John Hampden Surgery

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New Patient Pack Contents

Please ensure those forms highlighted in **bold** are always returned and appropriately completed.

Where a family is registering please only complete the documents that are highlighted with an * for any children under 16 years of age.

1. **Purple Registration Form – GMS1 Form***
2. Practice Booklet
3. Out Of Area Advice
4. **John Hampden Surgery Agreement ***
5. **Patient Details***
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9. Patient Online: Registration Form Access to GP Online Services
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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 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

042017_003 Product Code: **GMS1**

NHS Family doctor services registration

GMS1

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

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

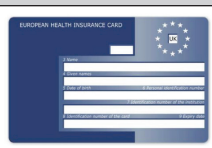
I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

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:** ☐ **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.

The John Hampden Surgery Agreement

Dear Patient,

Name: …… DOB: ……

Thank you for your request to join The John Hampden Surgery. Please note that all new patients are asked to provide proof of identification (children registering with their family do not have to do this). Please supply identification when returning your registration forms:

The following documents that could be used to provide identification:

Birth Certificate	**Marriage Certificate**	**Medical Card**
Passport	**Local Authority rent card**	**Wage slip**
Driving Licience	**Paid Utility bills**	**Bank card**
National Insurance card	**Evidence of benefit entitlement**	**Statements**

Proof of address is also required before we can register you. One document is sufficient if it contains both name and address.

Thank you.

Yours faithfully

Laura Russell, Practice Manager

……

Admin use only

Indentification seen: Yes / No Type of Identification: ……

Notes: ……

Please bring up to date immunisation details for all children under 6

The John Hampden Surgery

Disclosure
I the patient names below agree to disclose all material facts regarding my health to my General Practitioner and his/her clinical staff. We the practice declares that we shall not disclose any information regarding the patient's written consent.

Mobile Phones
I agree to switch off my mobile phone before entering the practice and to keep it switched off. At all times while I am within the practice building. I agree to switch it off immediately should it ring while I am within the building.

Confidentiality
We the practice declares that we shall hold confidential all matters pertaining to the patient and not release such information with the patient's prior consent.

Repeat Prescriptions
I agree to requesting repeat prescription giving the practice 48 hours' notice to my need for medication. Furthermore I agree to make my request in person, by fax, post, on slip provided or via the online prescription service. We do not accept telephone requests for repeat prescriptions.

Appointments
I agree to try to attend on time for all appointments that I book with the practice and cancel in advance any appointment that I cannot attend. I acknowledge that I should arrive I arrive late for an appointment I may be asked to re book for another time. We will try to see you at your appointment time but may ask you to come back for another appointment if your problems take longer than the time you have booked. If you have more than one problem to discuss you can ask for a double appointment when you contact reception.

Treatment of staff
I agree with the policy of zero tolerance of abuse towards all NHS Staff. I agree not to behave in an abusive, threatening or otherwise aggressive manner with any member of the practice staff. I acknowledge the right of the practice to remove me from their list without appeal should I behave in a manner prohibited. All the staff and doctors agree to behave in a polite and professional manner.

Emergency Appointments
I agree only to use these appointments for medical emergencies that require immediate treatment.

Complaints
If I am dissatisfied with the service I receive from the practice I will complain in writing to the practice manager. The practice agrees to take all complaints seriously and will reply in writing within 14 days.

Home Visits
I shall only request a home visit from the practice under circumstances where I cannot physically attend at the practice; I will endeavour to make this request no later than 11:00am.

Policy on Seeing Minors
All children under the age of 12 must be accompanied by an adult throughout the consultation and examination. Young people between the age of 12 and 14 can consult alone but must attend the surgery accompanied by a responsible adult whose permission and co-operation will be sought. 14-16 years old may attend un-accompanied and consult alone provided that the doctor assesses them to competent. Our confidentiality policy gives anyone over the age of 14 the rights to only have test results given to them, the patient, and results will only be given to the parent if it is clearly written in the patients notes that permission has been given for the episode of care,

Chaperones
A chaperone is available for any consultation at any stage. This can be requested via the reception staff or any clinical staff member.

Private Fees

We are often asked to write letters and complete forms on behalf of patients. This isn't covered under the NHS and there will be a charge made; an example is given below. Please contact the surgery for an up to sate price if necessary before leaving your request.

- Private sick notes
- Passport forms
- Private prescriptions for travelling abroad
- Holiday vaccination certificate
- Private medical certificate
- Sickness / accident benefit form
- Fit to travel
- Freedom from infection certificate
- Holiday cancelation form
- Medicals
- Private vaccinations

Patients Name: ……..

Signature: ……

Date: ……..

THANK YOU FOR READING AND SIGNING THIS AGREEMENT

Patient Details

Please help us update your records by completing the following

Basic Communication
By giving us your current telephone number(s) and/or email address, you consent to us contacting you for medical or administrative reason. We may also pass your details on to another NHS or NHS-partnered organisation to assist them in providing healthcare service for you as agreed between you and your doctor/nurse. We will never hand your information over to any non- allied organisation. **This is our minimum level of communication we require from you. We require you to keep us informed of any changes to your contact details.** For more information on how we outlines how we store, share and protect your information please see our Privacy Notice which is held on the practice website: http://www.johnhampdensurgery.co.uk/info.aspx?p=11.

General Contact Information
Have you been registered at John Hampden Surgery previously: Yes/No

Name:

DOB:

***Enhanced Communication Services**
We are enhancing our administration systems so that we can send you recall invitations by SMS and email to communicate appointment reminders, flu invitations, chronic disease management reviews and general health contact including practice information updates e.g Practice Newsletter. **Please be aware by sharing your mobile and email address you are giving the practice explicit consent to make contact with you using these methods. Please be aware messages may be heard or read by other members of your household if you share telephones.**

Contact Tel Number: _____

***Mobile Tel Number: _____
Can we contact you on your mobile number as outlined above? Yes/No
SIGN CONSENT: _____

Work Tel Number:

***Email Address: _____
Can we contact you by email as outlined above? Yes/No
SIGN CONSENT: _____

Are you a Carer? Yes / No
If yes, please complete our **'Carers Identification and Referral Form'**

Are you a Veteran? Yes / No

Additional Information

The Surgery's Patient Group is keen to get feedback about the Practice. The Patients Group has a list of patients who have said they are willing to receive the occasional email. If you are happy to be on this list, could you please indicate below and provide an appropriate email address. **Please note by providing opting in you are giving explicit consent to receive contact from the Patient Group.**

Would you like to be on the Patient Group's feedback list? Yes/No
Email Address: _____
SIGN CONSENT: _____

If you would like more information about the Patient Group please contact a member of our reception team who will be happy to put you in touch with a Patient Group member. Or please feel free to email us at jhs.patients.group@nhs.net.

Ethnicity:	White British	☐	White Irish	☐
	Other White Background	☐	Mixed – White and Black Caribbean	☐
	Mixed White and Black African	☐	Black or Black British Caribbean	☐
	Black or Black British African	☐	Other Black Background	☐
	Asian or Asian British Indian	☐	Asian or Asian British	☐
	Chinese	☐	Other Ethnic Background	☐
	Other Mixed Background	☐	Information Refused	☐

General Health Status

Height: Weight:

Smoking Status: Smoker ☐ If yes, are you interested in support to stop? Yes/No
Ex-Smoker ☐
Never ☐

Do you suffer from a chronic disease?
Asthma ☐ Diabetes ☐ Hypertension ☐

Chronic Obstructive Pulmonary Disease (COPD) ☐

Epilepsy ☐ Hypothyroid ☐ Chronic Kidney Disease (CKD) ☐ Arthritis ☐

Atrial Fibrillation ☐

Are you currently taking any repeat medication? Yes/No

If yes please provide details: _____

Do you wish to nominate a pharmacy for electronic prescribing? Yes/ No
[This means your prescription will go electronically to your nominated pharmacy for collection and you will not have to collect the paper prescription from the surgery and take to the pharmacy. **Please make the surgery aware if you already have a nominated pharmacy in place from your previous surgery]**

If yes please provide pharmacy details: _____

Online Prescription and Online Appointments (GPs appointments only)

Online Prescriptions: Yes/No Online Appointments: Yes/No

Our system can now offer online booking, of some appointments and online prescription requests. To sign up for this, please ask a member of the reception team for the appropriate sign up forms. These will be left for you to collect when attending your New Patient Check with the Nurse. Please be aware your email address will be used for security verification and confirmation receipts. This service can only be activated once you are fully registered with the practice.

Please note we will no longer be accepting medication requests through the surgery email address from the 31st of March 2014

Surgery Use Only

All parts complete Yes/No

Additional forms completed Yes/No

(Alcohol, Care Data, and Summary Care Info)

Identification seen Yes/No

Patient Registered onto system Yes/No

New Patient Appointment made Yes/No

Online script/appt sign up form generates Yes/No
Staff Member Signature: _____ Date: _____

Patient options for GP data sharing

Summary Care Record (SCR), My Care Record, and Care.data

Patient details (please write in CAPITAL LETTERS)			
Title:		**Forenames:**	
Surname/Family name:			
Address:			
Postcode:			
Home phone number:			
Mobile phone number:			
Email address:			
Date of birth:		**NHS number (if known):**	
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			
Full name:		**Status:**	
Signature:		**Date:-**	

Overview of sharing options

Summary Care Record (SCR)

The NHS in England is using a national electronic record called the Summary Care Record (SCR) to support patient care. The Summary Care Record is a copy of key information from your GP record. It provides authorised healthcare staff with faster, secure access to essential information about you when you need unplanned care or when your GP practice is closed. Summary Care Records improve the safety and quality of your care.

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 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.

Care.data

NHS England is commissioning a modern data service from the Health and Social Care Information Centre (HSCIC) on behalf of the entire health and social care system. Known as Care.data, this programme will build on existing data services and expand them to provide linked data that will eventually cover all care settings, both in and outside of hospital. Patient information will be obtained from the GP record and used to support, plan, and improve patient services by comparison with other patients in other areas. Care.data will also assist with resource planning across the country. To enable the comparison the NHS will need to extract your date of birth, postcode and NHS number to link your records. Your identifiable information will remain protected. Information which does not reveal your identity can then be shared with researchers and health planners to improve services both locally and nationally.

If you wish to **opt out** of sharing your information in relationship to Care.data you are now required to record a national data opt out that offers you a new way to prevent your confidential patient information from being used for research and planning. Please visit www.nhs.uk/your-nhs-data-matters.

Unfortunately, the national data opt out cannot be set by the GP surgery going forward from October 2018, you can instead record your own opt-out online following the link above or by contacting: 0300 303 5678.

Please circle your sharing preferences below.

Once complete please return this form to your GP practice

1.	**The Summary Care Record (SCR)** Used nationally across England	YES 9Ndm	NO 9Nd0
2.	**My Care Record** Used locally across Buckinghamshire and the immediate surrounding area	YES 93C0	NO 93C1
3a.	**Care.data** I wish to allow my GP to release any section of my GP record to the Health and Social Care Information Centre for purposes of the Care.data system	Record wishes: www.nhs.uk/your-nhs-data-matters / 0300 303 5678 **(GP PRACTICE CAN NO LONGER RECORD)**	

3b.	**Care.data** I wish to allow the Health and Social Care Information Centre to disclose to any accredited third parties any information they hold about me (from any NHS source). Please note that in general, such data would only be made available to accredited third parties in anonymised, pseudonymised or aggregated form.	Record wishes: www.nhs.uk/your-nhs-data-matters / 0300 303 5678 **(GP PRACTICE CAN NO LONGER RECORD)**

Thank you.