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 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*

**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)

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

052019_006 Product Code: **GMS1**

NHS Family doctor services registration

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 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:		
	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.

Wimbledon Medical Practice

Drs. Sharifi, Gangaprasad, Kabir & Jayanthan

New Patient Registration Form

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

We require one form of photographic ID (i.e a passport) and one proof of address (i.e. utility bill)

Surname: …….

First Names: …….

Date of Birth: ……

Gender (please tick) ☐ Male ☐ Female

Contact Details:

Home: …….

Mobile: …….

E-mail Address: ……..

Next of Kin

Next of Kin's name: ……

Next of Kin's relationship to you: ……..

Next of Kin's telephone number: …….

Ethnic Origin:

☐White British	☐Indian/British Indian	☐Chinese
☐White Irish	☐Pakistani/British Pakistani	☐Other Ethnic Group
☐Other White Background	☐Bangladeshi/British Bangladeshi	☐Not Stated
☐White and Black Caribbean	☐Other Asian Background	☐Do not wish to disclose
☐White and Black African	☐Black Caribbean	
☐White and Asian	☐Black African	
☐Other Mixed Background	☐Other Black Background	

Wimbledon Medical Practice

Drs. Sharifi, Gangaprasad, Kabir & Jayanthan

New Patient Registration Form

Language – Your main or 1st Language:

☐English ☐Bengali ☐Chinese

☐Polish ☐Gujarati ☐Portuguese

☐Punjabi ☐Arabic ☐Other (Please specify…….)

☐Urdu ☐French

About your family:

Does any member of your family have any of the following conditions?

Condition	Relationship	Age at Diagnosis
Heart Disease		
Stroke/CVA		
Diabetes		
Asthma		
Hypertension (High Blood Pressure)		
Cancer		
Epilepsy		
Rheumatoid Arthritis		

Your Health:

Do you have any significant health conditions?: …….

Current Height: …… Current Weight: ……

Are you allergic to any medication? ☐Yes ☐No

If yes, please specify: …….

Do you have any other known allergies? ☐Yes ☐No

If yes, please specify: ……..

Do you smoke? ☐Never smoked ☐Ex-Smoker - Date when stopped ……..

☐Current Smoker – How much do you smoke? …….

If you drink, how many units do you drink each week? ……

Wimbledon Medical Practice

Drs. Sharifi, Gangaprasad, Kabir & Jayanthan

New Patient Registration Form

Carers:

Are you a carer? ☐Yes ☐No

Do you have a carer? ☐Yes ☐No

If yes, please give the name of your carer and their contact details: ……

Accessible Information Standard

The Accessible Information Standard aims to ensure that people who have a disability or sensory loss receive information that they can access and understand, for example in large print, braille or via email, and professional communication support if they need it, for example from a British Sign Language interpreter.

Do you have any information or communication needs? ☐Yes ☐No

If yes, please ask Reception for an accessible information standard sheet to complete. This will then be updated in your records.

Patient Participation Group

The purpose of a PPG is to help the practice deliver the best possible service and by providing a valuable means of communication between the practice and its patients. By expressing your interest, we can keep you informed of opportunities to give your views and up to date developments within the practice. If you are interested in getting involved, please tick the box below and we will arrange for a member of our staff to contact you.

☐ Yes, I am interested in becoming involved in the Patient Participation Group

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Consent for Text Messages:

In accordance with GDPR (General Data Protection Regulation), we require consent to send text messages to any patients.

I give consent to receive text messages from Wimbledon Medical Practice ☐

I do not give consent to receive text messages from Wimbledon Medical Practice ☐

Signature …… Date ……

Wimbledon Medical Practice

Drs. Sharifi, Gangaprasad, Kabir & Jayanthan

New Patient Registration Form

Online Services:

We have an online booking facility for routine GP appointments and repeat prescription requests. Please speak to reception for more information.

Wimbledon Medical Practice

79 Pelham Road, London SW19 1NX

APPLICATION FOR ONLINE ACCESS TO MY MEDICAL RECORD

PLEASE CHECK YOUR DETAILS ARE CORRECT

Surname	Date of birth
First name	
Address	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my core medical record	☐

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	☐
6. I will collect my patient access form	☐

Signature	Date

FOR PRACTICE USE ONLY

Patient NHS number		Practice computer ID number
Identity verified by (initials)	Date	Method Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐
Additional information		
Additional access approved by Dr: _____		Date: _____

Before you apply for online access to your record, there are some things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

- **The practice has the right to remove online access to services for anyone that doesn't use them responsibly.**
- **It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.**
- **If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.**
- **If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.**

Other things to consider

Forgotten history There may be something you have forgotten about in your record that you might find upsetting.
Abnormal results or bad news If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.
Choosing to share your information with someone It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.
Coercion If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.
Misunderstood information Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.
Information about someone else If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:
Keeping your online health and social care records safe and secure
http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf

I have read through and understand all the information provided in this document.

Signature	Date

Alcohol use disorders identification test consumption (AUDIT C)

This alcohol harm assessment tool consists of the consumption questions from the full alcohol use disorders identification test (AUDIT).

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

AUDIT C score	

Scoring:

- A total of 5 or more is a positive screen
- 0 to 4 indicates low risk
- 5 to 7 indicates increasing risk
- 8 to10 indicates higher risk
- 11 to 12 indicates possible dependence

What to do next

If you have a score of 5 or more and time permits, complete the remaining alcohol harm questions below to obtain a full AUDIT score.

Remaining AUDIT assessment questions

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 had 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 not 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 not in the last year		Yes, during the last year	

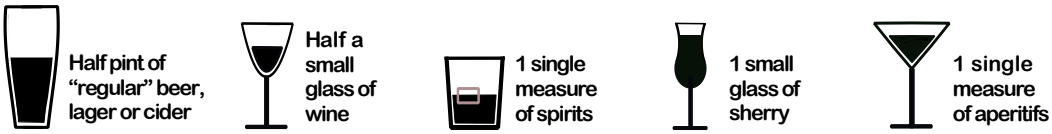
Total AUDIT score	

Scoring:

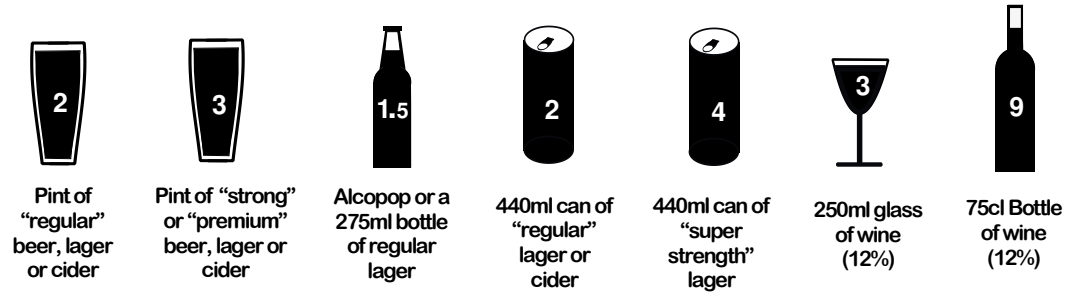
- 0 to 7 indicates low risk
- 8 to 15 indicates increasing risk
- 16 to 19 indicates higher risk
- 20 or more indicates possible dependence

Alcohol unit reference

One unit of alcohol



Drinks more than a single unit



Patient Opt Out Form

HSCIC data sharing

The Health and Social Care Information Centre (HSCIC) has been given permission by the NHS to automatically collect data about you from the surgery clinical data system.

Note that this is NOT the same as the data summary records (SCR) upload. If you have opted out of the SCR, that will not have any effect on the HSCIC data collection.

HSCIC collects your date of birth, NHS number and gender and stores it in a way so that you cannot be identified by it. It then collects information about family history, diagnoses, referrals, investigation results, and medication.

What is it for?

NHS England says it will "find more effective ways of preventing or managing illnesses; advise local decision makers how best to meet the needs of local communities; promote public health by monitoring risks of disease spread; map out pathways of care to streamline inefficiencies and reduce waiting times; determine how to use NHS resources most fairly and efficiently".

Data extraction has started in some areas. Although the practice may not opt-out of the process, individual patients can do so if they want. If you would like more information about this you can Visit our website **www.wimbledonmedicalpractice.co.uk**

If you wish to prevent your data being used for this purpose please complete this form and return to reception. We will then mark your notes so that they will not be uploaded.

Please tick all of the boxes that apply:

I do not wish for my personal confidential data to be extracted for use of national audits. Code 9M1	
I do not wish for my personal information to be disclosed for secondary use, i.e. not to be disclosed to anybody. Code 9Nu0	

Surname:_____**Forename:**_____

Date of Birth: _____

Signature: _____**Date**: _____