

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:

Enlistment date *

Service Number

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"/>	<div>Practice stamp</div> <div><input type="text"/></div>
Checked by	<input type="text"/>	
Date	<input type="text"/>	

Neilston Medical Centre – New Patient Health 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.

Items in **BOLD** are mandatory and if not completed may delay your application to register with our practice.

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.

Full Name (include any middle names)			
Date of Birth			
Address (include post code)			
Home Telephone Number			
Mobile Telephone Number			
Occupation			
Can we use your mobile number to contact you by text message? (please circle)	YES	NO	
Next of Kin Name, relationship to you and contact telephone number for emergency use only			
Name and address of your previous doctor or GP Practice			

MEDICAL HISTORY

Do you have a past history of any of the following?
Please circle any that apply and give full details below

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 medications? Yes / No

If yes, please list your medications below or attach your repeat slip:

*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, 1 small glass of wine = 1 unit

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

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

Other notes about medical history:

THIS FORM MUST BE FILLED IN – CONSENT FOR TEXT MESSAGING

In accordance with GDPR guidelines (2018) please tick box indicating Yes or No.

Name:

Date of Birth:

Mobile No:

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

YES ☐ NO ☐

ETHNIC GROUP (Please tick✓)

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

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.

PRACTICE LEAFLET

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.

