

# THE PORCH SURGERY



## Family doctor services registration

GMS1

### Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Surname
Date of birth	First names
NHS No.	Previous surname/s
<input type="checkbox"/> Male <input type="checkbox"/> 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
<b>Were you ever registered with an Armed Forces GP</b>	
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: <input type="checkbox"/> Regular <input type="checkbox"/> Reservist <input type="checkbox"/> Veteran <input type="checkbox"/> 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)
<small>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.</small>	

### If you need your doctor to dispense medicines and appliances\*

<input type="checkbox"/> I live more than 1.6km in a straight line from the nearest chemist	<small>*Not all doctors are authorised to dispense medicines</small>
<input type="checkbox"/> I would have serious difficulty in getting them from a chemist	
<input type="checkbox"/> Signature of Patient	<input type="checkbox"/> 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.

<input type="checkbox"/> Any of my organs and tissue or
<input type="checkbox"/> Kidneys <input type="checkbox"/> Heart <input type="checkbox"/> Liver <input type="checkbox"/> Corneas <input type="checkbox"/> Lungs <input type="checkbox"/> 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](http://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)

All blood types are needed, especially O negative and B negative. Visit [www.blood.co.uk](http://www.blood.co.uk) or call 0300 123 23 23.

NHS England use only Patient registered for ☐ GMS ☐ Dispensing

052019\_006 Product Code: GMS1

## 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** - 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: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p><i>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.</i></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: 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.

## **REGISTERING AS A PATIENT**

We are pleased to accept new patients who live in Corsham and surrounding areas onto our practice list.

**Does it matter where I live?** - Yes, we can only accept patients who live within our practice catchment area. Please visit our website for further details [www.porchsurgery.nhs.uk](http://www.porchsurgery.nhs.uk) or alternatively telephone the surgery and ask one of the receptionists.

When registering we'll ask you for, if you have it, your:

- name and address
- date of birth
- previous UK GP surgery
- health and medical information
- contact details

You can provide a temporary address or other contact address if necessary.

If you are registering for a UK GP for the first time you may also need, if you have one:

- European Health Insurance Card (EHIC)
- S1 form

You do not need your NHS number but it might make the process easier.

Your answers will help us find the correct medical records. We use these records to offer relevant and appropriate healthcare services for the person being registered.

**If at the time of registering if you are taking regular medication you will need to have an appointment with a doctor prior to the issue of any prescriptions.**

Please Complete in Black or Blue Ink

## **PERMANENT REGISTRATION APPLICATION**

FOR OFFICE USE ONLY

Date.....

<b>Checked by:</b>	
<b>Checked in Reception Office Whilst Patient is Present by:</b>	
<b>Patient advised usual GP will be:</b>	<b>Dr</b>
<b>Checked registration blue folder:</b>	<b>YES / NO</b>

<b>Title</b>	Mr	Mrs	Miss	Ms	Other:
<b>First name(s)</b>					
<b>Surname</b>				<b>Previous surname(s)</b>	
	<b>Male / Female</b> <i>(Please circle)</i>				
<b>Date of Birth</b>			<b>NHS NO.</b> If known		
<b>Place of Birth</b>					
<b>Address</b>					
<b>Postcode</b>					
<b>Home Tel. No.</b>			Preferred contact number: <b>Mobile / Home / Work</b>		
<b>Work Tel. No.</b>			Do you consent to us contacting you by text <b>YES / NO</b>		
<b>Mobile No.</b>			Do you consent to us contacting you by email <b>YES / NO</b>		
<b>Email Address</b>					

<b>Marital Status</b>	Single	Married	Divorced	Widow(er)	Partner
<b>Occupation</b>					
<b>Religion</b>					

<b>Pharmacy</b>	Please select where you would like to collect any prescriptions from:-			
Shaunaks (next to surgery)	Boots Corsham	Other:		
<b>In a medical emergency, who should we contact on your behalf?</b>				
<b>NAME</b>				
<b>ADDRESS</b>				
<b>TEL.NO</b>		<b>RELATIONSHIP TO YOU</b>		

<b>CHILDREN:</b> Please list any other children living at the same address, giving name and date of birth	
<u>1)</u>	<u>3)</u>
<u>2)</u>	<u>4)</u>

<b>If registering a child, please detail any adults with Parental Responsibility:</b>	
<u>Name</u>	
<u>Address</u>	
<u>Relationship to child</u>	
<u>Name</u>	
<u>Address</u>	
<u>Relationship to child</u>	

**Are you caring for someone or does someone care for you?**

A carer is a person who is looking after or is responsible for the care of a relative, friend, or neighbour who is mentally or physically disabled or whose health is impaired by old age.

<b>Do you have a Carer? YES / NO</b> If yes, please give details.		<b>Do you care for someone else who cannot manage without you? YES / NO</b> If yes, please give details.	
NAME		NAME	
ADDRESS		ADDRESS	
TEL. NO		TEL. NO	
RELATIONSHIP		RELATIONSHIP	
<b>Is there a child or young person in the family who helps to provide care or support to another family member?</b>			
<b>If you are a Carer, would you like to receive our carers pack?</b>			

**Ethnicity** – Please indicate which ethnic background applies to you:

<b>White</b>		<b>Black/Black British</b>	
White British		Black Caribbean	
White Irish		Black African	
White other		Black other	
<b>Mixed</b>		<b>Asian/Asian British</b>	
Mixed White and Black Caribbean		Asian Indian	
Mixed White and Black African		Asian Pakistani	
White and Asian		Asian Bangladeshi	
<b>Other mixed</b>		Asian other	
<b>Chinese/Chinese British</b>		<b>Other</b>	
Chinese		Declined to say	

What is your first language?

Do you speak English?

Please help us update your health record:

<b>1.</b>	<b>Your Height</b>		<b>Your Weight</b>	
<b>2.</b>	Never smoked	<input type="checkbox"/>	Date started / age when started:_____.	
	Current smoker	<input type="checkbox"/>		
	Ex-smoker	<input type="checkbox"/>		
	Number of cigarettes / cigars per day:_____.		If an EX-SMOKER, when did you stop?_____ no. of years smoked:_____.	
<i>We strongly advise all smokers to stop smoking. We run a smoking Cessation Clinic – Please enquire at reception for more information</i>				
<b>3.</b>	Do you have a father or brother who developed one of the following at age 44 or younger or a mother or sister at age 65 or younger?		Please state family member:	
	Heart Disease	Yes / No / Not Known		
	Stroke	Yes / No / Not Known		
	Diabetes	Yes / No / Not Known		
	Cancer	Yes / No / Not Known		
	Asthma	Yes / No / Not Known		
	Raised blood Pressure	Yes / No / Not Known		
	Glaucoma	Yes / No / Not Known		
	Eczema	Yes / No / Not Known		

4.	Please list any allergies you may have, especially to medicines	
5.	Current Medication – Please list any current medication and include dosage if known <i>(continue onto separate sheet if necessary)</i>	
6.	Medical History – Please list any current or previous serious illness, operations or accidents with dates <i>(continue onto separate sheet if necessary)</i>	
7.	Have you ever served in the Armed Forces?	YES / NO
<b>FEMALE PATIENTS ONLY:</b>		
8.	Do you have a contraceptive coil fitted?	YES / NO
	If so, do you know the type of coil?	Mirena / Copper coil / Don't know
	Do you know when it was fitted?	Yes – date_____. / No
9.	Do you have a contraceptive implant?	YES / NO
	If so, do you know when it was fitted?	Yes – date_____. / No
10.	Have you had a cervical smear?	Yes – date_____. / No
Do you have any special communication requirements? If yes please specify what they are.		
How can we help?		

# Sharing Your Health Record

## What is your health record?

Your health record contains all the clinical information about the care you receive. When you need medical assistance it is essential that clinicians can securely access your health record. This allows them to have the necessary information about your medical background to help them identify the best way to help you. This information may include your medical history, medications and allergies.

## Why is sharing important?

Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

- Sharing your contact details - *This will ensure you receive any medical appointments without delay*
- Sharing your medical history - *This will ensure emergency services accurately assess you if needed*
- Sharing your medication list - *This will ensure that you receive the most appropriate medication*
- Sharing your allergies - *This will prevent you being given something to which you are allergic*
- Sharing your test results - *This will prevent further unnecessary tests being required*

## Is my health record secure?

Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

## Can I decide who I share my health record with?

Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

## Can I change my mind?

Yes. You can change your mind at any time about sharing your health record, please just let us know.

## What is Shared Administration within the Primary Care Network (PCN)?

The Porch Surgery is part of Chippenham, Corsham and Box (CCB) Primary Care Network (PCN), a group of 5 practices working together with an aim of finding new and improved ways of working, including same day access to a shared physiotherapist and access to the 'Hot Hub', a separate, clean and safe environment for patients with suspected COVID-19. Shared Administration allows practices within CCB PCN access to your health records.

## What is your Summary Care Record?

Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

## How is my personal information protected?

The Porch Surgery will always protect your personal information. For further information about this, please see our Privacy Notice or please speak to a member of our team.

For further information about your health records, please see:

[www.nhs.uk/NHSEngland/thenhs/records](http://www.nhs.uk/NHSEngland/thenhs/records)

For further information about how the NHS uses your data for research & planning and to opt-out, please see: [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters)



### Your Health Record

Do you consent to your GP Practice sharing your health record with other organisations who care for you?

☐ Yes (*recommended option*)

☐ No, never

Do you consent to your GP Practice viewing your health record from other organisations that care for you?

☐ Yes (*recommended option*)

☐ No

### Shared Administration within the Primary Care Network (PCN)

Do you consent to having Shared Administration within the Primary Care Network?

☐ Yes (*recommended option*)

☐ No

### Your Summary Care Record (SCR)

Do you consent to having an Enhanced Summary Care Record with Additional Information?

☐ Yes (*recommended option*)

☐ No

### Signature

Signature

☐ Signed on behalf of patient

Full Name

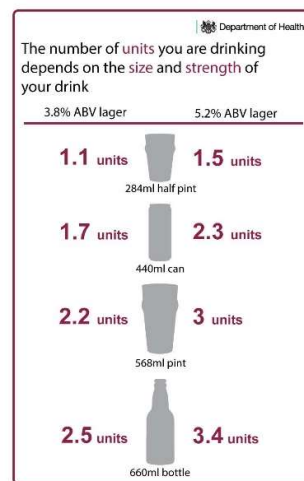
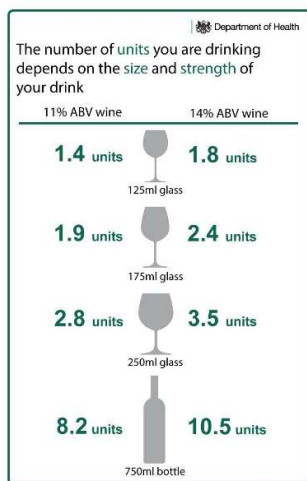
Date

# To be completed by all new patients

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Thank you for completing the following questionnaire and returning it with your registration pack.**



If you have any concerns about your alcohol intake please ask for an appointment with a GP when you return your paperwork to the surgery.

**P.T.O.**

Questions	PLEASE CIRCLE YOUR ANSWERS				
	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 - 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
How often during the past 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 past year have you failed to do what was normally expected of you because of 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
OFFICE USE ONLY	Total Score				

## NHS ZERO TOLERANCE TO VIOLENCE AND ABUSIVE BEHAVIOUR.

I fully understand that the NHS is operating a permanent zero tolerance policy towards violence and abusive behaviour (this also includes harassment, alarming, distressing, threatening, abusive or insulting behaviour as well as violent behaviour) by any individual. This policy applies to all Health Service facilities including all areas of general practice/primary care.

I further understand that should I be a party to violent, threatening or abusive behaviour towards any member of staff of a primary care facility, then I will expect that certain sanctions will be applied to me. This could include removal from the general practitioners medical list or being seen at an approved secure centre for violent patients.

I am aware that difficulties may occur in the provision of my medical care that cannot be the responsibility of any one Healthcare Professional. I am also aware that violent, threatening or abusive behaviour cannot alter this situation, which is often beyond the control of the individual professional.

I agree that on becoming a patient on the medical list of a doctor within the surgery, I will not use any form of violent, threatening or abusive behaviour towards any member of the staff at any time.

**Print Name:**.....

**Signed:**.....

**Date:**.....