NHS Family doctor services registration GMS1

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 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*

**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, 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

042017_003 Product Code: GMS1

Surgeries:
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Drs
D T Patterson,
S Park, K O Rowell,
A C Kirkman, J A Lockwood
& J R B Holloway

New Patient Registration Form

Welcome to The Burns Practice. We are a twin-sited practice and you are expected to attend both our Albion Place surgery near the town centre and our Goodison Boulevard surgery at Cantley for appointments.

As a new patient to the practice we would be grateful if you could provide us with the following information:

Full name: Date of birth:

Home phone number: Mobile number:

Ethnicity: First language:

Religion: Occupation:

Height (Metres): Weight (Kg):

If the new patient is a child aged 5 or under, please provide proof of childhood immunisations

If you are filling this form in on behalf of your child please state **your name** and **date of birth**

Mother of Child:_____ DOB:_____

Father of Child:_____ DOB:_____

Do you have any allergies: YES / NO If yes, please give details below

_____

Current medication - Please provide us with the NHS repeat slip from your previous GP

Chemist:

Please check that this is in our local area – if not, you will need to arrange to be nominated to a local chemist for your prescriptions to be sent direct – this is your responsibility.

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Do you smoke: YES / NO Have you ever smoked: YES / NO

If yes, when did you start? When did you stop?

If yes, how many a day? <10, 10-20, 20-30, 30-40, >40

Would you be interested in attending our stop smoking clinic? YES / NO

As it is an NHS priority to address the issue of illness associated with increased alcohol consumption, we would be grateful if you could provide the following information:

Do you drink alcohol? YES / NO If yes, please complete the table below

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1 - 2	3 – 4	5 – 6	7 – 8	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	

Exercise

How many minutes do you exercise for at a time? _____
How many times per week? _____

Family History

Is there any history of the following in your family before the age of 65?

Heart disease (Heart attacks, angina)? YES / NO Which family member?

Stroke? YES / NO Which family member?

Cancer? YES / NO Which family member?

Site of cancer? _____

Do you look after someone? YES / NO Details:

Does someone look after you? YES / NO Details:

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The Burns Practice is an accredited Veteran Friendly practice. This means that as part of the health commitments of the Armed Forces Covenant, we have a dedicated Doctor who has specialist knowledge of military related health conditions and veteran specific health services. This is important in helping ex-forces to get the best treatment and care.

Have you served in the British Armed Forces? YES / NO

Armed Forces veteran friendly accredited GP practice

As a practice we offer all our new patients the opportunity to attend to see one of our nurses for a well person check/new patient assessment. This check needs to be done with in the first 12 months registered at the practice. Please contact us to arrange a mutually convenient appointment.

If you have Diabetes / Respiratory problems / Coronary heart disease / Epilepsy / Hypertension you will be invited to attend one of our nurse led clinics for an annual review.

Preferred site of registration: (please tick)

Cantley Surgery ☐

Albion Place ☐

Please note:

We will always try and accommodate you at your preferred site but as the practice is a 2 centred site, patients can be expected to attend an appointment at either surgery – especially if requesting an urgent same day appointment.

Thank you for taking the time to provide this information. We would be grateful if you could sign and date this registration form. By signing this form you agree that you may have to attend either site for an appointment.

Signature: _____ Date: _____

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Identification

To register with the practice we need 2 forms of Identification; 1 photo and 1 proof of address.

Examples:

- Passport
- Driving License/Provisional licence
- ID card
- Utility Bill
- Bank statement

Please email the completed forms to:

Cantley.reception@nhs.net

Or

Albion.reception@nhs.net

Alternatively you can print the forms and hand in at either reception site.

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IMPORTANT PLEASE READ

To collect any documentation from the surgery you will now need to provide a password under the new data protection regulations, you will be asked to provide this password each time you collect a prescription, letters and any other documentation, if you ask any other person to collect anything on your behalf they will also need to know the password before we can release anything, without this information no documents will be released.

Name: ----------

DOB: ----------

PASSWORD: ----------

Alternatively you can be electronically tagged to a local pharmacy that will collect your prescriptions on your behalf-To do this speak to your local pharmacy.

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Information for new patients: about your Summary Care Record

Dear patient,

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- **Express consent for medication, allergies and adverse reactions only**. You wish to share information about medication, allergies for adverse reactions only.

- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.

- **Express dissent for Summary Care Record (opt out).** Select this option, if you DO NOT want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.

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

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Summary Care Record patient consent form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP practice:

Yes – I would like a Summary Care Record

□ Express consent for medication, allergies and adverse reactions only.

or

□ Express consent for medication, allergies, adverse reactions and additional information.

No – I would not like a Summary Care Record

□ Express dissent for Summary Care Record (opt out).

Name of patient: ……..…..

Date of birth: …… Patient's postcode: ……

Signature: …… Date: ……

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name: …….....

Please circle one:

Parent	Legal Guardian	Lasting power of attorney for health and welfare

For more information, please visit https://www.digital.nhs.uk/summary-carerecords/patients, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

For GP practice use only

To update the patient's consent status, use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below.

Summary Care Record consent preference	Read 2	CTV3
The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only)	9Ndm.	XaXbY
The patient wants a Summary Care Record with core and additional information (express consent for medication, allergies, adverse reactions and additional information)	9Ndn	XaXbZ
The patient does not want to have a Summary Care Record (express dissent to Summary Care Record – opt out)	9Ndo	XaXj6

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Thank you for expressing interest in our on-line appointment booking and ordering service. We currently offer appointments for Doctors, nurses and health care assistants online as well as the facility to order medication from your repeat list, which is not requiring a planned review and view your medical record.

If you would like to be allocated a user name and password please fill in your details below and return the form to reception.

Surname:	
Forename:	
Date of birth:	
First line of Address:	
Postcode:	
Email address:	
Mobile number:	

Signature: _____

Date: _____

All patients who request online access will be given access to their medical records through SystmOnline.

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NHS Doncaster

Your Electronic Patient Record & the Sharing of Information

- A Patient's Guide

Please read this leaflet carefully. It will give you information about the sharing of your electronic patient record and the choices you need to make

Today, electronic records are kept in all the places where you receive healthcare. These NHS Care Services can usually only share information from your records by letter email, fax or phone. At times, this can slow down your treatment and mean information is hard to access.

Your GP practice uses a computer system called SystmOne that allows the sharing of full electronic records across different NHS Care Services. We are telling you about this as a patient at this practice as you have a choice to make about how your practice shares information about your care from your electronic patient record. This form is not about your Summary Care Record (SCR), it is asking your sharing preferences regarding your full electronic GP record. You can choose to share or not to share your electronic GP record with other NHS Care Services.

How is my decision

Your GPs computer system has two settings to allow you to control how your medical information is shared:

Sharing Out – This controls whether your full GP electronic patient record can be shared with other NHS Care Services where you are treated. Please record your preference:

Please tick: Sharing Out **Yes** (shared) ☐ or **No** (not shared) ☐

Sharing In – This controls whether you agree for this practice to view information you've agreed to share at other NHS Care Services. Please record your preference:

Please tick: Sharing In **Yes** (viewable) ☐ or **No** (not viewable) ☐

Patient Name (Print Name): _____

Date of Birth: ____/____/____

Patient Signature: _____ Date: / /

Goodison Boulevard, Cantley, Doncaster, DN4 6XH Tel: (01302) 566 [illegible]