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_____/_____/_____

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

☐ Any of my organs and tissue or

☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas

Signature confirming my consent to join the NHS Organ Donor Register **Date** _____/_____/_____

Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit www.organdonation.nhs.uk or call 0300 123 23 23 to register your decision.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years ☐

Signature confirming my consent to join the NHS Blood Donor Register **Date** _____/_____/_____

My preferred address for donation is: (only if different from above, e.g. your place of work) Postcode:

All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

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 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 another EEA 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:
	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

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.

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 The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

Newcastle Medical Centre
Patient Registration

Part 1: Personal Details

First Name(s):	Surname:
Date of Birth:	Gender (please circle): Male Female Not Specified
Address Room/Flat/House Number: Building (if applicable): Street: Town: Postcode: NOTE: For students, current address is your term-time address.	Previous Address NOTE: For students, previous address is your home address (outside of university).
Contact Details Home telephone: Mobile: Work (optional): Are you happy to receive SMS (text) messages? Yes / No (please circle) Email Address (optional):	
Emergency Contact Details Name: Relationship to you: Telephone number:	Details of Previous Doctor Name of GP Practice: Address:
Ethnic Origin White British Black British Asian British Mixed British Irish Other White Chinese Indian Pakistani Bangladeshi Other Asian African Caribbean Other Black Arab Other	
Place of Birth: Date you first came to live in the UK ...../...../..... (if applicable)	Spoken Language: Do you require an interpreter? Yes / No
Student Information (if applicable) University attended: Year of entry: Duration of course:	

Newcastle Medical Centre
Patient Registration

Part 2: Personal Health Questionnaire

1. Medical Conditions

Do you have any of the following long-term medical conditions?

Please tick all that apply.

Asthma ☐
Atrial Fibrillation ☐
Cancer ☐
Chronic Kidney Disease (CKD) ☐
Chronic Obstructive Pulmonary Disease (COPD) ☐
Coronary Heart Disease (CHD) ☐
Dementia ☐
Depression ☐
Diabetes (Type 1) ☐
Diabetes (Type 2) ☐
Epilepsy ☐
Heart Failure ☐
Hypertension ☐
Mental health (Other) ☐
Non-diabetic hyperglycaemia ☐
Osteoporosis ☐
Peripheral Arterial Disease ☐
Rheumatoid Arthritis ☐
Stroke/Transient Ischaemic Attack (TIA) ☐

Do you have any other diagnosed medical conditions? Yes / No (please circle)

If yes, please provide details.

2. Past Medical History

Please list any previous illnesses and/or hospital admissions.

3. Medication

Are you currently prescribed any medication, including contraception? Yes / No (please circle)

If yes, please provide medication name(s) and dose(s).

4. Disabilities

Do you consider yourself to have any physical or mental disabilities? Yes / No (please circle)

If yes, please provide details.

5. Allergies

Do you have any allergies? Yes / No (please circle)

If yes, please provide details.

Newcastle Medical Centre
Patient Registration

6. Carer Status

Are you a carer, or does someone care for you? Yes / No (please circle)

If yes, please provide details.

Cervical Screening	HPV Vaccination
Cervical screening is available to women and people with a cervix aged 25 to 64 years. Have you had cervical screening before? Yes / No (please circle) Date of last cervical screening …../…../….. Result: Positive / Negative (please circle)	Have you had the HPV vaccine? Yes / No 1st dose …../…../….. 2nd dose …../…../….. 3rd dose …../…../…..

Part 3: Lifestyle Questionnaire

Smoking Status	Alcohol Consumption
Do you smoke? Yes / No (please circle) If yes, number of cigarettes per day: ….. If no, have you ever smoked? Yes / No (please circle) When did you quit? …../…../…..	Do you drink alcohol? Yes / No (please circle) If yes, weekly alcohol consumption: ….. units • 1 pint beer/lager/cider (ABV 3.6%) = 2 units • 1 small measure (25ml) of spirits = 1 unit • A small glass (125ml) of wine = 1.5 units

Which best describes your normal exercise pattern (please circle)?

Physically Impossible	Avoid exercise	Light exercise	Moderate exercise	Heavy exercise	Competitive athlete

Part 4: Family History

Does anyone in your family have any of the following medical conditions?

1. Heart Disease? Yes / No (please circle) Family member(s)…….. Age(s)…..
2. High blood pressure? Yes / No (please circle) Family member(s)…….. Age(s)…..
3. Stroke? Yes / No (please circle) Family member(s)…….. Age(s)…..
4. Diabetes? Yes / No (please circle) Family member(s)…….. Age(s)…..
5. Asthma? Yes / No (please circle) Family member(s)…….. Age(s)…..

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Part 5: Summary Care Record

Summary Care Records improve the safety and quality of patient care. Because the Summary Care Record is an electronic record it will give healthcare staff faster, easier access to essential information about you. This helps provide you with safe treatment when you need care in an emergency or when the GP practice is closed. Essential information is medication, adverse reactions and allergies only.

Do you want a Summary Care Record? Yes ☐ No ☐

If no, please ask at reception for an opt-out form.

Newcastle Medical Centre

Understanding of Practice Registration Policy

1. All non NHS services will incur a charge depending upon the service requested. Please confirm current fees with the receptionist.

2. All photocopies requested by patients will be charged. Please confirm current fees with the receptionist.

3. Housing letters. It is not our policy to give housing letters to patients.

4. Bank letters. It is not our policy to give Bank letters to patients.

5. If you change address, landline telephone number, mobile telephone number or e-mail address, please tell us straight away as you may have moved out of the Practice area. If you move out of the area you may need to change to another G.P.

6. Forty-eight hours notice is required for repeat prescriptions.

7. Only one appointment per patient and only one item per appointment. If other members of the family need to see the Doctor, please make another appointment.

8. Always telephone the Practice to let us know if you cannot attend for an appointment. Failure to do so may stop someone else, who needs to be seen urgently, being seen. Please note if you are more than ten minutes late this will be classed as a "did not attend" (DNA) and the clinician will not be able to see you. If you fail to attend three appointments within 12 months you may be removed from the practice register.

9. I agree to inform the practice should I seek alternative health care from a private provider. This is to ensure my continuity of care.

I AGREE TO THE ABOVE TERMS AND CONDITIONS OF MY REGISTRATION AT NEWCASTLE MEDICAL CENTRE

Signed _____

Date _____