NHS Family doctor services registration GMS1

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 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

Were you ever registered with an Armed Forces GP

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: ☐ Regular ☐ Reservist ☐ Veteran ☐ 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)

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.

If you need your doctor to dispense medicines and appliances*

**Not all doctors are authorised to dispense medicines*

☐ I live more than 1.6km 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

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 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)

Postcode:

All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

NHS England use only Patient registered for ☐ GMS ☐ Dispensing

052019_006 Product Code: **GMS1**

NHS Family doctor services registration

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 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.

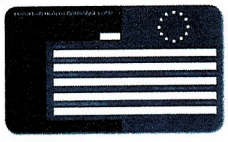
A parent/guardian should complete the form on behalf of a child under 16.

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:** ☐ **NO:** ☐	If yes, please enter details from your EHIC or PRC below:
	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



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.

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.

Updated: December 2018

Beaconsfield Surgery New Patient Health Questionnaire

Date: ..... **Title: Mr [ ]Mrs [ ] Miss [ ] Ms [ ] Mx [ ] Other [ ]**

Forename..... **Pronouns: eg: She/Her, They/Their**.....

Surname ..... **Sex: Male [ ] Female [ ] Non-binary [ ] None Specified [ ]**

Address ..... **Sex Assigned at Birth: Male [ ] Female [ ] Intersex [ ]**
I would prefer not to say [ ]

..... (We ask for your assigned sex to help us screen for Sex-specific diseases such as cervical/prostate cancer)

.....

Ethnicity.....

Post Code ..... (As some ethnic communities are susceptible to certain Disease)

Date of Birth.....

Which of the following best describes your religion

Marital Status..... **(NB. These questions are to comply with the discrimination act of 2010)**

None [ ] Buddhist [ ] Christian [ ] (incl. Church of England,

Occupation..... **Catholic, Protestant and other Christian denominations)**

Hindu [ ] Muslin [ ] I would prefer not to say [ ]

 **Tel No: Home** .....  **Work** .....  **Mobile**.....

Are you happy for us to leave messages on your telephone? Yes [ ] No [ ]

I consent to the practice contacting me by text/sms messaging on the mobile number above Yes [ ] No [ ]

I consent to the practice contacting me by e-mail on the following e-mail address :_____
and for it to used for any clinic or hospital appointments that I am referred to Yes [ ] No [ ]

Previous Doctor .....

Are you disabled Yes [ ] No [ ]

First Language Spoken.....

Do you require an interpreter [ ]

Do you have any additional communication needs? Please state.....

Do you consent to us sharing your communication needs with other health care professionals? Yes [ ] No [ ]

Are you the main carer for anyone in your household (please state) Yes [ ] No [ ]

Next of Kin: Name.....

Address: .....

..... **Tel:** .....

Is your Next of Kin registered at this surgery Yes [ ] No [ ]

Your relationship to next of kin.....

Please confirm if you are happy for the GP to discuss medical issues with your named next of kin Yes [ ] No [ ]

Updated: December 2018

Beaconsfield Surgery New Patient Health Questionnaire

Summary Care Records

Yes, I consent to my GP creating a **Summary Care Record** for me and uploading it to the National Electronic Database; **(this includes only basic limited information i.e. Current medications & Allergies) YES / NO**

If you wish to choose the option to have a Summary Care Record with Additional Information uploaded, please tick the box below (this includes Current Medications, Allergies PLUS any 'Active problems') **– if you would like further information about this please ask at reception . [ ]**

Signature.....

No, I do not consent to my GP creating a Summary Care Record for me and uploading it to the National Electronic Database

Signature.....

Medication

Do you take any medications? Include the name, dose and frequency that you take them – or attach your repeat prescription request sheet. Please state which medicine you purchase from the chemist.

The practice supports EPS (Electronic Prescribing Service – which enables prescribers to send prescriptions electronically to a nominated pharmacy of the patient's choice via the NHS spine). Would you like to nominate a pharmacy or have you previously nominated a pharmacy for your prescriptions to be sent to automatically?

Nominated Pharmacy:.....

Do you have any allergies (please state) Yes [ ] No [ ]

PAST MEDICAL HISTORY:
Please list any illness you have

HOSPITAL ADMISSIONS:
Please list and include dates of any operations if possible

Have you got a long term condition Yes [ ] No [ ]
(please state)

DO YOU SUFFER FROM ANY OF THE FOLLOWING:

High blood pressures	**Yes [ ] No [ ]**	**Diabetes**	**Yes [ ] No [ ]**
Heart disease	**Yes [ ] No [ ]**	**Epilepsy**	**Yes [ ] No [ ]**
Asthma	**Yes [ ] No [ ]**	**Migraine**	**Yes [ ] No [ ]**
Mental illness of any type	**Yes [ ] No [ ]**	**Kidney problems**	**Yes [ ] No [ ]**
Hearing problems	**Yes [ ] No [ ]**	**Bowel problems**	**Yes [ ] No [ ]**
Sight problems	**Yes [ ] No [ ]**	**Urinary problems**	**Yes [ ] No [ ]**
Arthritis	**Yes [ ] No [ ]**	**Indigestion**	**Yes [ ] No [ ]**
Blood problems	**Yes [ ] No [ ]**	**Cancer**	**Yes [ ] No [ ]**
Thyroid problems	**Yes [ ] No [ ]**	**Stroke/TIA**	**Yes [ ] No [ ]**

Please provide details you feel are relevant to the above

Please indicate if you have a family history of stroke or heart disease:

Updated: December 2018

Beaconsfield Surgery New Patient Health Questionnaire

Mother or sister (before age 65) Yes [ ] No [ ]
Father or brother (before age 55) Yes [ ] No [ ]
If Yes please give further details.

HEIGHT:.....metres/feet

WEIGHT:..... kg/ stones

SMOKING:

Have you ever smoked cigarettes or tobacco? Yes [ ] No [ ]

Are you a smoker now? Yes[ ] No [ ] how many?

If you are an ex smoker when did you give up?

Would you like advice on how to give up? Yes [ ] No [ ]

DRINKING

How often do you have a drink containing alcohol?

Never [ ] Monthly or less [ ] 2 to 4 times a Month [ ] 2 to 3 times a Week [ ] 4 or more times a week [ ]

How many units of alcohol do you drink on a typical day when you are drinking?

1 or 2 drinks [ ] 3 or 4 drinks [ ] 5 or 6 drinks [ ] 7,8 or 9 drinks [ ] 10 or more drinks [ ]

How often have you had Six or more units (if you are female) or Eight or more units (if you are male) on a single occasion in the last year?

Never [ ] Less than Monthly [ ] Monthly [ ] Weekly [ ] Daily or almost daily [ ]

EXERCISE

Do you take 30 minutes a day of at least moderate exercise more than 5 times per week?

Do you take less than 30 minutes a day of physical exercise 5 times a week?

What type of exercise?

Updated: December 2018

Beaconsfield Surgery New Patient Health Questionnaire

DIET

Do you have a special diet? (please state)

Intake of fruit and vegetables less than 5 portions daily?

Intake of fruit and vegetables at least 5 portions daily?

IMMUNISATIONS:

Please tick box if yes and provide if possible

Tetanus	**[ ]…….**	**Flu**	**[ ]…….**	**Typhoid**	**[ ]…….**
Polio	**[ ]…….**	**Hepatitis A**	**[ ]…….**	**Yellow Fever**	**[ ]…….**
MMR	**[ ]…….**	**Hepatitis B**	**[ ]…….**	**Pertussis**	**[ ]…….**
Rubella	**[ ]…….**	**BCG**	**[ ]…….**	**(whooping cough)**	
Diphtheria	**[ ]…….**	**Meningitis**	**[ ]…….**		

Please give the name, relationship and date of birth of any family members who live with you and are registered at this practice;

THIS SECTION TO BE FILLED IN FOR/BY UNDER 16's ONLY

Name of Parent/Guardian ……

School ……

Do you provide regular care to anyone in your household, a family member, friend or neighbour? (please state)
Yes [ ] No [ ]

Safeguarding Our Patients

Beaconsfield Medical Practice is committed to safeguard and promote the welfare of children, young people and vulnerable adults who attend our surgery, if a member of staff is concerned regarding a patient's welfare they have a duty of care to act on that concern.

INFORMATION MAY BE SHARED WITH OTHER PROFESSIONALS

Updated: December 2018

Beaconsfield Surgery New Patient Health Questionnaire

Are you/a member of your family currently subject to or have previously been subject to a child protection plan or 'Looked after Child' care plan? Yes [ ] No [ ]

If yes, who does this relate to?

NHS HEALTH CHECK

If you are aged between 40-74 and not already under review for a chronic disease? Then you are eligible for a free NHS Health Check. Would you like to book a health check? YES [ ] NO [ ]

If you are not entitled to the NHS Health Check above you can have a New Patient Health Check. This 20 minute appointment includes blood pressure, BMI, lifestyle counselling, routine urine testing and cholesterol check if felt necessary. We also offer Chlamydia screening for under 25s. Please contact reception to make an appointment.

The practice has a patient participation group who meet every three to four months. Would you be interested in becoming a member?

YES [ ] NO [ ]

Armed Forces

Are you currently serving in the UK Armed Forces Yes [ ] No [ ]

Have you ever served in the UK Armed Forces Yes [ ] No [ ]

Beaconsfield Medical Practice Application

Online access to my medical record – New Patients (OVER 16's ONLY).

To obtain online access you will need to two forms of identification, one of which must contain a photo. Acceptable documents include; passports, photo driving licences or bank statements. If you require an interpreter during appointments we regret that online access is not available (this is to ensure we are able to book an interpreter for you).

Surname:	**Date of birth:**
First name:	
Address:	
Email address:	
Telephone number:	**Mobile number:**

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my Summary Record	☐
4. Accessing my Detailed Coded Record	☐
Please note: There is a waiting list for this functionality due to the high workload required in checking and enabling coded record access. Access cannot be granted until your medical record has been received from your previously surgery and summarised, which currently takes approximately 8 weeks. Full records access is not available at this surgery.	

I wish to receive my log in details via (please tick **ONE** box)	**TEXT**	**E'MAIL**	**COLLECT IN PERSON**

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice.	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk.	☐
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement.	☐
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible.	☐

Signature	Date

I wish to have access to my child/children's online record; please give names:
(Please note this facility is available only until the child turns 11 years of age at which time access will be automatically removed.)

For practice use only

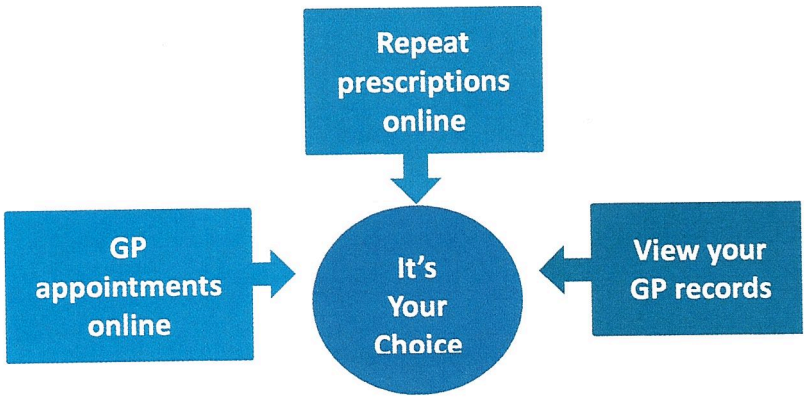
RECEPTION DEPARTMENT			
ID verified by (initials):	**Date:**	Vouching ☐ Vouching with information in record ☐ ID provided ☐ (give details)	
ADMIN DEPARTMENT		Date passphrase sent:	
Level of record access enabled: Booking appointments☐ Requesting repeat prescriptions☐ SR☐		**Level of record access enabled:** Detailed Coded Record☐	
Authorised by:		**Date:**	

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at parts of your medical record online. You can still contact us by telephone or call in to the surgery for any of these services as well. It's your choice.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only **you** are able to access your record – unless you choose to share your details with a family member or carer.

The practice has the right to remove online access to services for anyone that doesn't use them responsibly.



It will be <u>your</u> responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that we can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details. - (turn page).

Things to consider

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, you should discuss with your GP.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure
http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf