



Patient's details

Please complete in BLOCK CAPITALS and tick  as appropriate

Mr Mrs Miss 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 doctor while at that address
Address of previous doctor

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

If you are returning from the Armed Forces

Address before enlisting
Service or Personnel number Enlistment date

If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

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

\*Not all doctors are authorised to dispense medicines

I live more than 1 mile 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 Any part of my body
Signature confirming my agreement to organ/tissue donation Date
For more information, please ask at reception for an information leaflet or visit the website www.uktransplant.org.uk, or call 0300 123 23 23.

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 consent to inclusion on the NHS Blood Donor Register Date
For more information, please ask for the leaflet on joining the NHS Blood Donor Register
My preferred address for donation is: (only if different from above, e.g. your place of work)
Postcode:

HA use only Patient registered for GMS CHS Dispensing Rural Practice

## To be completed by the doctor

Doctors Name

HA Code

<input type="checkbox"/> I have accepted this patient for general medical services	<input type="checkbox"/> For the provision of contraceptive services
<input type="checkbox"/> I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice	
Doctors Name, if different from above	HA Code

I am on the HA CHS list and will provide Child Health Surveillance to this patient or

I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above \_\_\_\_\_ HA Code \_\_\_\_\_

I will dispense medicines/appliances to this patient subject to Health Authority's Approval

I am claiming rural practice payment for this patient.  
Distance in miles between my patient's home address and my main surgery is \_\_\_\_\_

*I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.*

Authorised Signature

Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Practice Stamp

### SUPPLEMENTARY QUESTIONS

#### 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:
		Country Code: <input type="text"/>
3: Name		<input type="text"/>
4: Given Names		<input type="text"/>
5: Date of Birth		DD MM YYYY
6: Personal Identification Number		<input type="text"/>
7: Identification number of the institution		<input type="text"/>
8: Identification number of the card		<input type="text"/>
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.

## Patient options for GP data sharing Summary Care Record (SCR) and My Care Record

Patient details (please write in CAPITAL LETTERS)			
Title:		Forenames:	
Surname/Family name:			
Address:			
Postcode:			
Home phone number:			
Mobile phone number:	<i>You are consenting to receiving texts from the Practice (9Ndp)</i>		
Email address:	@ <i>You are consenting to receive emails from the Practice(9Nds)</i>		
Date of birth:		NHS number (if known):	
<b>If the person signing below is not the patient, please also enter the signatory's name and relationship to the patient, e.g. parent, guardian, attorney</b>			
Full name:		Status:	
Signature:		Date:-	

### Overview of sharing options

#### Home Number

We will only use your home number to contact you regarding practice matters. We will also pass this information when referring to third parties who are dealing with your health issues. (Details in reception)

#### Mobile Number

Same as home number, plus, SMS text reminders and appointments matters.

#### Email Address

Same as home number, plus, SMS text reminder that cannot be sent via mobile and practice newsletter.

## Summary Care Record (SCR)

The NHS in England uses a national electronic record called the Summary Care Record (SCR) to support patient care. It contains key information from your GP record. Your SCR provides authorised healthcare staff with faster, secure access to essential information about you in an emergency or when you need unplanned care, where such information would otherwise be unavailable.

Summary Care Records are there to improve the safety and quality of your care. SCR core information comprises your allergies, adverse reactions and medications. An SCR with additional information can also include reason for medication, vaccinations, significant diagnoses / problems, significant procedures, anticipatory care information and end of life care information. Additional information can only be added to your SCR with your agreement.

### Local sharing via My Care Record

Your patient record is held securely and confidentially on the electronic system at your GP practice. If you require attention from a health and social care professional such as an Emergency Department, Minor Injury Unit, social worker, or Out Of Hours location, those treating you would be better able to give you appropriate care if some of the information from the GP practice was available to them. This information can now be shared electronically via My Care Record.

In all cases, the information will be used only by authorised health and social care professionals in Buckinghamshire- based organisations involved in your direct care. Your permission will be asked before the information is accessed, unless the health and social care user is unable to ask you and there is a clinical reason for access, which will then be logged.

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**Please circle your sharing preferences below.**  
**Once complete please return this form to your GP practice**

1.	<b>The Summary Care Record (SCR)</b> Used nationally across England	YES – core data only 9Ndm	NO 9Nd0	YES – include additional data set 9Ndn
2.	<b>My Care Record</b> Used locally across Buckinghamshire and the immediate surrounding area	YES 93C0	NO 93C1	

Please be aware that your information can not be accessed by any health professionals outside of this surgery, even in an emergency, if you indicate that you do not wish to have a Summary Care Record or participate in My Care Record.

If you have previously told us that you wish to opt out of sharing your data and then change your mind, please let us know by circling Yes above.

**Thank you.**

# Health Visitor Notification Form

New Registration for children under 5 years old:-

Childs Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Childs Previous Surname if applicable \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Previous Address \_\_\_\_\_

Previous GP & Health Visitor \_\_\_\_\_

Mothers Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Fathers Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Primary Carer/Significant Person \_\_\_\_\_

Name of Person(s) with Parental Responsibility \_\_\_\_\_

Present School (if applicable) \_\_\_\_\_

Previous School (if applicable) \_\_\_\_\_