

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*

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 ____/____/____

**Not all doctors are authorised to dispense medicines*

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

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

Authorised Signature

Name

Date ____/____/____

Practice Stamp

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: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p><i>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.</i></p>	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

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.

WISTARIA & MILFORD SURGERIES

Please bring the child's Red Book with you so we can take a copy of their immunisation record.

CONFIDENTIAL MEDICAL REGISTRATION FORM (Children Under 16)

Child's Personal Details:

Do you have any special communication needs?

Yes No

If yes: Sign Language Large Print Other-please specify

Please complete all pages in FULL using BLOCK capitals

Child's Surname:

Child's First Names (in full):

Previous Surnames:

Title: Master Miss Ms Male Female

Date of Birth (day/month/year):

NHS Number: (if known)

Town & Country of Birth:

Address:

Post Code:

Telephone Number: Mobile Number¹:

¹ Note, we use the mobile number for text messages. Text messages will automatically cease when the Child is 11 years old.

Email Address²:

² Please specify whose above email address this is, e.g. parent, guardian etc.

Name of Parent(s) / Carers	Has Legal / Parental Responsibility?	Next of Kin?
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If not the above, name of person with legal responsibility:		
Contact details of person with legal responsibility		

Does the child have any special communication / mobility needs? Yes No

If yes: Wheelchair Walking Aid Hearing Aid Large Print

Lip Reading Braille British Sign Language

Makaton Sign Language Other:

Is the child currently: A Refugee An Asylum Seeker

Is the child a child in care? Yes No

Is the child a "Looked After Child"? Yes No

If yes to either of the above questions, in what capacity? Temporary Permanent

Is the child home educated? Yes No

Name of Social Worker:

Social Worker's Phone No:

Name of child's nursery/school

Has the child or family either currently or in the past been known to Children's Services?

Yes No

Name of Social Worker:

Social Worker's Phone No:

Required Information:

Is your child looking after someone at home? Yes No

If so, who³?

³ Please tell us if the child is looking after someone who is ill, frail, disabled, has mental health/emotional support needs or substance misuse problems

What is the adult's relationship to the child?

Do you think the child would like additional support as a young carer? Yes No

Is the child known to services such as Young Carers? Yes No

Is the child being privately fostered (see definition below)? Yes No

If yes, please provide carer's name:

Carer's relationship to child:

Contact details of carer:

Are Children's services aware? Yes No

Private fostering is an arrangement whereby a child under the age of 16 (or 18 if the child has a disability) ([S.66 Children Act 1989](#)) is placed for 28 days or more in the care of someone who is not the child's parent(s) or a 'connected person'. Private foster carers can be from the extended family, e.g. a cousin or a great aunt, **but cannot be a relative** as defined under the [Children Act 1989, section 105](#): 'A relative under the Children Act 1989 is defined as a 'grandparent, brother, sister, uncle or aunt (whether full blood or half blood or by marriage or civil partnership) or step-parent'.

If registering a child under 5:

I wish the child above to be registered with Wistaria & Milford Surgeries for Child Health Surveillance

Child's Personal Medical History:

If under 5 years old, type of Birth:

(eg normal, forceps, caesarean)

Child's Allergies:

Please list any allergies the child has to any drugs/medications or if known egg allergy or peanut allergy:

Name of Medication	What was the problem or upset?

Child's Ethnicity:

- British or mixed British
 Irish
 African
 Caribbean
 Indian
 Pakistani
 Bangladeshi
 Chinese
 Other (please state):
- Decline to state

Child's Religion:

Please state religion of child:

Please advise if you feel your child's religion will affect any treatment received: Yes No

Child's Language:

Please state child's main spoken language:

Does the child need an interpreter? Yes No

Data Sharing Consent Choices:

To maintain continuity of clinical care, we upload **certain** medical information so that it is available to other healthcare organisations (eg Emergency Departments). Please read the accompanying leaflet which details what part of your record is extracted and how it is used to help other NHS organisations.

If you wish to **OPT OUT** please complete the form found with this leaflet.

Where you have provided information on how to contact you, can you confirm you are happy for [insert name of practice] to contact you by the following:

- By email Yes No This will be to send you letters, the practice newsletter and the like
- By text Yes No This will be to send you reminders of appointments via text

Signatures:

I confirm that the information that has been provided is true to the best of my knowledge.

Signed: Date:

Signature on behalf of patient Signature of patient

Name of Person Relationship to Child:

Box for extra details:

Patient Information Management

Name:

Date of Birth:

Data sharing consent choices

To maintain continuity of clinical care, we upload certain medical information so that it is available to other healthcare organisations. You have the right to prevent confidential information about you from being shared or used for any purpose other than providing your care, except in special circumstances.

The law requires Doctors to provide some very limited information about certain things. The law says, for example, that Doctors must provide information to local authorities about some infectious diseases, e.g. food poisoning. Very rarely, doctors may be required to disclose information in order to detect a serious crime. Likewise, a court order can require doctors to disclose certain information during a court case.

NHS England aims to link information from all the different places where you receive care, such as hospital, community service and us your GP Surgery. This will allow them to compare the care you received in one area against the care you received in another.

Information will be held in a secure environment called the Health and Social Care Information Centre (HSCIC). The role of the HSCIC is to ensure that high quality data is used appropriately to improve patient care. The HSCIC has legal powers to collect and analyse data from all providers of NHS care. They are committed, and legally bound, to the very highest standards of privacy and confidentiality to ensure that your confidential information is protected at all times.

This data can also be used, with permission, for research purposes.

If you do not wish to share data for research, you can opt out:

- You can object to information containing data that identifies you from leaving the Practice. This will prevent identifiable information held in your record from being sent to the HSCIC secure environment. It will also prevent those who have gained special legal approval from using your health information for research.
- You can also object to any information containing data that identifies you from leaving the HSCIC secure environment. This includes information from all places you receive NHS care, such as hospitals. If you object, confidential information will not leave the HSCIC and will not be used, except in very rare circumstances for example in the event of a public health emergency.

For more information

Visit www.england.nhs.uk/caredata

Data for Research

I am happy for identifiable data about me to leave the practice

I do not wish identifiable data about me to leave the practice

I am happy for data about me to be shared by HSCIC

I do not wish data about me to be shared by HSCIC

Summary Care Record (SCR)

If you decide to have a SCR, it will contain important information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines that you have had. This does not include diagnosis or procedures.

Giving healthcare staff access to this information can prevent mistakes being made when caring for you in an emergency or when your GP practice is closed. Your Summary Care Record will also include your name, address, date of birth and your unique NHS Number to help identify you correctly. If you and your GP decide to include more information it can be added, but only with your express permission.

For more information

Phone 0300 123 3020 or visit www.nhscarerecords.nhs.uk

Summary Care Record

I am happy to have a Summary Care Record

I do not wish to have a Summary Care Record

N.B. this will mean NHS Healthcare staff caring for you may not be aware of your current medications, any allergies or reactions to previous medication.

Hampshire Health Record (HHR)

The HHR is an electronic summary record for people living in Hampshire, Portsmouth and Southampton. GP Surgeries, hospitals, social care and community care teams collect information about you and store it electronically on separate computer systems. The Hampshire Health Record store summary information from these organisations in one place so that – with your consent – professionals can view it to deliver better care to you.

This record contains more information than the SCR, but is only available to organisations in Hampshire

For more information

Visit www.hantshealthrecord.nhs.uk

Hampshire Health Record and Your Record on our Clinical System

I am happy for information about me to be shared between the practice and other services with access to our clinical system

I do not agree to information about me being shared between the practice and other services with access to our clinical system

Objecting on behalf of others

If you are a carer and have a **Lasting Power of Attorney for health and welfare** then you can object on behalf of the patient who lacks capacity. If you do not hold a **Lasting Power of Attorney** then you can raise your specific concerns with the patient's GP.

If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

HOW WE CAN CONTACT YOU?

Please indicate only if you are **NOT** happy for the surgery to contact you by the following means – otherwise consent will be assumed. You can change consent at any time by contacting the surgery.

No consent for email This will be to send you letters, newsletters etc.

No consent for text This will be to send you reminders of appointments

No consent for letters This will be to invite you for appointments and send information.

ON-LINE PATIENT ACCESS

Online access enables you to book appointments, request repeat prescriptions and view medication, allergies and immunisations. If you would like to sign up for on-line patient access, please tick the appropriate box below. Online Registration information will be posted to your registered address.

Yes No

Repeat Prescriptions

These can be requested online – see above.

Paper based requests to the surgery

On the right hand side of your prescription there is a detachable white sheet that is your repeat prescription re-ordering slip.

When you require more medication, please tick it on your slip and return the slip to the surgery via the letterbox at reception or by post or fax. If you wish us to return your prescription to you by post, please enclose a stamped, addressed envelope.

Many of the local pharmacies will arrange collection of your prescriptions from the surgery – contact your local pharmacy for this service.

Nominated Pharmacy

You can nominate your local pharmacy as the automatic destination for medications so that you won't need to come to the surgery to collect your repeat prescription to take to the pharmacy.. Please speak to your pharmacy about this service.

Please allow **48 working hours** for us to issue your prescription.

Telephone and e-mail requests are not accepted as these can be subject to error.

Signature

Signed:

Date:

Signature of patient Signature on behalf of patient