APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

NHS SCOTLAND

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* DD - - YYYY

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*

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* DD - - YYYY

If previously resident in the UK, date of leaving* DD - - YYYY

Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date* DD - - YYYY

Are you a Reservist?* ☐ Yes ☐ No

Leaving date* DD - - YYYY

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.

Any of my organs and tissue ☐ Or my

Kidneys ☐ Eyes ☐ Heart ☐ Lungs ☐ Liver ☐ Pancreas ☐ Small bowel ☐ Tissue ☐

Patient signature _____ Date DD - - YYYY

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. 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 Health Rights Information Scotland website at www.hris.org.uk 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 DD - - YYYY

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 DD - - YYYY

7. OFFICIAL USE ONLY

Input by

Checked by

Date DD - - YYYY

Practice Stamp

Viewfield

Welcome to our practice.

Please help us to look after your health by answering the following questions

Date _____

About You:

Surname _____Title _____

Forenames _____ Date of Birth_____

Address_____

Post Code _____Telephone _____

Ethnicity:

White Scottish___ Other White British ___ White Irish ___ Other White ___ Any Mixed Background ___

Indian ___ Pakistani ___ Bangladeshi ___ Chinese ___ Other South Asian ___ Caribbean ___ African ___

Black Scottish/Other Black ___ Other Ethnic Background ___

Sex: Male/Female Status: Single/Married/Cohab/Separated/Divorced/Widowed

Number of Children: Male ___ Female ___

Employment _____ Housing: House/Flat/Maisonette/Other_____

About Your Lifestyle:

Smoker Yes / No Number per day ____

Ex Smoker Yes / No Number per day ____ Year stopped _____

Never Smoked Yes/No

Alcohol per week beer / lager _____ wine _____ spirits _____ total _____
please use UNITS: 1 Unit is half pint beer, glass of wine or single measure of spirit.

Diet Mixed / Vegetarian / Vegan / Other _____

Exercise Regular / Moderate / Little / None

Do you give consent for the practice to e-mail or text non confidential material ☐ **Yes** ☐ **No**

Preferred mode of contact ☐ **e-mail** ☐ **text**

E-mail address_____ **Mobile No**_____

Are you a carer for another person **Yes/No**

Do you receive care from another person **Yes/No**

About Your Health:

Past Illnesses	Date	Past Illnesses	Date
Diabetes		Cancer	
Heart Disease or Heart disorders		Mental Health Problems	
Raised BP		Depression	
Asthma		Dementia	
COPD		Stroke/TIA	
Epilepsy		Thyroid problems	
Kidney Problems		Learning Disabilities	

Other Serious Illness or Operations	Date

Your Present Medication:

Name	Strength	How Often

Immunisations:

Immunisation	Date	Immunisation	Date
Tetanus		Rubella (German Measles)	
Polio		Typhoid	
Hepatitis A		Meningitis	
Hepatitis B		Yellow Fever	

About Your Family's Health:

Has anyone in your family suffered from any of these illnesses:

Illness	Who	Age
Heart Attack		
Angina		
Diabetes		
Stroke		
Cancer		
High Blood Pressure		
Tuberculosis (TB)		
Migraine		
Asthma		
Glaucoma		
Other:		

For Women Only:

Date of last Cervical Smear _____ Where done_____ Result_____

Date of last breast screening/examination _____

Ages of children _____ Miscarriages _____

Method of contraception _____

Age of menopause _____

Thank you for your help