New Patient Registration Process

Step 1:

- Check to see if you are within our practice area, **ME16 postcodes only**.
- If you are, please complete each page of our registration pack before returning it to the Practice.
- Using the self-service blood pressure machine located on the 1st floor, please take 3 readings and also take your own weight on the scales provided. Keep all this information with you registration pack as reception will need this information.
- We ask that you have a photographic identification document and a proof of address from the following table below:

Photographic ID Documents	**Proof of address documents (must be dated within the past 2 months) Please Note: We no longer accept utility bills as proof of residence**
Driving License	Credit Card / Bank Statement
Current Passport	Mortgage Statement
Army ID Card	Rental agreement
NHS Staff Smart Card	

Step 2:

- Once the new patient pack has been completed and handed back into the surgery, the receptionist will check the information to see if you require a new patient check with the doctor to set up repeat medication etc.

Step 3:

Registration takes 5-10 working days. This can be prolonged in busier periods.

You will not be able to see a doctor until after this time.

- **After you are registered** all medical treatment will be available to you.

Before returning the forms to the Surgery, please check the following:

☐ **I have 2 valid forms of ID**

☐ **I live in the ME16 postcode area**

☐ **I have completed all the forms fully**

☐ **I have taken my blood pressure & weight**

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_____/_____/_____

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

White: ☐ British ☐ Irish ☐ Irish Traveller ☐ Traveller ☐ Gypsy/Romany ☐ Polish
☐ Any other white background (please write in):

Mixed: ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian
☐ Any other Mixed background (please write in):

Asian or Asian British: ☐ Indian ☐ Pakistani ☐ Bangladeshi
☐ Any other Asian background (please write in):

Black or Black British: ☐ Caribbean ☐ African ☐ Somali ☐ Nigerian
☐ Any other Black background (please write in):

Other ethnic group: ☐ Chinese ☐ Filipino
☐ Any other ethnic group (please write in):

Not stated: ☐
Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

NHS England use only Patient registered for ☐ GMS ☐ Dispensing

062021_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 – 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 an EU 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 Business Service Authority for the purpose of recovering your NHS costs from your home country.

NEW PATIENT HEALTH QUESTIONNAIRE

The Vine Medical Centre

Thank you for joining The Vine Medical Centre. As we do not have your medical records yet, it would be helpful if you could complete this health questionnaire before you see the Nurse or Doctor. The information you give is confidential and will not be passed to other people outside of the practice if you dissent in the consent section below.

Title Miss / Ms / Mrs / Mr / Other *(Please indicate)*

Surname _____ Forenames _____

Previous Surname _____ Partner's surname if different _____

Marital Status Single/Married/Divorced/Separated/Widowed *(please cicle)*

Date of Birth _____ Present age _____

Home Telephone _____ Mobile number _____

Email address _____

Consent to contact by SMS Yes / No Consent to contact by Email Yes / No

Patients can download the myGP app for appointments and online services

Patients can download the NHS app for appointments, online services and repeat prescription ordering

PATIENT CONSENT

There are times when your medical records will be shared by an external organisation for the following reasons. Please indicate whether you consent to each area. Information on the above is available in the form of a leaflet at Reception if you require it. If you do not circle your preference, then you will automatically be opted in for all 3 choices below.

PLEASE CIRCLE YES FOR CONSENT AND NO FOR DISSENT

Summary Care Record. Medical summary, medications and allergies visibile to other health care professionals. This can be useful in an emergency. **YES** **NO**

Department of Health information. Personal confidential data, DOB, postcode, NHS number and gender can be extracted from the GP system. To improve healthcare and to design better integrated services for patients. **YES** **NO**

External NHS Assessors. Medical records are occasionally checked in relation to probity checks on the Practices financial claims for work undertaken and submitted to NHS England. **YES** **NO**

General Data Protection Regulation (GDPR). Please sign below to confirm that you have been shown the Practices' GDPR policy.

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

Are you living with a patient already registered here? Yes / No Are you currently employed? Yes / No

If yes, name of patient _____ Occupation/Profession _____

Are you a Military Veteran? Yes / No

Who to contact in an emergency

Name _____ Relationship to patient _____

Home Telephone _____ Mobile number _____

Do you have a carer? Yes / No If yes, please supply their name and contact details below

Name _____ Address (House No. & Postcode) _____

Are you an unpaid carer? Yes / No Mobile number of Carer _____

What is your current weight? _____ What is your height? _____

What is your current blood pressure? We have a machine in the building, just ask reception

Take 3 readings to Reception BP Readings _____

Do you smoke? Yes / No

If yes, how many a day? _____ Are you an Ex-Smoker? Yes/No

If yes, - cigarettes/roll ups/ pipe How many did you smoke? _____

If you are a smoker, we offer a smoking cessation service. When did you give up? _____

ALCOHOL CONSUMPTION

Please circle your responses.

QUESTIONS	0	1	2	3	4	SCORES
How often do you drink alcohol?	Never	Once a month	2-4 times a month	2-3 times per week	4+ times per week	
How many alcoholic drinks do you have when drinking occurs	1 to 2	3 to 4	5 to 6	7 to 8	10+	
How often do you have 6+ drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					TOTAL	

MEDICAL HISTORY

Please list any ongoing medical problems, operations, serious past illnesses or psychological problems (e.g. depression) that you have had with date of event if possible.

Do you suffer from any of the following? **Epilepsy/Diabetes/Asthma/High Blood Pressure/Kidney Disease. If yes details:**

Any other relevant conditions we should know?

ALLERGIES

Please list any allergies to medication, drugs or anything else on the line below:

MEDICATION

Which chemist would you like your medication to go to?

Please note we cannot accept your word as proof of medication. Please provide us with a repeat slip or medical summary from your previous surgery if you need immediate/repeat medication

IMMUNISATIONS

Date of last Tetanus?: Date of Polio Booster ?

If you are under 34 years of age, have you had Meningitis C Vaccination? Yes/No

FAMILY HISTORY

Is there any of the following in your direct family (father, mother, brother, sister) before the age of 65.

	Yes/No	Details/Relationship	Age at Diagnosis
Diabetes			
Please Cirlcle Asthma/Hayfever/Eczema			
Please Circle Angina/Heart Attack/Bypass			
Stroke			
Cancer			
High Blood Pressure			
Nervous Disorder			
Kidney Disease			
Any other relevant family history?			

FOR WOMEN ONLY

Have you had any pregnancies? (Please list outcome and any complications)

Year Details

Year Details

Year Details

Have you had a hysterectomy, if yes, when and for what reason?

Last cervical smear Date Result

Last mammogram Date Result

Do you have a coil fitted? Yes / No Coil Type: Mirena / Copper / Other Date Fitted:

Do you have a Nexplanon Contraceptive Implant fitted? Yes / No Date Fitted:

LANGUAGE AND ETHNICITY MONITORING

The practice aims to promote equality of access to health services for all its patients. To do this we are asking all our patients to voluntarily provide the following information.

What is your first language? Do you need an interpreter? Yes / No

Do you have any specific communication requrements? Please tick box

Impaired hearing ☐ Impaired vision ☐

What is your ethnicity?

IF YOU ARE AGED 16+

Please return this registration pack to Reception and bring proof of ID and address as listed on the slip on the front

Practice Information

Please retain

Seeing a Healthcare Professional	Please contact the Practice on 01622 754898 to speak to one of our Care Navigators who will book you an appointment with the appropriate professional. For urgent on-the-day concerns, please call before 11:00. We operate an urgent triage system with a limited amount of spaces daily. Appointments are offered on a first-come, first-served basis and you may be directed elsewhere once our list is full.
Extended hours Appointments	Extended Hours sessions are available **by appointment only.** These sessions include evenings and Saturday mornings.
Out of Hours	If you urgently need to see a doctor outside the GP Surgery hours of 8am - 6.30pm Monday to Friday, you should call 111 for the NHS 111 service who can provide medical advice or arrange a visit if necessary.
A & E Attendance	Please avoid using A & E for routine medical problems at any time of day. **A & E is to be used for very serious illness and medical emergencies only - it is not an 'out of hours' doctor service.**
Online Services	You can order repeat medications, view your medical history, and book Nurse appointments using the NHS App. This can be downloaded from the Play Store, or the App Store. It can also be accessed through your Internet Browser via nhsapp.service.nhs.uk/login
PPG	A patient participation group (PPG) is a group of patients, carers and GP practice staff who meet to discuss practice issues and patient experience to imporve the service. If you would be interested to join then please email vinemc@nhs.net
Electronic Health Records (GP2GP)	If you have beeen registered with a GP in England, then your reccords will come electronically through an NHS system called GP2GP. Your paper record will also be transferred to this surgery, but can take a couple of months. For more information about GP2GP, visit www.hscic.gov.uk/gp2gp