

# APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

ALL FIELDS MARKED \* ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE



## 1. PERSONAL DETAILS

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 complete a temporary resident form)*

Male \*  Female \*

Date of birth \*

Title \*

Surname \*

Forenames \*

Previous surname \*

Email address #

Address \*

Postcode \*

Telephone #

Mobile #

*# 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.*

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

## 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 \*

If previously resident in the UK, date of leaving \*

Your most recent country of residence

### If you have served in the British Armed Forces:

Service Number

Enlistment date \*

Are you a Reservist? Yes  No

If yes provide your address before enlisting \*

Leaving date \*

Postcode \*

Is this your first registration with a GP since leaving the armed forces?

Yes  No

### 3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to [www.organdonationscotland.org](http://www.organdonationscotland.org)

### 4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland 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 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 do it as described by NHS Scotland in the NHS Inform website under the "[How the NHS handles your personal health information](#)" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

### 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, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature	<input type="text"/>	Date *	<input type="text"/>
Representative's name (if applicable)	<input type="text"/>		
Relationship to patient (if applicable)	<input type="text"/>		

### 6. FOR PRACTICE USE

GP reference number	<input type="text"/>	GP name	<input type="text"/>
Practice code	<input type="text"/>		

#### Identification seen – do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert <input type="checkbox"/>	Student ID card <input type="checkbox"/>	Driving licence <input type="checkbox"/>	Passport or HC2 cert <input type="checkbox"/>	Home Office app reg card <input type="checkbox"/>	Other / None <input type="text"/>
-------------------------------------	--	--	---	---	-----------------------------------

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	<input type="text"/>	Date *	<input type="text"/>
-------------------------------	----------------------	--------	----------------------

### 7. FOR OFFICIAL USE ONLY

Input by	<input type="text"/>	<input type="text"/>
Checked by	<input type="text"/>	
Date	<input type="text"/>	

Neilston Medical Centre  
New Patient Questionnaire

**This questionnaire should be returned at the same time as your registration form and will provide the practice with basic health and lifestyle information about you. Please make an appointment with a doctor if you wish to discuss any medical issues or problems.**

**\*\*Please ensure you arrive on time for any appointments. If you are late, you may have to rearrange the appointment.\*\***

---

**Please help us by completing as much of this form as possible**

Today's Date \_\_\_\_\_

Full Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Occupation \_\_\_\_\_

Can we use your mobile number to contact you by text message? Yes / No

Next of Kin & contact phone number  
for emergency use only \_\_\_\_\_

Previous doctor [name & address]:

Do you have a past history of any of the following? Please circle any that apply and give full details on the next page.

EPILEPSY    DIABETES    ASTHMA    HEART DISEASE

ADDICTION(s)    No. of PREGNANCIES

ANY OTHER MEDICAL PROBLEMS OR OPERATIONS

Do you have any ALLERGIES? Yes/No

If yes, please specify what they are below:

Are you on any regular medication? Yes/No

If yes, please list your medications below:

\*Ladies only. - When was your last smear test? \_\_\_\_\_

Result if known \_\_\_\_\_

Do you smoke? Yes / No If yes, how many per day \_\_\_\_\_

Are you an Ex smoker? Yes / No

How much do you drink in an average week? \_\_\_\_\_units

1 pint = 2 units, 1small glass of wine = 1 unit

Does your family have any history of medical problems? Please give us details below.

Are you a carer? Yes / No If so, for whom \_\_\_\_\_

Other notes about medical history:

**\*\*PLEASE BRING A URINE SAMPLE WITH YOU TO YOUR REGISTRATION MEDICAL APPOINTMENT, USING THE CONTAINER PROVIDED BY OUR RECEPTION STAFF.**

---

Office use only

HT

Exercise

WT

Urine

BP

Notes .....

# **THIS FORM MUST BE FILLED IN**

In accordance with GDPR guideline 2018 please tick box indicating Yes or No.

## **CONSENT FOR TEXT MESSAGING**

**Name:**

**D.O.B.:**

**Mobile No:**

**Please tick box if you are happy to be contacted by text messaging**

YES

NO

## **ETHNIC GROUP**

**A. White**

- Scottish
- Other British
- Irish
- Any Other White Background (specify) .....

**B. Mixed**

- Any Mixed Background (specify) .....

**C. Asian, Asian Scottish, Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any Other Asian Background (specify) .....

**D. Black, Black Scottish or Black British**

- Caribbean
- African
- Any Other Black Background (specify) .....

**E. Other Ethnic Background**

- Any Other Background (specify) .....

**F. Other**

- Prefer Not To Say

## ETHNIC MONITORING

### PATIENT INFORMATION LEAFLET

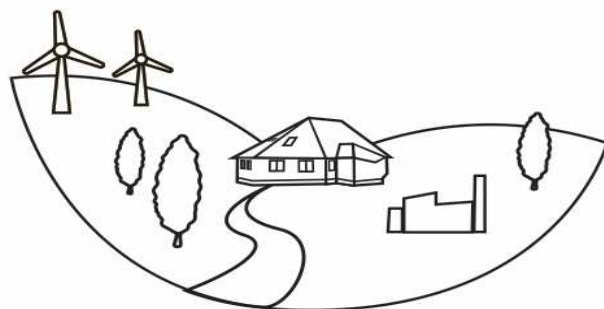
During your visit to your Doctor's Surgery, you will have the opportunity to make sure we have all your up-to-date information. This is important information such as your current address and telephone number.

The NHS is also recording other important information such as language and also ethnic group. The reason we are recording this information is:

- To help us communicate effectively and safely with all our patients
- To help us understand health related to specific ethnic groups
- To help us monitor our services
- To help us when planning new services
- To help us promote racial equality

This information is confidential and is only used for health purposes. It is not used by any other organisations. The information is NOT used by immigration or benefit agencies.

**Thank you for taking the time to fill in the form.**



**NEILSTON MEDICAL**  
CENTRE

**NEILSTON MEDICAL CENTRE  
1 HIGH STREET  
NEILSTON  
GLASGOW  
G78 3HJ  
TEL: 0141 880 6505**

**If you have one or more of the following medical conditions, it is strongly advised that you make an appointment for a registration medical with our Healthcare Assistant:**

- **Diabetes (Type 1 or Type 2)**
- **Heart Disease**
- **Hypertension (High Blood Pressure)**
- **Asthma**
- **COPD**

During this consultation your medical history, current state of health and lifestyle factors will be noted. A physical examination comprising of height and weight measurements, blood pressure measurement and urine analysis (to determine the presence of albumin and glucose) will be undertaken.

***\*\*Please ensure you bring along a sample of urine with you. Please ask the receptionist for a (white-top) sample container when you book the appointment\*\*.***

Advice, if appropriate, on any of these issues will be given. To discuss medical concerns or issues, please make an appointment with a doctor.

Whilst a new patient registration medical examination may not be obligatory, we have found it adds to our ability to provide good and safe care, particularly for the period of time before your medical records arrive with us – which can take some months. We would *strongly advise you* to attend for this appointment

**So that we can provide you with the best care possible, please ensure that you make an appointment with our Healthcare Assistant (if applicable) once you have completed your registration forms.**

Thank you for your co-operation.

***\*\*We would be obliged if you would also take some time to read our practice information leaflet which is available on our website.\*\****

***\*\*If you cannot access the practice information leaflet online, then please ask reception for a paper copy.\*\****