

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 and Milford Surgeries

Wistaria Surgery

Wistaria Court
18 Avenue Road
Lymington
Hampshire
SO41 9GJ

Tel 01590 672212
Fax 01590 679930

Partners

Dr Gareth Morris
Dr Angela Sizer
Dr Elizabeth Pugh
Dr Ian Murray
Dr Toni Benning

Practice Manager
Mrs Jan Lamont

Dr Matthew Turner
Dr Alice Mavrogordato
Dr Neil Moody Jones
Dr David Fowler

GP Associates

Dr Camilla Janssen
Dr Victoria Makin
Dr Ben Pettifer

Milford Medical Centre

Sea Road
Milford on Sea
Lymington
Hampshire
SO41 0PG

Tel 01590 643022
Fax 01590 644950

Dear Patient

New Patient Health Check

Welcome to Wistaria and Milford Surgeries. I am inviting you to attend the surgery for a New Patient Health Check.

Please sign and return the attached GMS1 form and new patient questionnaire covering your medical and social circumstances and make an appointment to see our Healthcare Assistant.

Whilst every endeavour will be made to register you with the doctor of your choice, it is not always possible to do so, as their list may be full and therefore closed. We will notify you within a month of application if you have not been accepted.

Yours sincerely

Jan Lamont
Practice Manager
Wistaria & Milford Surgeries

I accept/refuse the invitation for a New Patient Health Check

Signed.....

Print Name.....

Date.....

WISTARIA AND MILFORD SURGERIES

CONFIDENTIAL MEDICAL REGISTRATION FORM

Do you have any special communication needs? Yes No

If yes: Sign Language Large Print Other-please specify

.....
We would be grateful if you would take the time to answer the following questions. The answers are confidential and will go on your medical record helping us to identify your health needs. All new patients are offered a New Patient Medical – **Please ask at Reception.**

When returning this form to the Surgery, we also require you to bring in two forms of identification – 1) photo ID to confirm your identity (eg. driving licence or passport) and 2) to confirm your address (eg. driving licence, bank statement, credit card statement, P60).

ID checked by _____

PLEASE ATTACH A BLOOD PRESSURE READING : You can obtain this by using the blood pressure machine located next to reception

Please complete all pages in FULL using BLOCK capitals

Surname

First names (in full)

Previous surnames

Title: Mr Mrs Miss Ms Male Female

Date of birth (day/month/year) NHS Number

Town & country of birth

Address
Post Code:

Telephone number: Mobile number:

Email address:

Please tell us about yourself:

Are you a carer? Yes No

Do you have a carer? Yes No

If yes, please tell us the name & address of your carer

Are you happy for us to contact your carer about you? Yes

Please also complete a Carer GP registration form

Are you a military veteran? Yes No

Personal Medical History.....

Have you ever suffered from any important medical illness, operation or admission to hospital? If so please enter details below:

Condition	Year diagnosed	Ongoing
		Yes/No
		Yes/No
		Yes/No

Allergies.....

Please list any allergies you have to any drugs/medication

Name of medication	What was the problem or upset?

List of current medication.....

If you have a copy of your repeat medications, please pass to Reception

Name of medication	Dosage

Family History

Have any close relatives (*father, mother, sister, brother only*) ever suffered from any of the following:

Heart disease under 60	Heart disease over 60	Heart attack	Stroke	Diabetes	High blood pressure	Asthma	Glaucoma	Cancer

Please indicate which family member was affected in each box

Immunisations

Immunisation	Year	Immunisation	Year
Tetanus		Polio	
Typhoid		Yellow Fever	
Hepatitis A		Hepatitis B	

Lifestyle

Height:	Weight:
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Smoking

Do you smoke: Yes No

If yes, do you smoke: Cigarette Cigars Pipe

Are you an ex-smoker? Yes No

When did you give up?

How many cigarettes/cigars do you smoke daily?

<1/day 1-9/day 10-19/day 20-39/day 40+/day

If you smoke a pipe how many ounces a week?

Would you like to help to quit smoking? Yes No

Alcohol

Do you drink alcohol: Yes No If yes, please answer the following questions:

How often do you have a drink that contains alcohol?

Never Monthly or less 2-4 times per month 2-3 times per week 4+ times per week

How many standard alcoholic drinks do you have on a typical day when you are drinking?

1-2 3-4 5-6 7-9 10+

How often do you have 6 or more standard drinks on one occasion?

Never Less than monthly Monthly Weekly Daily or almost daily

Exercise

Do you exercise: Yes No If yes, please answer the following questions

What exercise do you do?

How often do you exercise?

Female patients only

Are you currently, or think you may be pregnant? Yes No

If yes, when is your baby due?

Do you have any children? Yes No

If yes, how many?

Which method of contraception (if any) are you using at present?

Have you had a cervical smear test? Yes No

If yes, what was the result? (if known)

Date (if known)

Ethnic Origin.....

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Choose ONE section from A to E, and then tick ONE box to indicate your background.

A White

<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Any other white background, please state:

B Mixed

<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other mixed background, please state:

C Asian or Asian British

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian background, please state:

D Black or Black British

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Any other black background, please state:

E Chinese or other ethnic group

<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other, please state:

What is your first language? eg. English.

Next of kin

Name:

Tel number

Relationship

DoB

Emergency contact? Yes No

Do you give consent for them to discuss your health records? Yes No

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

Signed:

Date:

Signature of patient Signature on behalf of patient

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, eg if you had 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 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) and Your Record on our Clinical System

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.

Fit Note Data Extraction & Publication

Practices have received a communication from the Health and Social Care Information Centre (HSCIC) on the extraction & publication of fit note data.

The extraction is intended to allow the Department of Work and Pensions (DWP) to collect data on fit note usage to inform policy development and evaluate the Fit for Work Service. The data being collected will be fully anonymised and will include:

- The number of computer-generated fit notes issued
- The number of patients recorded as 'unfit' or 'maybe fit' for work
- Fit note duration
- Gender
- Health condition type aggregated to high level diagnosis code
- Location, including CCG area
- Whether workplace adaptations were recommended.

HOW CAN WE 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 you 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