

# APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE



## 1. PERSONAL DETAILS (ALL FIELDS MARKED \* ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male\*  Female\*  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 ask for form GMSTRF001)

Date of Birth\*  -  -

Title\*

Surname\*

Forenames\*

Previous Surname\*

email address #

Address\*

Postcode\*

Telephone #

Mobile #

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

# 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

## 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:

Enlistment date\*  -  -

Are you a Reservist?\*  Yes  No

Leaving date\*  -  -

Is this your first registration with a GP since leaving the Armed Forces?\*  Yes  No

Service Number

If yes, please provide your address before enlisting\*

Postcode\*

## 3. VOLUNTARY CONSENT TO ORGAN 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.organdonation.nhs.uk](http://www.organdonation.nhs.uk).

Any of my organs and tissue  Or my

Kidneys  Eyes  Heart  Lungs  Liver  Pancreas  Small bowel  Tissue

Patient signature \_\_\_\_\_ Date  -  -

#### 4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice 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 cards, 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 make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit [www.nhsnss.org](http://www.nhsnss.org). If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the NHS Inform website at [www.nhsinform.co.uk/rights/](http://www.nhsinform.co.uk/rights/) or ask your GP surgery.

*NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.*

#### 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, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

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  -  Mileage (No.) Road  Water  Footpath

#### Identification seen - do not take or retain photocopies

*Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)*

Birth Cert.  Student ID Card  Driving Licence  Passport or HC2 Cert.  Home Office App Reg Card  Other/None - specify  Receptionist initials

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. OFFICIAL USE ONLY

Input by

Checked by

Date  -  -

Practice Stamp

Dr J Sheward  
Dr L Adams  
Dr C Martin

Appointments: 01655 882708  
Prescriptions: 01655 883922  
Fax: 01655 882977  
Ref: 80491

Maybole Health Centre  
6 High Street  
MAYBOLE  
KA19 7BY

[www.maybolemedicalpractice.co.uk](http://www.maybolemedicalpractice.co.uk)

## ADULT QUESTIONNAIRE

<b>Title</b>	Mr / Mrs / Miss / Ms / Dr / Rev	
<b>First Name</b>		
<b>Surname</b>		
<b>Date of Birth</b>		
<b>Telephone Numbers</b>	Home	
	Mobile	
	Work	
	Other	
<b>Email</b>		
<b>Have you had any serious illnesses or operations?</b> If so, could you please list them below:		
<b>Are you allergic to anything?</b> If so, please list them:		
<b>Are you taking any medications?</b>		
<b>Drug Name</b>	<b>Dose/Strength</b>	<b>Frequency</b>

<b>How much alcohol do you consume per week?</b>	
<i>(One unit of alcohol is equivalent to half a pint of beer, one glass of wine or sherry or one measure of spirits)</i>	
<b>How much exercise do you do, apart from at work?</b>	
<b>What is your current smoking status?</b> Current Smoker / Ex Smoker / Never Smoked Tobacco	
If you are a current smoker how many a day?	
Would you like help to stop smoking?	
Yes/No	
<b>Are you a Carer?</b>	
If so who do you care for?	
E.g. Mother / Father / Friend / Grandmother / Grandfather	
<b>Is there a Family History of:</b> <i>(blood relative)</i>	
Coronary Heart Disease (heart attack, angina, coronary bypass)	Yes/No
Diabetes Mellitus	Yes/No
Stroke	Yes/No
<b>WOMEN ONLY</b>	
<i>Have you had a hysterectomy?</i>	Yes/No
<i>When did you last have a smear test?</i>	
<i>Was this smear normal?</i>	Yes/No
<i>The practice has a computerised recall system for smears. Do you wish to be recalled for cervical smears?</i>	Yes/No
<b>Is there any other information which you think that we should know?</b>	
<b>Signed</b>	

Dr J Sheward  
Dr L Adams  
Dr C Martin

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This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care. More information about it is on the back of this form but please ask a member of staff if you need more explanation.

We should be grateful if you could complete one for each family member within/joining the practice.

Name \_\_\_\_\_ DOB \_\_/\_\_/\_\_

**Do you need an interpreter or sign language support? Yes/No**

If you need an interpreter what language do you speak?

Please state \_\_\_\_\_

**What is your ethnic group?**

Choose ONE section from A to E then tick ONE box which best describes your ethnic group or background

**A White**

- Scottish
- English
- Welsh
- Northern Irish
- British
- Irish
- Traveller
- Polish
- Any other white ethnic group, please write \_\_\_\_\_

**B Mixed or Multiple Ethnic Groups**

- Any mixed or multiple ethnic groups

**C Asian, Asian Scottish or Asian British**

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, please write \_\_\_\_\_

**D African, Caribbean or Black**

- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other, please write \_\_\_\_\_

**E Other Ethnic Group**

- Arab
- Other, please write \_\_\_\_\_

If you do not wish to give this information, please tick here

## **Patient Information**

People registered with this practice and others in Scotland are being asked to give their ethnic group. Your ethnic group is the group you identify with because of your language, culture, family background or country of birth. It is not necessarily the same as your nationality. For example you may see yourself as White Scottish, Polish or Pakistani. Your ethnic group is important for your care as it may influence your risk of disease. Knowing your ethnic group may also help us to provide services that meet your individual needs and to check that our services treat people from all backgrounds fairly and equally. For children, information about ethnic group can be provided by parents or guardians.

People are also being asked to say whether they need an interpreter when talking with NHS staff, including the needs for sign language support.

### **Why am I being asked these questions?**

Practices in Scotland which are participating in this exercise are asking all their patients to give their ethnic group and if they need interpreter support when talking with NHS staff.

### **What do you mean by the ethnic group?**

An ethnic group is the group we identify with as a result of our culture, family background, the language we speak and the food we eat. For example most people in Scotland would identify themselves as White Scottish, while others might identify themselves as Indian. Ethnic group is different from nationality – for example people of many different ethnic groups have British nationality.

### **What has my ethnic group got to do with my health care?**

Diseases like diabetes, heart disease and cancer are more common in some ethnic groups than others. We want to make sure that NHS services treat people equally whatever their ethnic group, gender, age, religion, disability or medical background.

### **Isn't it obvious what my ethnic group is?**

No it isn't. Only an individual can say which ethnic group they identify with. It is important not to make assumptions about people asking.

### **Why do I need to answer a question about needing an interpreter?**

We know that most of our patients can speak English, but some people may find it difficult to explain their health problems in English. By collecting information on patients' needs for an interpreter, the NHS will be able to better plan their provision of interpreter services.

### **Who will have access to this information?**

Only staff in the practice will have access to information that identifies you personally. Sometimes it would be helpful to share this information with other NHS staff to make sure that your health care needs are met. This might happen for example if you are being referred to hospital. We sometimes prepare statistical reports for the NHS to help plan services and to check the NHS is treating people from different backgrounds fairly. These reports will never identify you individually.