How to Register with Dollar Health Centre

Rumbling Bridge Nursing Home

Please comp	lete the for	m					
"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"

Drs Houston, Baughan, Randfield and Meeten Health Centre Park Place Dollar

Nov 04



"Your Information – Uses and Protection"

We are registered with the information Commissioner and our Data Controller is Dr Nell 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 Colletaigues offering spredialist medicial 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.

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE





1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK?	Yes 🔲 No 🗉	Will you be in the area than 3 months?	for more Yes 🔲 No 🗖
		(If 'No', please comple	te a temporary resident form)
Male * ☐ Female * ☐			
Date of birth *		Address *	,
Title*			
Surname *	A SECTION OF THE SECT		
Forenames *			
Previous surname *		Postcode *	
		Telephone#	
Email address #		Mobile #	
# the data supplied in these fields will	not be input to, or updated in, the Con	nmunity Health Index (CH	i), but will be held on the GP Practice's system.
The following information can be found	d on your current med ical card:		
Community Health Index (CHI) number	ar *	NHS number *	
The following information can be found	d on your birth certificate:		
Town of birth *		Country of birth *	
Registered district of birth		Mother's maiden name	
(Scotland only,)			
INFORMATION Address in UK when you were last reg	gistered with a GP *	Name and address of	previous GP Practice in UK*
Postcode *		Postcode *	
	MAA FARIVAIII Avoltussefa		
If you are from abroad:			
Date you first came to live in the UK *	51 M.	If previously resident in the UK,date of leavin	g*
Your most recent country of residence			\$ 140 Miles 100
If you have served in the Bri	tish Armed Forces:	Service Number	
Enlistment date *			
Are you a Reservist?	Yes No D	if ves provide vour add	dress before enlisting *
Leaving date *		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
		Postcode*	
Is this your first registration with a GP	since leaving the armed forces?	Yes 🗖 No 🗖	

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

	Organ Dono	•		ation you have
Any of my organs and tissue ☐ OR, my:				
Kidneys Eyes Heart Lungs Liver Pancreas			oowel 🗆	Tissue 🗆
$\underline{\text{Notes on tissue}}$ - Heart valves and corneas come under the 'heart' and 'eyes' boxes respectively so the tissue, such as your fendons.	itissue' box	x covers o	donating othe	er types of
Patient signature Date *				**************************************
4. HOW WE USE INFORMATION				
The information you have provided will be used by NHS Scotland to carry out its various functions and ordering tests, hospital referrals and sending correspondence.		·	• ,,	
Your information, including your name, gender, date of birth and address, will be passed to NHS Nation. Community Health Index (CHI). This information is used to register you with the GP Practice, transfer yUK, make payments to GP Practices for medical services provided, and to process and issue medical e	our medical	records l	between GP	practices in the
NHS National Services Scotland shares information about you within NHSScotland to assist in the provide health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform we personal health information?" section.				
NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scot Services Scotland (the common name of the Common Services Agency for the Scotlish Health Service) responsible for your personal health information. in terms of data protection and privacy laws, they are	. These or	rganisation	ns are individ	
Find out more about NHS Scotland in the link provided above.				
5. PATIENT DECLARATION				
i declare that the information i have given on this form is correct and complete. I understand that, if it is NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purpor crime, the minimum necessary information from this form could be disclosed to relevant authorities.				
i understand that more comprehensive information about how NHS Scotland handles my data is available	ole from NH	IS inform.		
This information can be provided in other languages and formats on request. The NHS inform helpline p	provides an	interpretir	ng service.	
Patient/ Patient's representative signature	D	Date *		
Representative's name (if applicable)				
Relationship to patient (if applicable)				
6. FOR PRACTICE USE				
GP reference number GP name				
GP reference number Practice code 25210 Identification seen — do not take or retain photocopies Please initial each relevant box (it is recommended that at least one form of the identification is seen to mandatory to provide identification to register) Birth cert Student D card Driving licence Passport or Home Office App reg card	Other/ No	one		//////////////////////////////////////
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DOLLAR HEALTH CENTRE NEW NURSING HOME PATIENT QUESTIONNAIRE



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Please list all current medications				
Name Dose	Name	Dose		
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Current Health Status				
Patients Height				
Patients Weight				
Blood Pressure		Systolic	Diastolic	
Does the patient smok of		Yes/No		
If yes - how many per day?	n de	nn de general de		
-would they fike help to stop smoking?	MD IN MICHEMA A TO ANGEMENT AND ADDRESS AND ANGEMENT AND	Yes/No	4444-WeValadishelitiviki Pananinain-in-in-in-mananinainanananinaidakki kiki kiriki ka	
Do the patient drink Alcohol?	- Novi Lamost Natiffel and and angly A. Alfary villa y alagions et a coopy of cases	Yes/No		
If yes - how many units do they drink each we (1 unit = 1 glass wine/ ½ pint beer/ 1 standard spirits)	ek? measure of	t de la la		

Patient's Name

.Patient's Name	************
Health Status Please circle the appropriate box	

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

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