



Family doctor services registration

GMS1

Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Surname
Date of birth	First names
NHS No.	Previous surname/s
<input type="checkbox"/> Male <input type="checkbox"/> 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
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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:

Service or Personnel number:	Enlistment date: DD MM YY	Discharge date: DD MM YY (if applicable)
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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*

*Not all doctors are authorised to dispense medicines

- ☐ 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 ____/____/____

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)

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

052019_006 Product Code: GMS1

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

Practice Stamp

Authorised Signature

Name

Date ____/____/____

SUPPLEMENTARY 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: ☐ NO: ☐ If yes, please enter details from your EHIC or PRC below:



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.

Country Code:	EU
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.



Welcome to Minchinhampton Surgery. It may take some time for your records to arrive from your previous doctor. In the meantime, please could you complete this form. This information will be recorded on your medical record on the Practice's computer system. Whether it is on paper or computer, everyone in the NHS has a legal duty to keep information about you confidential.

If you would like a new patient health check, please book a 20-minute appointment with a Practice nurse. If you are already on regular medication, please book a new patient review with one of the doctors.

Date form completed:

First name(s):

Surname:

Signature:

Date of birth:

Have you ever been registered with this Practice before? If so, under what name?

.....

Ethnic Origin (*please tick the appropriate box*)

White ☐ Black Caribbean ☐ Black African ☐ Black other ☐

Indian ☐ Pakistani ☐ Bangladeshi ☐ Chinese ☐

Other Asian ☐ Other ethnic group ☐ Mixed origin ☐ Prefer not to specify ☐

Main language:

Address:

.....

.....

Post code:

Home phone:

Mobile:

(By providing a mobile you are consenting to receive texts from us)

Email address:

Occupation/school (if applicable):

Next of kin name:

Next of kin tel:

Next of kin relationship to patient:

Emergency contact name:

Emergency contact tel:

Which local pharmacy would you like to nominate for electronic prescribing?

.....

Smoking status: (*please tick the appropriate box*)

Never smoked ☐

Ex-smoker ☐

Smoker ☐ Quantity.....

Please give details if you answer yes to any the following:

Have you ever had any serious illnesses or been in hospital?

.....

.....

Do you have any current or long-term problems?

.....

.....

Are you currently taking any medication?

.....

.....

Do you have any allergies?

.....

Do you have any family history of serious illness e.g. heart disease, cancer, asthma or diabetes?

.....

.....

New patients: Sharing your health care records and information

Your 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.

In all cases, the information will only be used 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.

This information can now be shared electronically via:

1. Your NHS SUMMARY CARE RECORD (SCR)

Used nationally across England. Your SCR is created automatically unless you choose to opt out. Additional information such as details of long-term conditions, significant medical history, or specific communications needs is now included by default with an SCR unless you have previously told the NHS that you do not want this information to be shared. Minchinhampton Surgery would advise patients to share the additional information/

2. GLOUCESTERSHIRE SHARED HEALTH AND SOCIAL CARE INFORMATION (JUYI)

Used locally across Gloucestershire. This is also known as “Joining Up Your Information” (JUYI).

3. ENHANCED DATA SHARING MODEL (EDSM)

Used nationally across all healthcare providers using SystmOne.

National Data Opt-Out

Please note that these records are **not connected** with the National Data Opt-Out Process, which allows a patient to choose if they do not want their confidential patient information to be used for purposes beyond their individual care and treatment e.g. research and planning. To find more about the National Data Opt-Out Process, please visit www.nhs.uk/your-nhs-data-matters/.

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 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 the different methods of sharing available to them. Please ask a member of the practice staff for details of where to find more information about each of the sharing methods.

Difference between your “Gloucestershire Shared Health & Social Care Record” and your “Summary Care Record”

	Gloucestershire Shared Health & Social Care Information (also known as “JUYYI”)	Summary Care Record
Who it is shared with	<ul style="list-style-type: none"> • Across Gloucestershire • Across healthcare settings - including urgent care, community care and outpatient departments • With GPs • With NHS clinicians employed by Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Care Services NHS Trust (Community hospitals and community-based services, such as district nursing), 2gether NHS Foundation Trust (mental health services), South Western Ambulance Service NHS Foundation Trust • With Gloucestershire County Council social care 	<ul style="list-style-type: none"> • Across England • Across health care settings, including urgent care, community care and outpatient departments • With GPs, and with clinicians employed by any NHS Trust or organisation involved in your care across England
Information source	<ul style="list-style-type: none"> • GP record • Other medical records held by different NHS organisations in Gloucestershire • Gloucestershire County Council social care 	<ul style="list-style-type: none"> • GP record
Content	<ul style="list-style-type: none"> • Your current medications • Any allergies you have • Any bad reactions you have had to medicines • Your medical history and diagnoses • Test results and X-ray reports • Your vaccination history • General health readings such as blood pressure • Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls • Care / management plans • Correspondence such as referral letters and discharge summaries. 	<ul style="list-style-type: none"> • Your current medications • Any allergies you have • Any bad reactions you have had to medicines <p><u>SCR with additional information (can be added upon request to your GP practice) includes:</u></p> <ul style="list-style-type: none"> • Significant problems (past and present) • Significant procedures (past and present) • Anticipatory care information • End of life care information – as per EOLC dataset ISB 1580 • Immunizations

Patient choice for sharing your health care records and information

Please indicate below your preferred choice for sharing your healthcare records and information. If you indicate that you do not want your information shared, we will put a coded entry on your record which will prevent this.

SUMMARY CARE RECORD (SCR)	Tick <u>ONE</u> box
I understand an SCR will automatically be created for me that includes additional information	
I want to Opt-Out of having additional information on my Summary Care Record	
I want to Opt-Out of sharing any of my information through the Summary Care Record	

GLOS SHARED HEALTH & SOCIAL CARE INFORMATION (JUYI)	Tick <u>ONE</u> box
I would like my information shared through the Gloucestershire shared health and social care information project (XaKRv)	
I do not want my information shared through the Gloucestershire shared health and social care information project (XaKRw)	

ENHANCED DATA SHARING MODEL – SHARING OUT	Tick <u>ONE</u> box
I would like my information shared out to healthcare providers using SystmOne	
I do not want my information shared out to healthcare providers using SystmOne	

ENHANCED DATA SHARING MODEL – SHARING IN	Tick <u>ONE</u> box
I would like my GP practice to view data that is recorded at another NHS organisation (using SystmOne) that may care for me	
I do not want my GP practice to view data that is recorded at another NHS organisation (using SystmOne) that may care for me	

Patient details

Title:	
Full name:	
DOB:	
NHS number:	
Address:	
Signature:	
Date:	
<i>If the person signing above is not the patient (i.e. patient's parent/guardian), please write your relationship to the patient & your name:</i>	