

How to Register with Dollar Health Centre

Patient registration for patients over 14 years of age

Please complete the form “Application to register permanently with a General Medical Practice” as fully as possible. If you don’t know some of the information, don’t worry, but please let reception know about this when you hand the forms in. 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*”
- Have you completed the “*New Patient Questionnaire Sheets*”
- Have you signed that you have received a copy of “Your Information – Uses and Protection” on the “*New Patient Questionnaire Sheets*”
- Have you signed the form at the “counter fraud declaration” section?
- If you’ve indicated you want us to record your consent to organ donation, have you signed the section “voluntary consent to organ donation” in addition to the “counter fraud declaration” section?
- When handing the forms in, please provide proof of identification.
We require **proof of current address for each adult in the household** as well as a document with **date of birth for each person in the household**.



“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, Podiatrist
- Clinical Guidelines Coordinator
- 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 for 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 your 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 (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* - - Address*

Title*

Surname*

Forenames* Postcode*

Previous Surname* Telephone #

email address # 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* - - Service Number

Are you a Reservist?* Yes No If yes, please provide your address before enlisting*

Leaving date* - - Postcode*

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

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

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 NHS Scotland 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 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 do it as described by NHS Scotland in the NHS Inform website under the "[How the NHS handles your personal health information](#)" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

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 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, 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 from NHS Inform.

This information can be provided in other languages and formats on request. The [NHS inform helpline](#) provides an interpreting service.

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 **although it is not mandatory to provide identification to register**)

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

Dollar Health Centre – New Patient Questionnaire – Page 1
For patients 14 years of age and over

Please complete this questionnaire as fully as possible.

Name _____	Date of Birth _____
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Have you ever been seen at Dollar Health Centre before? Yes / No

Name known by

Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input style="width: 150px; height: 20px;" type="text"/>
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Telephone Number <input style="width: 350px; height: 20px;" type="text"/>	Mobile Number <input style="width: 350px; height: 20px;" type="text"/>
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Next of Kin (name and telephone number) _____

Relationship to you _____

What is your occupation?	
What is your marital status?	

Ethnicity – we hope that you do not mind completing this section, there may be cultural issues in relation to healthcare that we should be aware of.

I would describe my ethnicity as (please circle one):			
White Scottish	Indian	African	Other
White British	Pakistani	Black or Black Scottish	White Irish
Bangladeshi	Other Asian	Caribbean	Other Ethnic Group
Other White	Chinese	Any mixed background	
Country of Birth:			
UK	Other EEC	Other (Please specify) _____	

I acknowledge receipt of the Information Sheet – “Your Information – Uses and Protection”	
Signature _____	Date _____

Dollar Health Centre – New Patient Questionnaire – Page 2
For patients 14 years of age and over

Health History (Please list any illnesses that may be applicable)

Heart Disease	Yes /No	Stroke / CVA	Yes /No
Diabetes	Yes /No	High Blood Pressure	Yes /No
Asthma	Yes /No	COPD	Yes /No

Please tell us about current conditions, past illnesses, accidents, operations or other hospital admissions including if possible a date or what age you were.

Medication

Please list all medication that you take. Please include any medication, which is bought from the chemist.

Name	Dose	Name	Dose
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-----	-----	-----	-----

Do you have any allergies? Yes / No
 Which if any

Family History (Please list any illness that run in your family?)

Heart Disease	Yes / No	Relationship to you
Diabetes	Yes / No	Relationship to you
Stroke	Yes / No	Relationship to you
Asthma	Yes / No	Relationship to you
High Blood Pressure	Yes / No	Relationship to you

Dollar Health Centre – New Patient Questionnaire – Page 3
For patients 14 years of age and over

Personal History

Have you had any infectious disease?	Yes /No
Please list with approximate dates	Date
Do you smoke? Yes / No	If yes – how many per day?
If you do not currently smoke – Have you ever smoked? Yes / No	When did you stop smoking?
If you smoke would you like to stop	Yes / No
or cut down	Yes / No
Do you drink Alcohol	Yes / No
If yes – how many units per week? (1 unit + 1 glass wine/0.5 pint beer/1 standard measure of spirits)	units
What regular exercise do you undertake?	
How often?	times per
What is your height?	What is your weight?

Carers and Being Cared For

The practice offers support and assistance to carer/cared for, and recognises the invaluable role they take in helping those being cared for, and we would ask assistance in identifying and supporting carers.

A carer is someone irrespective of age, who provides or supervises a substantial amount of care on a regular basis of a child, relative, partner or neighbour who is unable to manage on their own due to illness, disability, frailty, mental distress or impairment.

The term "carer" would not apply if the person is either a paid carer, a volunteer from a voluntary agency or anyone providing personal assistance for payment either in cash or kind.

We would be grateful if you would answer the following questions.

Carer:

Do you care for someone? (as described in paragraph 2 above) Yes / No

Do we have your permission to include your name on our carers register and to undertake periodic review of your well-being and support that you may need? Yes / No

What is your relationship with the person being cared for _____

Is the person registered with this practice? Yes / No

Under the data Protection Act 1998, we also need the permission of the person being cared for before recording their name.

Can you advise us of the name and address of the person being cared for

Name _____

Address _____

We would be grateful if when you undertake or cease a carer role that you advise a member of the primary care team. This will allow us to maintain up to date medical records.

We work closely with the Princess Royal Trust for Carers and will pass new carers information onto them. If you do not want us to pass on your details please tick box below

I do not want my details passed to the Princes Royal Trust For Carers

Carer Health Reviews

We offer all carers an annual health review with one of the GP's in the practice. If you would like a review, please tick this box

Being Cared For

Carers can play a significant role in the lives of the people they care for and it helps us to look after you if we know of others involved in helping you with your daily living.

A carer is someone, irrespective of age, who provides or supervises a substantial amount of care on a regular basis to a child, relative, partner or neighbour who is unable to manage on their own due to illness, disability, frailty, mental distress or impairment.

It doesn't matter if the carer is a friend or relative or a voluntary or paid person or organisation, if you have someone who helps you with your daily living activities please answer the questions below.

Do you have a carer? (as described in paragraph 2 above) Yes / No

Do we have your permission to record in your medical records that you have a carer? Yes / No

What is your relationship with your carer? _____

Is the carer registered with this practice? Yes / No

Under the data Protection Act 1998, we also need the permission of the carer before recording their name in your medical record.

Please advise us of the name and address of the carer below

Name _____

Address _____

We will not discuss any aspect of your medical treatment or care with your carer unless we have your permission to do so.

We would be grateful if you would advise a member of the primary care team if you start or stop having a carer.

Thank you for taking the time to fill in this questionnaire.
Dollar Health Centre, Park Place, Dollar, FK14 7AA.
Telephone Number 01259 742120.