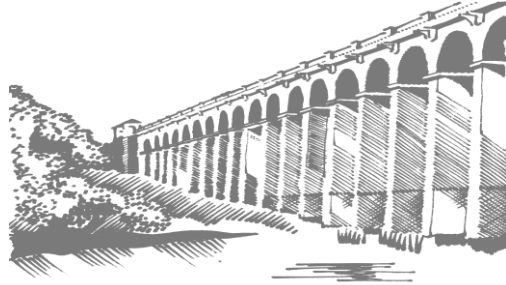


APPLICATION TO REGISTER WITH OUSE VALLEY PRACTICE



What we require from you:

In order to process your request we will require copies of:

1. **Photographic ID** (passport, driving licence, birth certificate - children)
2. **Utility bill (last 3 months)** or similar document to confirm your address within our catchment area
3. **Current visa/work permit/residence permit** if you're from abroad
4. **NHS Number** (from your current GP Surgery or medical letters)

Online Services

We have an online service where you can book/cancel **doctors' appointments** and order **repeat prescriptions**.

Once we have processed your registration, we will send your username and password in the post to your registered address.

Allocated GP

As per new Government Legislation all patients who register are allocated a named GP. However, this does not prevent you from seeing any of the GPs at the Practice.

For Office Use Only

You MUST register new patients using your Smartcard

Initials of Receptionist taking in form from patient

Initials:

Please Tick

WHILE PATIENT PRESENT

Photographic ID (Confirm Type- DL, PP, Birth Certificate)

Proof of residency provided (Confirm Type – Utility Bill, Bank Statement etc)

Has patient been advised verbally of allocated GP

GP -

Has registration form been signed?

Has patient completed Health Questionnaire

If patient has child <12 years old, would they like proxy online access for child?

COMPLETING REGISTRATION ON S1

Box ticked for Dispensing Patient? And from where?

Box ticked for CHS (child under 5 years old), and copy of form passed to HV

Residential Institute box changed to NN for Care/Nursing Home patients

CODING USING NEW PATIENT REGISTRATION DATA ENTRY TEMPLATE

Patient coded for allocated GP (Xab9D and XacWQ)

Summary Care form completed for **Express Consent** for medication, allergies and adverse reactions **only**

Summary Care form completed for **Express Consent** for medication, allergies, adverse reactions and **additional information**

Summary Care form completed for **Express Dissent** (opt out)

Reminder added for Patient Contact Consent and form scanned into notes

Next of Kin recorded?

Is a Carer / Has a Carer recorded?

Complete Smoking and Alcohol details

Contraceptive Device fitted? If yes, inform Esther for coding

If wants smoking cessation advice, book in with nurse

If Drug Allergy noted please pass details immediately to clinician to code

Allergies Non-drug recorded?

Online Services Username and password letter sent to patient?

Accessible Information Standard recorded?

Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

Mr Mrs Mbs 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: _____ Discharge date: _____ (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*

*Not all doctors are authorised to dispense medicines

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
 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

Practice Stamp

Authorised Signature

Name

Date ____/____/____

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:	DD MM YY
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 non-UK EHIC or PRC? YES: NO: If yes, please enter details from your EHIC or PRC below:



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.

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
(b) To:	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.

CONSENT

I give Consent for the Practice to leave messages concerning my medical care via:

Home phone Mobile phone Via text (SMS) Email Next of Kin

Home number: Mobile number:

Email address:

I give Consent for the Practice to leave messages concerning my medical care with(If not Next of Kin)

Name: Relationship:

Contact No:

NEXT OF KIN DETAILS

Name: Relationship:

Address (if different): Contact No:

I understand that this consent will remain in force unless I advise you to the contrary in writing:

Signed: **Date:**

<p>Summary Care Record In an emergency your records are shared between NHS organisations in order to treat you safely. Please complete the attached form indicating which option you consent to.</p> <p>Access to medical records Patients can apply for online coded access to their medical records, including medication issued, pathology results and details of referrals and letters. Please ask reception for details if you wish to apply.</p> <p>'Your NHS Data Matters' Patients who wish to opt-out of any sharing should go to 'Your NHS Data Matters' website (www.nhs.uk/your-nhs-data-matters) where you can find out more about data sharing and set a national data opt-out.</p>
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ETHNICITY: **FIRST LANGUAGE:** English Other

CARER INFORMATION

Are you a Carer? Yes No If so, for whom?

Do you have a Carer? Yes No

Name Contact No. Address.....

PRESCRIPTION DRUGS

If you are eligible to have your prescription drugs dispensed by us, would you like to collect from:

Handcross Balcombe

Please attach a copy of your last repeat prescription request form.

ALLERGIES Yes No If yes, please provide details:.....

HEALTH QUESTIONNAIRE

Do you smoke?

Yes No Ex-smoker

If you do, would you be interested in help to stop you smoking?

Yes No

Do you drink alcohol?

Never Monthly Weekly 2-3 a week 4+ a week

How many units do you drink on a day you are drinking?

1-2 3-4 5-6 7-9 10+

Examples of units: Pint of beer (2), wine - 175ml glass (2) and bottle (9), a measure of spirits (1), alcopop (1.5)

How often do you have 6 or more units in a day?

Never Rarely Monthly Weekly Daily

FEMALE PATIENTS ONLY Do you have a contraceptive device fitted?

Coil Implant Date fitted: _____

Please tick if you require information/communication in a different format:

Uncontracted Braille Contracted Braille In Easyread By Email

Spoken written information Electronic audio format Lip-reading Interpreter

British sign language Information on audio Verbal Information Large Font

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.

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:

Surgery name: Surgery location (Town):

NHS number (if known):

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
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For more information, please visit <https://www.digital.nhs.uk/summary-care-records/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 for Summary Care Record – opt out)	9Ndo.	XaXj6