

PARK ROAD SURGERY - REGISTRATION

Please complete the attached forms and return them to reception with photo id (passport or driving licence) and proof of address (utility bill, bank statement, council tax, mortgage or rental agreement dated in last 3 months)

For children under 6 we also need their red book containing immunisation information or other record of immunisations if you do not have a red book

1. Registration document (GMS1):

- Please ensure you include the name of a doctor at your previous surgery plus the surgery name and address OR
- If this the first time you are registering from abroad please enter the date you first entered the UK
- When entering place of birth if you were born in London we also need to know the specific borough / district.

2. New Patient Information form (for anyone over 16)

- Please ensure you complete both sides of this form

3. Ethnicity information

4. Online Appointments form (if you want to book appointments online)

- A separate form is needed for each person over 16. For children under 16 please add their names and date of birth to a parents form. You will receive an e-mail from Vision Patient Services Online, please check your spam folder. You will need to follow the instructions using the activation codes to set up an account id to allow you book appointments online. A separate id is needed for each patient. While each patient will need a personal username, the same PASSWORD can be used for all family members. **Please ensure e-mail address is clearly legible.**
- Note: "On the day" appointments are available for booking before 8am every morning.

PLEASE BE AWARE IT CAN TAKE UP TO A WEEK TO COMPLETE YOUR REGISTRATION AFTER WHICH TIME YOU WILL BE ABLE TO BOOK APPOINTMENTS

IF YOU REQUIRE MEDICATION YOU WILL NEED TO SEE A DOCTOR BEFORE ANY PRESCRIPTIONS CAN BE ISSUED SO PLEASE BOOK AN APPOINTMENT IN GOOD TIME TO ENSURE YOU DO NOT RUN OUT

Doctors appointments can be booked up to three weeks in advance and also "on the same day" from 8.30am in the morning by phone and before 8am if booking online.

Nurse appointments all need to be booked in advance and can be booked up to four weeks ahead

Blood tests are done by our phlebotomist on Tuesday, Wednesday and Friday mornings and must be booked in advance

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Additional registration information

Name: _____ Date of Birth _____

Local Pharmacy for Prescriptions to be sent to electronically: _____

If applicable, please give name and date of birth of another family member / partner **who is registered at this practice** to allow us to correctly link records:

Name of partner / family member _____ Date of Birth _____

Please tick the ethnicity group you belong to:

Census Group	Census Group Description	i Codes	
A	White British	9i0	
B	White Irish	9i1	
C	Any other white background	9i2	
D	Mixed White and Black Caribbean	9i3	
E	Mixed White and Black African	9i4	
F	Mixed White and Asian	9i5	
G	Any other mixed background	9i6	
H	Indian (Asian or Asian British)	9i7	
J	Pakistani (Asian or Asian British)	9i8	
K	Bangladeshi (Asian or Asian British)	9i9	
L	Any other Asian background (Asian or Asian British)	9iA	
M	Caribbean (Black or Black British)	9iB	
N	African (Black or Black British)	9iC	
P	Any other Black background (Black or Black British)	9iD	
R	Chinese	9iE	
S	Any other ethnic category	9iF	
Z	Not stated	9iG	

FOR SURGERY USE:

Named GP (#9NN60) _____

Patient Informed (#67DJ) _____

Proof of address seen _____

Proof of id seen _____

Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

Date of birth

First names

NHS
No.

Previous surname/s

☐ Male ☐ 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 GP practice while at that address

Address of previous GP practice

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

Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: ☐ Regular ☐ Reservist ☐ Veteran ☐ Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting:

Postcode

Service or Personnel number: Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

☐ I live more than 1.6km in a straight line from the nearest chemist

☐ I would have serious difficulty in getting them from a chemist

*Not all doctors are
authorised to
dispense medicines

☐ 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

Signature confirming my consent to join the NHS Organ Donor Register

Date ____/____/____

Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit www.organdonation.nhs.uk or call 0300 123 23 23 to register your decision.

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 my consent to join the NHS Blood Donor Register

Date ____/____/____

My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode:

All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

NHS England use only

Patient registered for

☐ GMS

☐ Dispensing

To be completed by the GP Practice

Practice Name

Practice Code

☐ I have accepted this patient for general medical services on behalf of the practice

☐ I will dispense medicines/appliances to this patient subject to NHS England approval.

I declare to the best of my belief this information is correct

Authorised Signature

Name Date ____/____/____

Practice Stamp

SUPPLEMENTARY QUESTIONS QUESTIONS - These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

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.

Signed:	Date:
Print name:	Relationship to patient:
On behalf of:	

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 <u>non-UK</u> EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p>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.</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:		(b) To:

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.

PARK ROAD SURGERY

New Patient Information

This form is required to register as an NHS patient with Park Road Surgery. Please complete the details below and bring into the surgery when you complete your registration:

*Mr/Mrs/Miss/Ms Surname: _____ First name: _____

Date of Birth: _____ *Male/Female

Home address: _____

Postcode: _____ Telephone No. (Home): _____

Mobile No.: _____ Email address: _____

*Please delete as appropriate

Are you a carer? (Please give details) _____

Medical Information

Do you have any allergies? Please give details: _____

What is your height? _____ (cm) What is your weight? _____ (kg)

What is your smoking status? Non-Smoker [] Current Smoker [] Ex-Smoker []

How many cigarettes do you smoke per day? (If none please write none) _____

If you do smoke then we strongly advise you to stop and one of our Practice Nurses would be pleased to give you advice and support on local services or strategies available.

Alcohol: Please complete the attached alcohol consumption audit and return with this form.

Have you had or do you currently suffer from any of the following (please tick any that apply):

Diabetes	Asthma	High blood pressure*
Heart attack / stroke	Cancer	Depression
Chronic cough/shortness of breath	Epilepsy	Any other mental health problem
Thyroid problems	Rheumatoid arthritis	

*Please give details of your last blood pressure reading (including date): _____

Do you have a disability? (Please give details): _____

What medicines are you taking (including contraception)? _____

If you are aged 40 or over, with no pre-existing cardiovascular disease (high blood pressure, stroke, diabetes or heart attack), we would like to invite you for a free NHS Health Check. Please make an appointment with the nurse for a blood test.

This is one unit
of alcohol



Half pint of
regular beer
lager or cider



1 small glass
of wine



1 single
measure
of spirits



1 small
glass of
sherry



1 single
measure
of aperitif

and each of
these is more
than one unit



Pint of Regular
Beer/Lager/Cider



Pint of Premium
Beer/Lager/Cider



Alcopop or
can/bottle of
Regular Lager



Can of Premium
Lager
or Strong Beer



Can of Super
Strength
Lager



Glass of Wine
(175ml)



Bottle of
Wine

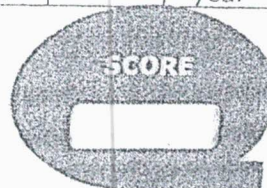
AUDIT

Scoring system

Your
score

	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 - 7 Lower risk, 8 - 15 Increasing risk,
16 - 19 Higher risk, 20+ Possible dependence



PARK ROAD SURGERY

Sharing Your Data: Opt-out / Consent Form

Dear Patient,

There are currently three different data sharing schemes running nationally – Local Data Sharing, the Summary Care Record and NHS Digital Data and Information Collection data sets.

It is important that patients know the difference between these so that an informed choice can be made about whether you are happy for your data to be shared, or whether you wish to opt out and the implications of this.

Please find below details of the different types of data sharing schemes. Once you have considered these options and if you wish to opt-out of any of them then please complete the attached form and return it to us so that we can record your wishes.

You can also opt out of receiving text messages and emails from the surgery. The surgery sends texts relating to your appointments, health reminders and campaigns. Please ensure that we have your correct mobile number if you want to receive these texts.

Local Data Sharing has been introduced to improve the safety and quality of patient care.

A data sharing agreement exists between all practices within the Richmond General Practice Alliance. There are local services that are run as a federation of practices, for example a hub service run at Teddington Memorial Hospital providing access to GP appointments 7 days a week from 8am to 8pm.

If a patient does not opt out their information will be shared when immediate patient care is needed.

Summary Care Record is an electronic record that is stored at a central location. It contains information about medicines, allergies or reactions to medicines that a patient has had. The record does not include detailed information about a patient's medical history. Only healthcare staff directly involved in the patient's care would have access to this information. Having this information stored in one place makes it easier for healthcare staff to treat patients in an emergency.

If a patient does not opt-out they will automatically have a Summary Care Record, however a patient can opt-out or re-join the scheme at any time.

NHS Digital and Information Collection Data Sets shares patient data in a secure system and helps healthcare staff to support their treatment and care.

Information such as a patient's postcode and NHS number, **but not their name**, will be used to link their records in a secure system, so their identity is protected. Information which does not reveal identity can then be used by others, such as researchers and those planning health services, to make sure the NHS provide the best care possible for everyone. **How patient information is used and shared is controlled by law and strict rules are in place to protect patient privacy.** If a patient does not opt-out their information will be shared, however a patient can opt-out or re-join the scheme at any time.

If you want to opt-out of the NHS Digital scheme then you need to register this on the 'Your NHS Data matters' website – where you can find out more about data sharing and a national data opt-out. Please find details overleaf.

More information is available on our practice website: www.parkroadsurgeryteddington.co.uk

Opt-out form

If you wish to opt-out of any of these schemes please complete this opt-out form and hand it in at the Reception desk.

Please take whatever steps necessary to ensure that my confidential personal information is not uploaded and record my dissent as necessary.

Tick all that apply:

- ☐ I would like to opt-out of Local Data Sharing
- ☐ I would like to opt-out of the Summary Care Record
- ☐ I would like to opt-out of receiving emails
- ☐ I would like to opt-out of receiving text messages

If you would like to opt-out of NHS Digital Data sharing (known as a type 2 objection) then you need to register this on the 'Your NHS Data matters' website: www.nhs.uk/your-nhs-data-matters.

I understand that if I do not opt-out my information will be shared, however I can opt-out or re-join the scheme at any time.

If you have ticked any of the opt-out statements above please complete the consent form below to show that you have read the consent information provided overleaf, and we will then add an opt-out code to your records:

Name: _____

Date of birth: _____

Address: _____

Signed: _____ Date: _____