

# APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE



## 1. PERSONAL DETAILS (ALL FIELDS MARKED \* ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male\*  Female\*  Is this your first registration with a GP Practice in the UK?\* Yes  No  Will you be in the area for more than 3 months?\* Yes  No   
(If 'No', please complete a temporary resident form)

Date of Birth\*  -  -

Title\*

Surname\*

Forenames\*

Previous Surname\*

email address #

Address\*

Postcode\*

Telephone #

Mobile #

The following information can be found on your current medical card:

Community Health Index (CHI) Number\*  NHS Number\*

The following information can be found on your birth certificate:

Town of Birth\*  Country of Birth\*

Registered district of birth (Scotland only)  Mother's maiden name

# the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

## 2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP\*

Name and address of previous GP Practice in UK\*

Postcode\*   Postcode\*

### If you are from abroad:

Date you first came to live in the UK\*  -  -  If previously resident in the UK, date of leaving\*  -  -

Your most recent country of residence

### If you have served in the British Armed Forces:

Enlistment date\*  -  -

Are you a Reservist?\*  Yes  No

Leaving date\*  -  -

Is this your first registration with a GP since leaving the Armed Forces?\*  Yes  No

Service Number

If yes, please provide your address before enlisting\*

Postcode\*

## 3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit [www.organdonationscotland.org](http://www.organdonationscotland.org)

Any of my organs and tissue  Or my

Kidneys  Eyes  Heart  Lungs  Liver  Pancreas  Small bowel  Tissue

Notes on tissue - heart valves and corneas come under the 'heart' and 'eyes' boxes respectively so the 'tissue' box covers donating other types of tissue, such as your tendons.

Patient signature \_\_\_\_\_ Date  -  -

#### 4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by the GP Practice to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical cards, medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health condition and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information on how NHS National Services Scotland uses your personal information visit [www.nhsnss.org](http://www.nhsnss.org). If you have any queries or concerns about how your personal information is used by the NHS please ask for the leaflet 'Confidentiality – it's your right', visit the NHS Inform website at [www.nhsinform.co.uk/rights/](http://www.nhsinform.co.uk/rights/) or ask your GP surgery.

*NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.*

#### 5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, relevant information from this form will be disclosed to the NHS Business Services Authority, NHS National Services Scotland, the Home Office, Identity and Passport Service, HM Revenue and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature \_\_\_\_\_ Date  -  -

Representative's name (if applicable)

Relationship to patient (if applicable)

#### 6. FOR PRACTICE USE

GP reference number  -  GP name

Practice code  -  Mileage (No.) Road  Water  Footpath

#### Identification seen - do not take or retain photocopies

*Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant)*

Birth Cert.  Student ID Card  Driving Licence  Passport or HC2 Cert.  Home Office App Reg Card  Other/None - specify  Receptionist initials

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature \_\_\_\_\_ Date  -  -

#### 7. OFFICIAL USE ONLY

Input by

Checked by

Date  -  -

Practice Stamp

**Medical Practice: PATIENT QUESTIONNAIRE**

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care. Please ask a member of staff if you need more explanation. We would be grateful if you could complete this form within/joining the practice.

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you need an interpreter or sign language support? YES  NO

If you do need an interpreter, what language do you speak?

Please state \_\_\_\_\_

**What is your ethnic group?**

Choose **ONE** section from **A** to **E** then tick **ONE** box which **best describes** your ethnic group of background.

**A) White**

- Scottish
- English
- Welsh
- Northern Irish
- British
- Gypsy/Traveller
- Polish
- Any other white ethnic group, please state \_\_\_\_\_

**B) Mixed or multiple ethnic groups**

- Any mixed or multiple ethnic groups

**C) Asian, Asian Scottish or Asian British**

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, please state \_\_\_\_\_

**D) African, Caribbean or Black**

- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other, please state \_\_\_\_\_

**E) Other ethnic group**

- Arab
- Other, please state \_\_\_\_\_

If you do not wish to give this information, please tick here

# Alness / Invergordon Medical Group

Dr J F Hutton  
Dr S J Kelly  
Dr D Neville  
Dr W Grieger  
Dr I Gartshore  
Dr M Keenan  
Dr C Calderwood  
Dr L Fothergill



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## **SMS TEXT MESSAGE CONSENT FORM**

Alness/Invergordon Medical Group would like to offer you the ability to receive Text Message Reminders for your appointments booked at the surgery. We will also be sending invitations for vaccination and health screening appointments via this service. This service is currently only available to anyone over the age of 16.

The SMS services should not be solely relied upon, as the responsibility of attending and cancelling appointments still rests with you, but we hope this will make things easier.

Messages are generated by a NHS secure service, however they are transmitted over a public network to a personal phone. The Practice will never transmit any information that would enable an individual patient to be identified. Your mobile phone number will only be used by the Practice and will not be passed to any other parties.

Having your most up to date mobile number recorded with us is essential and it is your responsibility to change/update it if it is no longer in use.

If you choose to consent for this service we will record a consented entry in your records. If you choose not to consent for this service we will record a declined entry in your records. You can at any time choose to change your mind for this service in the future. **We will not send out any texts unless you have explicitly consented.**

- I consent to the Practice contacting me by text message** for the purpose of health screening, vaccination information and appointment reminders. I will ensure that I keep the Practice informed of my up to date mobile number at all times, or if the number is no longer in my possession.
- I do not wish to consent for the SMS text messaging service.**

**PATIENT NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**MOBILE NUMBER:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_

**WHETHER YOU CHOSE TO CONSENT OR DECLINE PLEASE RETURN TO US FOR PROCESSING. THANK YOU**

**Alness / Invergordon Medical Group**

**Dr J F Hutton  
Dr S J Kelly  
Dr D Neville  
Dr W Grieger  
Dr I Gartshore**



**Dr M Keenan  
Dr C Calderwood  
Dr L Fothergill**

Dear New Patient

Welcome to our practice. As a new patient we would like to invite you to our initial health screening. This is designed to assess your general level of health, along with the questionnaire overleaf, which we would ask you to complete and return to us.

The screening will be carried out either by one of our practice nurses or the doctor. If they should find any problem they will then arrange for further follow up.

We hope you will find the time to attend and that there will be benefit to your health from this visit. Please make your appointment at reception: make it clear that you will be attending for initial health screening.

Yours sincerely

*Alness/Invergordon Medical Group*

Name: .....

Address: .....

.....

Telephone number: .....

This questionnaire is designed to provide your new doctor with some background information on your past and present health in order to help in your future care. All information you provide will, of course, be kept confidential.

**Previous medical history**

Have you had any serious illnesses, operations or accidents?  
If so, please list them with approximate years

**Social history**

Occupation

How much do you smoke per day?

How much alcohol do you drink per day?

Are you single, married, divorced, widowed - please circle

What family do you have in this area?

**Family history**

Is there any history in your family (blood relatives only) of diabetes, heart disease, stroke, glaucoma?

Are you taking any tablets, medicines, etc regularly?

Yes/No

If so, what and in what dosage?

**For women**

Do you use contraception? Yes/No

If so, would you please state which method

If you have ever been pregnant please state how many deliveries, miscarriages, terminations or stillbirths you have had

**Vaccination**

Will you please record the dates of any vaccinations you may have had as accurately as possible

diphtheria pertussis tetanus	diphtheria tetanus	polio	HiB	MMR	Rubella	Other e.g. for overseas travel

ALNESS/INVERGORDON MEDICAL GROUP

SMOKING REVIEW

We are currently updating our files, it would be helpful if you could complete the details below and return to the receptionist.

Many thanks.

**Name** .....

**Date of Birth** .....

Never Smoked .....

Ex Smoker .....

How Many .....

Date when stopped .....

Current Smoker .....

How Many .....

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Nationality please .....

Contact Tel No: .....