

## Patient's details

Please complete in BLOCK CAPITALS and tick  as appropriate

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Surname
Date of birth				First names
NHS No.				Previous surname/s
<input type="checkbox"/> Male	<input type="checkbox"/> 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\*

*\*Not all doctors are authorised to dispense medicines*

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

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](http://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.*

Practice Stamp

Authorised Signature

Name Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**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.**

<b>Signed:</b>		<b>Date:</b>	DD MM YY
<b>Print name:</b>		<b>Relationship to patient:</b>	
<b>On behalf of:</b>			

**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:
 <p><i>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.</i></p>	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

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.

**SYCAMORE HOUSE MEDICAL PRACTICE NEW PATIENT QUESTIONNAIRE**

**Age 16 or over**

All information will be treated as confidential. We ask you to **FULLY** complete this questionnaire to ensure we have accurate details about your medical health should you require treatment prior to your records arriving from you old Doctor.

<b>Forename(s):</b>		<b>Address:</b>	
<b>Surname:</b>			
<b>Date of birth:</b>			
<b>Place of birth:</b>			
		<b>Postcode:</b>	
<b>Telephone numbers</b>		<b>Occupation:</b>	
<b>Landline:</b>			
<b>Mobile:</b>		<b>NHS number:</b>	

<b>Previous GP</b> <i>(please state name and address)</i>	
<b>Next of kin</b> <i>(please state name, relationship, address and telephone / mobile number)</i>	
<b>Carer</b> <i>(please tick the relevant box)</i>	
<input checked="" type="checkbox"/> I have a carer	<input checked="" type="checkbox"/> I am a carer
<b>State the name, address, and telephone number of your carer or person(s) you're caring for</b>	
<b>Medical History</b> <i>(please list serious illnesses, operations, accidents, disabilities with dates)</i>	
<b>Medication</b> <i>(please list the names of all medications taken (including contraceptive pill)</i>	
<b>Allergies</b> <i>(please list all known allergies to medications)</i>	

<b>Height (cm):</b>		<b>Weight (kg):</b>	
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Smoking status (please tick relevant box(s), and insert quantity)			
<input checked="" type="checkbox"/>	I have never smoked	<input checked="" type="checkbox"/>	Cigarette smoker _____ / day
<input checked="" type="checkbox"/>	Pipe smoker _____ oz / week	<input checked="" type="checkbox"/>	Cigar smoker _____ / day
<input checked="" type="checkbox"/>	I <b>would</b> like help to stop smoking	<input checked="" type="checkbox"/>	I <b>would not</b> like help to stop smoking
<input checked="" type="checkbox"/>	I currently do not smoke. I stopped _____ years ago		

**Alcohol**

This is one unit of alcohol:

				
½ pint of ordinary strength beer, lager or cider	1 small glass of wine	1 single measure of spirits	1 small glass of sherry	1 single measure of aperitifs

Please tick this box if you do not wish to answer the questions regarding alcohol.

How many units do you drink per week?	0 <i>(never)</i>	1 <i>(less than monthly)</i>	2 <i>(monthly)</i>	3 <i>(weekly)</i>	4 <i>(daily or almost daily)</i>
How often do you have 8 units (men) / 6 units (women) or more on one occasion?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
How often in the last year have you not been able to remember what happened when drinking the night before?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
How often in the last year have you failed to do what was expected of you because of drinking?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No	<input checked="" type="checkbox"/>	Yes, but not in the last year	<input checked="" type="checkbox"/>	Yes, during the last year
<b>Total score:</b>		/16			

**Exercise activity**

**Average number of 20-minute sessions of moderately vigorous activity in one week:**  
*(moderately vigorous means exercise such as walking briskly. Circle as appropriate below)*

0	1	2	3	More than 3
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**Family history:** (please tick relevant family history under age 60, followed by what relation they are to you. Only include immediate family; mother, father, brothers, sisters)

<input checked="" type="checkbox"/>	High blood pressure :-	<input checked="" type="checkbox"/>	Diabetes :-
<input checked="" type="checkbox"/>	Heart disease :-	<input checked="" type="checkbox"/>	Glaucoma :-
<input checked="" type="checkbox"/>	Stroke :-	<input checked="" type="checkbox"/>	High cholesterol :-
<input checked="" type="checkbox"/>	Thrombosis (eg. Clots in calf/lung) :-		
<input checked="" type="checkbox"/>	Other hereditary disease (please specify) :-		

**Ethnicity data:**

The government and NHS require us to collect information on patients' ethnicity when registering with the practice. We would be most grateful if you could tick the appropriate box.

<b>White</b>			
<input checked="" type="checkbox"/>	British	<input checked="" type="checkbox"/>	Irish
<input checked="" type="checkbox"/>	Any other white background ( <i>please state</i> ):-		
<b>Mixed</b>			
<input checked="" type="checkbox"/>	White and Black Caribbean	<input checked="" type="checkbox"/>	White and Black African
<input checked="" type="checkbox"/>	White and Asian		
<input checked="" type="checkbox"/>	Any other mixed background ( <i>please state</i> ):-		
<b>Asian or Asian British</b>			
<input checked="" type="checkbox"/>	Indian	<input checked="" type="checkbox"/>	Pakistani
<input checked="" type="checkbox"/>	Bangladeshi		
<input checked="" type="checkbox"/>	Any other Asian background ( <i>please state</i> ):-		
<b>Black or Black British</b>			
<input checked="" type="checkbox"/>	Caribbean	<input checked="" type="checkbox"/>	African
<input checked="" type="checkbox"/>	Any other Black background ( <i>please state</i> ):-		
<b>Chinese or other ethnic group</b>			
<input checked="" type="checkbox"/>	Chinese		
<input checked="" type="checkbox"/>	Any other ( <i>please state</i> ):-		
<input checked="" type="checkbox"/>	I do not want to disclose this information		

<b>First language:</b>		
<b>Do you require an interpreter?</b>	<b>YES</b>	<b>NO</b>

<b>Have you ever been in, or are currently in any of the following (<i>please circle</i>)</b>			
Military Service	Army Service	Navy Service	Royal Air Force

**Did you know the surgery has a Patient Representative Group (PRG)?**

If you would like further information or would like to join the group, please speak to a member of the reception team.

**Violent and abusive patients**

*We do not tolerate any form of verbal or physical abuse, bullying or any other form of intimidation.*

*Any patient guilty of this towards staff, doctors or other patients will be removed from the list with immediate effect, and if appropriate the matter will be reported to the police and the CCG.*



## Your Summary Care Record (SCR)

The NHS in England has introduced the Summary Care Record, and electronic health record that can be accessed when you need urgent treatment from somebody other than your own GP.

Summary Care Records contain key information about the medicines you are taking, allergies you suffer from, and any bad reactions to medicines you have had in the past. You will be able to add other information too if you and your GP agree that it is a good idea to do so.

If you have an accident or fall ill, the people caring for you in places like accident and emergency departments and GP out of hours services will be better equipped to treat you if they have this information. Your Summary Care Record will be available to authorised healthcare staff whenever and wherever you need treatment in England, and they will ask your permission before they look at it.

### You need to make a decision

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

- **Yes, I would like a Summary Care Record.** If you want a record you do not need to do anything further, one will be created for you when you register with your GP practice. If you opted out of having a record in the past but have now changed your mind, speak to your GP practice and they can create one for you.
- **No, I do not want a Summary Care Record.** If you do not want a record, you need to fill in the Summary Care Record opt out form and hand it in to your GP practice. You should do this even if you have already completed a form at your previous practice. Opt out forms are available from your GP practice.

You are free to change your decision at any time by informing your GP practice.

Children under 16 will automatically have a Summary Care Record created for them unless their parent or guardian chooses to opt them out. If you are the parent or guardian of a child under 16 and feel that they are old enough to understand, please tell them about Summary Care Records and explain the options available to them.

For more information talk to your GP practice, or call the Health and Social Care Information Centre on 0300 303 5678.



## My Summary Care Record Choice

If you are filling out this form for yourself, please **only use the first table**. If you are filling it out on behalf of another person, or child, please ensure you fill out **their details in the first table**, and **your details in the second table**.

### Patient details:

Title:		Address:	
Forename(s):			
Surname:		Postcode:	
Date of Birth:		Phone Number:	
NHS Number (if known)			

### Your details (if completing on behalf of another person, or child):

Your Name:			
Relationship to Patient:			
Your Signature:		Date:	

Please state your decision by ticking the appropriate box in the table below:

Summary Care Record Options	Please Tick
<b>YES</b> I would like a Summary Care Record containing details of my medications, allergies and any bad reactions to medication I have had, and any other information that I have agreed with my GP practice to have included in my Summary Care Records	<input checked="" type="checkbox"/>
<b>NO</b> I do not want a Summary Care Record	<input checked="" type="checkbox"/>

**If you do not return this form, a Summary Care Record will be created for you based on implied consent.**

### 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 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.
- Contact your local Patient Advice Liaison Service (PALS).