

How to Register with Dollar Health Centre

Rumbling Bridge Nursing Home

Please complete the *form*

“Application to register permanently with a General Medical Practice”.

All boxes marked with a * **MUST BE COMPLETED.**

Check List

- Have you completed and signed the “Application to register permanently with a General Medical Practice” Form*
- Have you completed the “New Patient Questionnaire Sheets”*
- Have you signed that you have received a copy of “Your Information – Used and Protection” on the “New Patient Questionnaire Sheets”*

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 ask for form GMSTRF001)

Date of Birth*	<input type="text" value="DD"/> - <input type="text" value=""/> - <input type="text" value="YYYY"/>	Address*	<input type="text"/>
Title*	<input type="text"/>		
Surname*	<input type="text"/>		
Forenames*	<input type="text"/>	Postcode*	<input type="text"/> <input type="text"/>
Previous Surname*	<input type="text"/>	Telephone #	<input type="text"/>
email address #	<input type="text"/>	Mobile #	<input type="text"/>

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

Community Health Index (CHI) Number*	<input type="text"/>	NHS Number*	<input type="text"/>
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The following information can be found on your birth certificate:

Town of Birth*	<input type="text"/>	Country of Birth*	<input type="text"/>
Registered district of birth (Scotland only)	<input type="text"/>	Mother's maiden name	<input type="text"/>

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*
<input type="text"/>	<input type="text"/>
Postcode* <input type="text"/> <input type="text"/>	Postcode* <input type="text"/> <input type="text"/>

If you are from abroad:

Date you first came to live in the UK*	<input type="text" value="DD"/> - <input type="text" value=""/> - <input type="text" value="YYYY"/>	If previously resident in the UK, date of leaving*	<input type="text" value="DD"/> - <input type="text" value=""/> - <input type="text" value="YYYY"/>
Your most recent country of residence	<input type="text"/>		

If you have served in the British Armed Forces:

Enlistment date*	<input type="text" value="DD"/> - <input type="text" value=""/> - <input type="text" value="YYYY"/>	Service Number	<input type="text"/>
Are you a Reservist?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide your address before enlisting*	<input type="text"/>
Leaving date*	<input type="text" value="DD"/> - <input type="text" value=""/> - <input type="text" value="YYYY"/>		
Is this your first registration with a GP since leaving the Armed Forces?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	Postcode*	<input type="text"/> <input type="text"/>

3. VOLUNTARY CONSENT TO ORGAN 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.organdonation.nhs.uk.

Any of my organs and tissue Or my

Kidneys <input type="checkbox"/>	Eyes <input type="checkbox"/>	Heart <input type="checkbox"/>	Lungs <input type="checkbox"/>	Liver <input type="checkbox"/>	Pancreas <input type="checkbox"/>	Small bowel <input type="checkbox"/>	Tissue <input type="checkbox"/>
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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. 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 Health Rights Information Scotland website at www.hris.org.uk 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

Please list all current medications			
Name	Dose	Name	Dose
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-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
Please list any allergies			
Drug			

Non Drug			

Current Health Status

Patients Height		
Patients Weight		
Blood Pressure	Systolic	Diastolic
Does the patient smoke?	Yes/No	
If yes - how many per day?		
- would they like help to stop smoking?	Yes/No	
Do the patient drink Alcohol?	Yes/No	
If yes - how many units do they drink each week? (1 unit = 1 glass wine/ ½ pint beer/ 1 standard measure of spirits)		

Health Status Please circle the appropriate box

Has the patient a Certificate of Incapacity?		Yes	No	
Does the patient need an assessment for a Certificate of Incapacity?		Yes	No	
Patients Mini Mental Health Score				
Does the patient show any signs of dementia?		Yes – please give details at the end of this document	No	
Does the patient have any cognitive difficulties?		Yes – please give details at the end of this document	No	
Does the patient show any behavioural difficulties?		Yes – please give details at the end of this document	No	
Vision	Good	Partial	Contact Lens/Glasses	Registered Blind
Hearing	Normal	Partial	Has hearing aid	Registered Deaf
Right Ear				
Left Ear	Normal	Partial	Has hearing aid	
Communication	No Difficulties	Minimal Speech difficulties	Needs assistance with communication	Incapacitated
Mobility	Fully Mobile	Walks with assistance/aids	Wheelchair	Incapacitated
Breathing	No Difficulties	Difficulties on exertion	Difficulties with routine activities	On oxygen Therapy
Sleep	Continuous	Disturbed	Naps	Medication
No of hours				
Diet	Self Care for Meals	Assistance with Eating/Drinking	Carer provides Meals	P.E. G. Feeding
Special Diet Yes/No				
Dressing and Personal Care	Self Care	Personal Care Assistance req.	Dressing Assistance req.	Cannot care for self
Bladder	No problems	Slight Incontinence	No bladder control	Catheterised
Bowels	No problems	Slight Incontinence	Occasional Accidents	No bowel control

Are there any other issues or information that the Doctors should be aware of :

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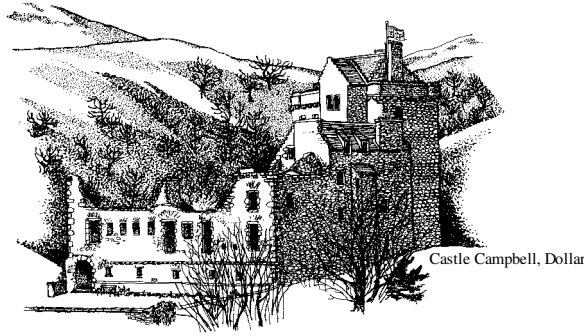
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Name of person completing this informationDate

**Dr N M Houston
Dr P M Baughan
Dr H F Randfield
Dr G M Meeten**



**The Health Centre
Park Place
Dollar
FK14 7AA**

**Telephone: 01259 742120
Fax: 01259 743053**

Thank you for choosing to join this practice, we look forward to a helping you to achieve the best health possible.

Patients have said that they want to feel ownership of their medical care and that the partnership that we are entering into is most effective when based on trust and openness, sentiments that everyone working at the practice agrees with.

The content of the medical records that we receive from your last practice is used as a basis for the medical care and we invite you to view a summary of your medical record when it is received from your last practice. This will give you an opportunity to review the content for accuracy and completeness and to add, query or correct any information contained in it.

If you would like to review your record please complete the details below and hand this back with your registration and new patient forms:

If you would like to discuss this invitation or have any comments please contact me.

Yours sincerely

Practice Manager

Name _____

I would like to review the summary of my medical records when they arrive

My preferred method of receiving them is:

* email _____ please give your email address

* personal collection from the health centre

Please note that if you prefer to have your summary by:

- email, they are NOT sent over encrypted systems
- by post, they are sent 1st class normal royal mail delivery



“Your Information – Uses and Protection”

We are registered with the Information Commissioner and our Data Controller is Dr Neil Houston.

What Information Do We Hold?

We hold data relevant to your medical care, and can include personal details, a record of your appointments and consultations, prescribed medications, test results, lifestyle and employment information.

Who Has Access?

In addition to your doctors, the practice nurses, district nurses, health visitors and administration staff working at the health centre have access to your medical information.

Other attached medical professionals who have access to information about you are:

Visiting Colleagues offering specialist medical and support services , for example:

- Physiotherapist, Dietitian, Podiatrist
- Clinical Guidelines Co-ordinator
- Medical and Nursing Students

- but only in relation to the care they are providing.

Sharing Information

Telephone calls made to NHS24 are recorded. A summary of the care you receive from NHS24 and the Out of Hours service is retained on a clinical system used by this organisation and a copy is in your medical record at this practice.

Everyone working in the NHS has a legal duty to keep information about you confidential. Great care is taken to ensure that confidentiality is maintained in respect of all information held about you.

If you are receiving care from other medical professionals or other organisations, we can provide information relevant to the care you are receiving.

How is the information used?

In addition to using the information to provide you with proper and appropriate care and treatment, both the wider NHS and the Practice keep information relating to our activities.

Information is collated and used to plan health services (statistical anonymous data only) and to provide protection and monitoring of public health, investigate complaints, and to ensure quality of your care and treatments and to provide evidence of best practice.

The medical care and treatment you receive is audited, monitored and reviewed. Information specific to you is used to monitor your health, and used to audit the care we provide to our patients.

Although we may be using your information or asking you about treatment received, when the audit or report is completed all of the details which could identify you have been removed.

Verification of Services

To ensure propriety and fiscal accountability a central NHS body called Practitioner Services can at times audit the practice.

To ensure that we are claiming correctly, Practitioner Services may contact patients to confirm that they have received the service claimed.

Access to Health Records

The Data Protection Act (1998) gives you the right to access your health records both manual and computer records. Only in very exceptional circumstances can access be withheld.

Without your consent, no other person or organisation can access you records. With the exception of legal and statutory obligations, the only circumstances when information may be provided about you would be if the release of the information would be in the interest of the greater public good.

For example notification to DVLA of a medical condition which would preclude you from driving.

Applications for accessing your records must be made in writing and sent to the Practice Manager. There may be a charge for this service.

Training

All doctors, nurses and staff receive annual training on confidentiality and data protection.

For more information please speak to the Practice Manager.