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

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.

Ramsey Health Centre

New Patient Registration Form - Child (<16)

Please complete all pages in full using block capitals

1. Background Details

Your Child's Details			
Full Name			
NHS Number		Name of School (Where applicable)	
Date of Birth			

Parent or Guardian Details and Declaration			
Name of Main Carer		Home Telephone	
Relationship to child		Mobile Telephone*	
☐ I confirm that I have Parental Responsibility for this child and/or am legally entitled to make decisions on their behalf		Work/Alt. Telephone	
Name of any other person with parental responsibility for this child			
Their relationship to child			

** It is your responsibility to keep us updated with any changes to your telephone number, email & postal address. We may contact you with appointment details, test results or health campaigns*

***If you <u>do not</u> consent to being contacted by SMS, please tick here**:* ☐ *SMS*

Other Details				
Ethnicity	☐ White (UK) ☐ White (Irish) ☐ White (Other)	☐ Black Caribbean ☐ Black African ☐ Black Other	☐ Bangladeshi ☐ Indian ☐ Pakistani	☐ Chinese ☐ Other:
Religion	☐ C of E ☐ Catholic ☐ Other Christian	☐ Buddhist ☐ Hindu ☐ Muslim	☐ Sikh ☐ Jewish ☐ Jehovah's witness	☐ No religion ☐ Other:

Child Communication Needs	
Language	What is your main spoken language? ..... Does the child/guardian need an interpreter? ☐ Yes ☐ No
Communication / Assistance	Do you have any communication or assistance needs? ☐ Yes (Please specify below) ☐ No ☐ Hearing aid ☐ Large print ☐ British Sign Language ☐ Lip reading ☐ Braille ☐ Makaton Sign Language ☐ Guide dog
Disability	Do you consider yourself to have a disability? ☐ Yes (Please specify below) ☐ No

Siblings					
Forename(s)	Surname	Date of Birth	Relationship to patient	Living at same address? Y/N	Registered at RHC? Y/N

2. Medical History

Medical History

Has your child suffered from any of the following conditions?

☐ Asthma ☐ Depression ☐ Diabetes ☐ Epilepsy

Any other conditions, operations or hospital admission details:

If your child is currently under the care of a Hospital or Consultant outside our area, please tell us here:

Family History

Please record any **significant family history of close relatives** with medical problems and confirm which relative e.g. mother, father, brother, sister, grandparent

☐ Asthma…… ☐ Heart Disease…… ☐ Diabetes……..……..

☐ COPD……...……. ☐ Stroke…….…… ☐ Kidney Disease..……..

☐ Epilepsy…… ☐ Blood Pressure……..…… ☐ Liver Disease..…….…...……..

☐ Depression……..…… ☐ Thyroid…….…..... ☐ Cancer……..

Other:

Allergies

Please record any allergies or sensitivities below

Current Medication

Please attach if possible a copy of your repeat prescription request and include any other medication you may be taking which does not appear on your list. PLEASE NOTE AN APPOINTMENT WITH THE GP MAY BE NECESSARY FOR A MEDICATION REVIEW.

Vaccination History		
Please provide a printout/copy of vaccination records or the Red Book or complete below		
Date Given	**Vaccination**	**Location given (i.e. GP / School – please include name of Organisation)**

3. Further Details

Electronic Prescribing Service (EPS)	
Ramsey Health Centre has a Dispensary for use by those patients who live ***more* than 1 mile from the practice** If you collect repeat prescriptions from your GP and live **less than one mile from the practice** then you can choose for us to electronically send your prescription to a pharmacy that is more convenient for you.	Please select your preferred pharmacy from the list. This can be changed at any time. ☐ Lloyds Pharmacy, Great Whyte, **Ramsey** ☐ Lloyds Pharmacy, Stocking Fen Road, **Ramsey** ☐ Wards of Warboys, **Warboys** ☐ J.W. Anderson, **Somersham** ☐ Tesco In-store Pharmacy, **Huntingdon** ☐ Other (please provide name & Address):

5. Sharing Your Health Record

Your Health Record

EDSM (Enhanced Data Sharing Model) enables us, with your consent, to share your child's medical records with those Health Professionals in the NHS who are involved in their care (for example District Nurses, Community Services teams). Only NHS staff can access shared information and being an electronic service an audit log is maintained showing when and who has accessed medical records.

Do you consent to your GP Practice sharing your child's health record with other NHS organisations who care for them?

☐ Yes *(recommended option)*
☐ No

Do you consent to your GP Practice viewing your child's health record from other NHS organisations that care for them?

☐ Yes *(recommended option)*
☐ No

Summary Care Record (SCR)

A Summary Care Record contains basic information including a patients contact details, NHS number, medications and allergies. This can be viewed by GP practices, Hospitals and the Emergency Services. This means that if your child has an accident or becomes ill, healthcare staff treating them will have immediate access to important information about their health**. If you do not want your child to have a Summary Care Record, please opt-out and sign below**.

☐ I **DO NOT** want my child to have a Summary Care Record

With your consent, additional information can be added to create an **Enhanced Summary Care Record**. This could include your child's illnesses and health problems, any previous vaccinations, as well as any care plans, which will help ensure that they receive the appropriate care in the future.

☐ I consent to my child having an **Enhanced** Summary Care Record with Additional Information *(recommended option)*

Signature

Signature	I confirm that the information I have provided is true to the best of my knowledge. …… ☐ Signed on behalf of patient (Please provide relationship to patient)		
Name		Date	

Checklist
Please ensure the following are completed/provided so that your registration can be completed successfully

- ☐ NHS Number (this can be obtained from your previous GP; NHS Numbers are made up of 10 numbers). If you have never used an NHS service you will not have an NHS number, in this case we require the date you first arrived in the UK as well as your first UK address (complete on GMS1)
- ☐ Completed and Signed Above Form
- ☐ Completed and Signed GMS1 Form (Purple form)
- ☐ Provide vaccination records – (this can be obtained from your previous GP or from your child's Red Book)

FOR STAFF USE ONLY (Patient Services - Please date and initial)			
GIVEN BY:	RECEIVED BY:	VACCINATION HISTORY:	☐ Provided ☐ Reminded to bring in/email in