used to monitor your health, and used to audit the care we provide to our patients.

Although we may be using your information or asking you about treatment received, when the audit or report is completed all of the details which could identify you have been removed.

Verification of Services

To ensure propriety and fiscal accountability a central NHS body called Practitioner Services can at times audit the practice.

To ensure that we are claiming correctly, Practitioner Services may contact patients to confirm that they have received the service claimed.

Access to Health Records

The Data Protection Act (1998) gives you the right to access your health records both manual and computer records. Only in very exceptional circumstances can access be withheld.

Without your consent, no other person or organisation can access your records. With the exception of legal and statutory obligations, the only circumstances when information may be provided about you would be if the release of the information would be in the interest of the greater public good.

For example notification to DVLA of a medical condition which would preclude you from driving.

Applications for accessing your records must be made in writing and sent to the Practice Manager. There may be a charge for this service.

Training

All doctors, nurses and staff receive annual training on confidentiality and data protection.

For more information please speak to the Practice 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 *

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 *

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 *

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

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

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1, including your name, gender, date of birth, address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonations.scot.nhs.uk

Any of my organs and tissue

OR, my:

Kidneys Eyes Heart Lungs Liver Pancreas Small bowel Tissue

Notes on tissue – Heart valves and corneas come under the 'heart' and 'eyes' boxes respectively so the 'tissue' box covers donating other types of tissue, such as your tendons.

Patient signature Date *

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 NHS Scotland 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 Home Office Other/ None
HC2 cert app reg card

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

Patient's Name

Please list all current medications			
Name	Dose	Name	Dose
Please list any allergies			
Drug			
NonDrug			

Current Health Status

Patients Height		
Patients Weight		
Blood Pressure	Systolic	Diastolic
Does the patient smoke?	Yes/No	
If yes - how many per day?		
- would they like help to stop smoking?	Yes/No	
Do the patient drink Alcohol?	Yes/No	
If yes - how many units do they drink each week? (1 unit = 1 glass wine/ 1/2 pint beer/ 1 standard measure of spirits)		

Patient's Name

Health Status Please circle the appropriate box

Has the patient a Certificate of Incapacity?		Yes	No	
Does the patient need an assessment for a Certificate of Incapacity?		Yes	No	
Patients Mini Mental Health Score				
Does the patient show any signs of dementia?		Yes - please give details at the end of this document	No	
Does the patient have any cognitive difficulties?		Yes - please give details at the end of this document	No	
Does the patient show any behavioural difficulties?		Yes - please give details at the end of this document	No	
Vision	Good	Partial	Contact Lens/Glasses	Registered Blind
Hearing Right Ear	Normal	Partial	Has hearing aid	Registered Deaf
Left Ear	Normal	Partial	Has hearing aid	
Communication	No Difficulties	Minimal Speech difficulties	Needs assistance with communication	Incapacitated
Mobility	Fully Mobile	Walks with assistance/aids	Wheelchair	Incapacitated
Breathing	No Difficulties	Difficulties on exertion	Difficulties with routine activities	On oxygen Therapy
Sleep No of hours	Continuous	Disturbed	Naps	Medication
Diet Special Diet Yes/No	Self Care for Meals	Assistance with Eating/Drinking	Carer provides Meals	P.E. G. Feeding
Dressing and Personal Care	Self Care	Personal Care Assistance req.	Dressing Assistance req.	Cannot care for self
Bladder	No problems	Slight Incontinence	No bladder control	Catheterised
Bowels	No problems	Slight Incontinence	Occasional Accidents	No bowel control

Are there any other issues or information that the Doctors should be aware of:

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Name of person completing this information Date