



To be completed by the doctor

Doctors Name \_\_\_\_\_ HA Code \_\_\_\_\_

I have accepted this patient for general medical services  For the provision of contraceptive services

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 \_\_\_\_\_

Practice Stamp

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

**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:
 <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.

**Audit – C**

**Patient Name:**

**D.O.B:**

**Address:**

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 – 4 times per months	2 – 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if a female, or 8 or more units if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

**Part 1 Score.....**

**Scoring** – A total of 5+ indicates increasing or higher risk of drinking. An overall total score of 5 or above is AUDIT-C positive.

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but in the last year		Yes, during the last year	

**Part 2 Score .....**

**Total Score.....**

**Bloods: Date..... Time: .....**  
**NPHC: Date ..... Time .....**  
**With.....EMIS No .....**

*Please complete in BLOCK CAPITALS and tick as appropriate*

<p><b>*HAVE YOU EVER BEEN REGISTERED WITH THIS PRACTICE PREVIOUSLY?</b>  <b>YES ( ) NO ( ) *IMPORTANT</b>  <b>Address previously registered under.....</b>          .....</p>
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**Calling name .....**

**Home Telephone Number.....**

**Mobile Telephone Number: .....**

**Work Telephone Number: .....**

**E-mail Address: .....**

**Next of Kin: .....**

**Relationship.....**

**Contact Number .....**

**Ethnic origin:**

<b>British/Mixed British</b>		<b>Irish</b>	
<b>Other White</b>		<b>White &amp; Black Caribbean</b>	
<b>White &amp; Black African</b>		<b>White &amp; Asian</b>	
<b>Other Mixed</b>		<b>Indian/British Indian</b>	
<b>Pakistan/British Pakistani</b>		<b>Bangladeshi/British Bangladeshi</b>	
<b>Other Asian</b>		<b>Caribbean</b>	
<b>African</b>		<b>Other Black</b>	
<b>Chinese</b>		<b>Other</b>	
<b>Ethnic category not stated</b>			

<p><b>Main Spoken Language (13I): .....</b>  <b>Language Not Given – Patient Refused (13ZG): .....</b>  <b>Smoking Status</b>  <b>Smoker(137R) ..... Ex- Smoker(137S)..... Never Smoked(1371).....</b></p>
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If not dispensing you have a choice of chemist you would like your prescriptions electronically sent, please state .....

It can take several months for your medical records to be received from your previous doctor. We therefore ask all new patients to book an appointment for a New Patient Health Check with our Practice Nurse. Please give the completed form back to the Receptionist who will make an appointment for you

## Information for new patients: about your Summary Care Record

Dear patient,

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

### You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care. Your options are outlined below; please indicate your choice on the form overleaf.

- **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.
- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

## Summary Care Record patient consent form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP practice:

### Yes – I would like a Summary Care Record

Express consent for medication, allergies and adverse reactions only.

**or**

Express consent for medication, allergies, adverse reactions and additional information.

### No – I would not like a Summary Care Record

Express dissent for Summary Care Record (opt out).

Name of patient: .....

Date of birth: ..... Patient's postcode: .....

Surgery name: ..... Surgery location (Town):  
.....

NHS number (if known):  
.....

Signature: ..... Date: .....

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name:  
.....

**Please circle one:**

Parent	Legal Guardian	Lasting power of attorney for health and welfare
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For more information, please visit <https://www.digital.nhs.uk/summary-care-records/patients>, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

### **For GP practice use only**

To update the patient's consent status, use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below.

Summary Care Record consent preference	Read 2	CTV3
The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only)	9Ndm.	XaXbY
The patient wants a Summary Care Record with core and additional information (express consent for medication, allergies, adverse reactions and additional information)	9Ndn.	XaXbZ
The patient does not want to have a Summary Care Record (express dissent for Summary Care Record – opt out)	9Ndo.	XaXj6

## Online Services Application Form

**Date:**

This practice offers online services for appointment booking, repeat prescription ordering, viewing test results and viewing your medical records. Use this form to register for the online Appointment and Repeat Prescription Ordering services, and to view test results. Medical record viewing facilities are offered by this practice but you will need to specifically request this additional service using a separate application form.

\*\*\*You can only apply for yourself on this form and **you must be aged 16 years or older**\*\*\*

**You will need to provide photo evidence of your identity such as a passport or photo driving licence when bringing your form to request access and again before receiving your access codes.**

When the form is completed, please take it to reception and return in 2 working days between 11 am and 5 pm, to collect your Internet access registration codes.

Forename:		Surname:	
Date of birth:		Email Address:	
Address (including postcode):			
Please register me for: Internet Access - Issue my personal identification number and password details to register me for online services. I understand that I am responsible for securing these details to prevent unauthorised persons from accessing my medical record online. In the event that my security details have been compromised I will inform the practice immediately so that access can be blocked and new passwords issued. If at any time I wish to permanently cease internet access I will inform the practice in writing.			
Signed:		I am the patient mentioned above:	<input type="checkbox"/>
Office use only:	Photo ID presented: Driving Licence <input type="checkbox"/> Passport <input type="checkbox"/> Other e.g. personal knowledge (details) <input type="checkbox"/> _____		
<b>Access authorised:</b>	<b>Authoriser:</b> _____ <b>Date:</b> _____ <b>Access ID and PIN given:</b> <input type="checkbox"/>		
<b>Receipt of Access Codes</b>	<b>To be signed by patient on receipt of Access ID and PIN:</b> <b>Codes received:</b> _____ <b>Date:</b> _____		