

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

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"/>
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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"/>
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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 Child up to age 16

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

Today's Date _____ Child D.O.B _____

Full Name _____

Address _____

Contact Tel No. _____ School _____

Parent / Guardian Full Name _____

Previous GP (Name & Contact Details)

Does your child have a past history of any of the following? Please circle any that apply and give full details below.

EPILEPSY DIABETES ASTHMA

OR ANY OTHER MEDICAL PROBLEMS OR OPERATIONS

Does your child have any ALLERGIES?

Is your child on any regular medication?

Is your child up to date with all his/her childhood immunisations? YES / NO

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

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

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.

