

Dockham Road Surgery

Registration Pack

This form is to be completed if you wish you register as an NHS patient with Dockham Road Surgery.

Please complete this form in **black ink** and endeavour to complete all fields of the application form.

In order to complete the registration process please bring the completed registration form to the surgery with **two forms of identification** as shown in the table below:

Name Identification	Address Identification
<ul style="list-style-type: none"> • Current signed full passport • Current UK driving licence • Blue disabled drivers pass • Current benefits or State Pension notification letter confirming rights to benefits for the current period • Current HMRC tax notification e.g. PAYE coding, statement of account (P45's & P60's are not official HMRC documents) • Shotgun or Firearms certificate • Travel documents issued to foreign nationals granted permission to remain in the UK • Current EU/EEA driving licence • Residence permit issued by the Home Office to EU nationals • EU/EEA member state identity card 	<ul style="list-style-type: none"> • Recent utility bill or statement showing current address in our area • Local Authority tax bill for current year • Bank or Building society statements • Credit/store card statement • Mortgage statement • Local Council rent card • Tenancy agreement • Solicitors letter confirming recent purchase of your property

Under 16's

Children under the age of 16 whose Parent/Guardian is registered with the Practice or registering at the same time will need to provide either:

- Original Birth Certificate or a certified copy
- Passport

New Patient Registration Form

Your Details		
Title:	First Name(s):	Surname:
Date of birth:	Town & Country of birth:	Previous Surname(s):
Home Address:		
Postcode:	County:	NHS Number:
Home Phone Number:	Work Phone Number:	Mobile Phone Number:
<p>The practice can use your mobile number to send you a text reminder for your appointments. If you <u>WOULD LIKE</u> to receive this service please tick this box <input type="checkbox"/></p>		
Email Address:		
Your Previous Address		
Home Address (including postcode):		
Your previous doctor's details		
Doctor Surgery Name:		
Address of Surgery (including postcode):		
If you are coming from abroad		
The first UK address where you registered with a GP:		
Date you entered the United Kingdom:	If previously resident in UK, date of leaving the UK:	
Main language spoken:		
If you are returning from the Armed Forces		
Address before enlisting (including postcode):		
Service or Personnel Number:	Enlistment date:	
Please sign below to confirm the above details are correct		
Signature:	Date:	

New Patient Registration Form

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 "Visiting the UK" leaflet, available from NHS England.

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.

Signature:	Date:
Print name:	
On behalf of:	
Relationship to patient:	

New Patient Registration Form

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 <u>non-UK</u> 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	(b) To: 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.



New Patient Registration Form

Medical History			
<i>So that we can provide good clinical care as soon as you register please can you indicate by ticking the box if you are currently suffering with any of the following conditions:</i>			
Asthma		Cancer	
COPD		Mental Health Problem/Depression	
Chronic Kidney Disease		Osteoporosis	
Diabetes		Rheumatoid Arthritis	
Epilepsy		Stroke	
High Blood Pressure		Peripheral Arterial Disease	
Heart / Cardiovascular Disease		Atrial Fibrillation	
Are you taking any regular medication (including contraception)?			
Yes		No	
<i>If you answered yes, please attach your most recent repeat medication slip to this form (you can get this from your previous GP) to help us record your new medications accurately.</i>			
<i>Please make an appointment to see a doctor at least 4 days before your current medication is due to run out. If you need a repeat prescription of any regular medication before you can see a doctor please inform the reception team.</i>			
Have you had any serious operations, x-rays or similar tests carried out in the past?			
(please try to list them with an approximate date)			
Do you have any allergies or sensitivities to medication or other substances?			
(please list them below)			
Height and Weight			
Height:		Weight:	
Smoking			
Are you currently a smoker?		If yes, what is your daily consumption?	
Yes / No			
You can get help with giving up smoking at this surgery – please make an appointment with our nurse			

Your lifestyle – Alcohol – please circle the answer which fits your lifestyle						
	0	1	2	3	4	Score
How often do you have an alcoholic drink?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many drinks do you have in a typical day?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more drinks in one session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
A score of 5+ indicates hazardous or harmful drinking. We can help you with changing this habit.						

New Patient Registration Form

Specific Needs											
<i>Please state any specific needs you have so we can ensure they are identified and accommodated for (these include but are not limited to any sensory impairment, use of an Assistance Dog, physical or mental disabilities, access requirements, religious or cultural needs, translator/interpreter requirement, nutritional requirements and phobias):</i>											
Legal Documentation											
Do you have a "Living Will"? Yes / No	<i>If you answered 'yes', please provide the practice with a written copy for your medical records.</i>										
Do you have a Lasting Power of Attorney or a Court Appointed Deputy? Yes / No	<i>If you answered 'yes', please state their name, address and phone number. Please specify the type (Property & Affairs or Personal Welfare) and supply evidence:</i>										
NHS Organ Donor Registration											
Would you like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after your death? <div style="text-align: right;">Yes / No</div>											
If you answered 'yes', please tick as appropriate: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Kidneys</td> <td style="width: 50%;">Heart</td> </tr> <tr> <td>Liver</td> <td>Corneas</td> </tr> <tr> <td>Lungs</td> <td>Pancreas</td> </tr> <tr> <td>Small Bowel</td> <td>Tissue</td> </tr> <tr> <td>Any part of my body</td> <td></td> </tr> </table>	Kidneys	Heart	Liver	Corneas	Lungs	Pancreas	Small Bowel	Tissue	Any part of my body		Signature confirming consent to organ donation: Date:
Kidneys	Heart										
Liver	Corneas										
Lungs	Pancreas										
Small Bowel	Tissue										
Any part of my body											
NHS Blood Donor Registration											
Would you like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood? <div style="text-align: right;">Yes / No</div>											
Have you given blood in the last 3 years? Yes / No	Signature confirming consent to inclusion on the NHS blood Donor Register: Date:										

New Patient Registration Form

Electronic Prescribing

All prescriptions are automatically sent to your pharmacy of choice through our links with EPS, the NHS Electronic Prescription Service. **Please nominate your pharmacy of choice below**

Boots The Chemist, Cinderford

Co-op Pharmacy Dockham Road

Drybrook Pharmacy

Badham Pharmacy, Newnham

Other pharmacy you wish to use (e.g. near work) _____

Electronic access to your medical records – SystemOne Online

This practice provides access via the internet to your medical records so that you can book your appointments, order your medication, send electronic messages and view your coded medical information.

This service will be of great benefit to all patients but especially those who work long hours and are unable to get to the surgery or telephone us during our opening hours.

If you would like us to provide you with access to SystemOne On Line, please sign this form and provide the identity evidence in person at reception.

We will issue you with an ID and password which is sent to you via Royal Mail or handed over whilst you are at the desk.

I wish to register for SystemOne On-line access _____

Date of signing and providing evidence of ID _____

Online Access for Children

If you would like to register your children for online access this can be done through your own account under proxy access. This access will automatically be stopped when your child reaches the age of 14.

If you wish to continue using the proxy access after your child turns 14 we must receive written consent from the child.

Name of Child under the age of 14 to be registered with proxy access:

Signature from Parent/legal guardian:

Online Access with POA

If there is a Power of Attorney in place and you agree to give a third party access to your online information we will need written consent from you and a copy of the Power of Attorney to be scanned into your notes.

New Patient Registration Form

Carer Identification
<p><i>If you are a Carer or are cared for we would like to hold this information in your medical record. This will help us provide support as necessary and have a better understanding of your needs.</i></p> <p><i>By completing this form you agree that we can retain this information in your medical record.</i></p> <p><i>If you're a Carer who helps and supports someone who can't manage on their own, we want to ensure YOU get all the support YOU need. To be able to do this, we need to know certain facts about your caring situation, as listed in the form overleaf.</i></p> <p><i>If you're a carer, with your permission, we will refer you to Gloucestershire Carers Hub, a countywide organisation providing relevant information and advice, local support services, newsletter and telephone help for carers. They are able to assess your needs (called a Carers' Needs Assessment) and give you the chance to discuss your role as a Carer and what help you may need to:</i></p> <ul style="list-style-type: none"> • Support you as a Carer, • Maintain your own health <ul style="list-style-type: none"> • Balance caring with other aspects of your life, like work and family, looking at both your current and future needs. <p><i>It's NOT about judging the way you are caring for someone, nor should social services assume that you wish to become, or carry on being, a Carer.</i></p> <p><i>As a result of completing the Assessment, the local authority may provide services to help you in your caring role or to maintain your own health and well-being. It can also look at the needs of the person you care for. This could be done separately, or together, depending on the situation.</i></p>

Section 1 – I AM a Carer <i>(Please complete if relevant)</i>	
Your Name:	Your Date of Birth:
Your Address:	
Home Phone Number:	Mobile Phone Number:
I Care For:	
Full Name:	Date of Birth:
Address:	
Contact Number:	Relationship (if any):
Is the person you care for registered with Dockham Road Surgery? Yes / No	
Do you wish to be referred to Carers Gloucestershire for a Carers Needs Assessment? Yes / No	
Signature:	Date:

(For office use only – code Ua0VL – patient themselves providing care)

New Patient Registration Form

Section 2 – I HAVE a Carer	
<i>(Please complete if relevant)</i>	
Your Name:	Your Date of Birth:
Your Address:	
Home Phone Number:	Mobile Phone Number:
I am cared for by:	
Full Name:	Date of Birth:
Address:	
Contact Number:	Relationship (if any):
Is the person who cares for you registered with Dockham Road Surgery?	
Yes	/ No
Are you registered disabled?	
Yes	/ No
Signature:	Date:
Consent	
Do we have your consent to give any information on test results, medical correspondence etc to your carer?	
Yes	/ No
Signature:	Date:
<i>(For office use only – code 918F – patient has a carer)</i>	
Patient Participation Group	
<p>The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views and ideas for making services better. Becoming a member of the PPG will mean that we can keep you informed of opportunities to give your views and keep you up-to-date with developments within the Practice whilst taking on your thoughts for ways we can improve our service. If you are interested in getting involved, please tick the box below and we will arrange for the Practice Patient Participation Group Application form to be sent out to you.</p>	
Are you interested in becoming a member of the Patient Participation Group?	
Yes	/ No

New Patient Registration Form

Summary Care Record OPT OUT FORM (Optional)

Your Name: _____ Date of Birth: _____

Dockham Road Surgery offers its patients the choice of having a Summary Care Record. The new NHS Summary Care Record has been introduced to help deliver better and safer care and give you more choice about who you share your healthcare information with.

What is the NHS Summary Care Record?

The Summary Care Record contains basic information about:

- any allergies you may have,
- unexpected reactions to medications,
- and any prescriptions you have recently received.

The intention is to help clinicians in A & E Departments and 'Out of Hours' health services to give you safe, timely and effective treatment. Clinicians will only be allowed to access your record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Children under the age of 16

Patients under 16 years will not receive this form, but will have a Summary Care Record created for them unless their GP surgery is advised otherwise. **If you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf.**

You do not have to have a Summary Care Record, although you are strongly recommended to consider this choice. If you are happy for a Summary Care Record to be set up for you then you need take no further action. If you want to opt-out now please tick the box below and return it to Reception as soon as possible.

Please sign below if you **DO NOT** want a summary care record:

Signed _____

Print _____

Date _____

(For office use only – read code XaXj6 express dissent for Summary Care Record dataset upload)

New Patient Registration Form

NHS England's Care Data – Registering an objection (Optional)

NHS England aims to provide timely, accurate information to citizens, clinicians and commissioners about the treatments and care provided by the NHS.

If you would like to opt out of your information being used for research and planning purposes, you can manage your choice on the National Data Opt-Out service. More information about opting out and how to do so can be found at www.nhs.uk/your-nhs-data-matters/

If you do not want information that identifies you to be shared outside your GP practice, you can ask your practice to make a note of this in your medical record. This is called an objection. An objection will prevent your confidential information being used other than where there are exceptional circumstances or where the law allows your information to be shared.

OBJECTION FORM – Confidential

A. Please tick this box if you **do not** want any information containing data that identifies you from leaving your GP practice. This type of objection will prevent the identifiable information held in your GP 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. The surgery will block the uploading of your identifiable and personal information to the HSCIC.

*(office use only, read code **XaZ89** – Dissent from secondary use of GP patient identifiable data if above box is ticked)*

If you wish to cancel this at any time in the future please let reception know.

C. Please complete in BLOCK CAPITALS

Title: _____ Surname / Family Name: _____
Forename: _____ Date of Birth: _____
Address: _____
Postcode: _____ Phone No.: _____
Signature: _____ Date: _____

D. If you are filling out this form on behalf of another person or a child, please ensure that you fill out their details in section C and your details in section D.

Your Name: _____
Your Signature: _____
Relationship to Patient: _____ Date: _____

New Patient Registration Form

Sharing your health care records and information

Your patient record will be held securely and confidentially on our electronic system. If you require treatment in another NHS healthcare setting such as an Emergency Department or Minor Injury Unit, those treating you would be better able to give you appropriate care if some of the information from the GP practice were available to them. This information can now be shared electronically with your permission via **Gloucestershire Shared Health and Social Care Information (Joining up your Information – JUYI)**. This is used locally across Gloucestershire.

The information will be used **only by authorised healthcare professionals** directly involved in your care. Your permission will be asked before the information is accessed, unless the clinician is unable to ask you and there is a clinical reason for access. These records will be used **only** for the purpose of enabling informed care to be supplied directly to you as an individual.

Parents, guardians or someone with power of attorney can ask for people in their care to be opted out, but ultimately it is the GP's decision whether to share information, or not, because of their duty of care. If you are caring for someone and feel that they are able to understand, then you should make the information about information sharing available to them.

Are you happy for us to share this electronic information with clinicians in other NHS organisations and Gloucestershire County Council social care who are involved in your care? If you would rather we didn't, we will put an entry on your record which will prevent your information from being shared. **You only need to complete this form if you do not want your information shared using the Gloucestershire shared health and social care information project (JUYI).**

You can find out more about this project at:

www.gloucestershireccg.nhs.uk/joiningupyourinformation

I do not want my information shared through the Gloucestershire Shared Health and Social Care Information Project (JUYI)	
Full Name:	
Address:	
Date Of Birth	NHS Number:
Phone number(s)	
Signature:	Date:

(For office use only:

Code XaKRv – consent to JUYI

Code XaKRw – dissent to JUYI)

New Patient Registration Form

Undertaking for Patients requiring Private Medical Treatment	
<p>I hereby undertake to pay Dockham Road Surgery for the services relating to my treatment as a Private patient and understand that this money will be payable either in advance of any treatment, or immediately after. I agree to the terms and conditions and confirm that the details provided by me on this form are true and accurate. I also confirm that I give my consent to Dockham Road Surgery to provide medical services and/or any necessary treatment</p>	
<input type="checkbox"/> Signature of the patient _____ _____	<input type="checkbox"/> Signature on behalf of the patient (parent/guardian/carer) _____ Date ____/____/201____ _____ Print name

Signature for completed form
<p><i>Please sign here to complete this form and to certify that all information given by you is correct.</i></p>
Print Name:
Signature of Patient:
Signature on behalf of patient: (parent/guardian/carer)
Date:

*Thank you for taking the time to complete this application form.
Please allow 5 working days for your registration form to be processed.*