

**THE KER
PRACTICE**

Dr Albiston, Dr L Harkins, Dr Kennedy, Dr G Harkins,
Dr Lannigan, Dr Khan & Dr Pirret.

Registering with the Practice.

Adult

When you attend the Practice to register you will be asked to complete a GP Registration form, new patient questionnaire and NHS Entitlement form. **These must be completed BEFORE you can be registered and seen by the Doctor, Practice Nurse or Health Care Support Worker.**

Please present **all completed** forms to the Practice to allow us to process your registration. Acceptance on to the list is at the discretion of the Doctors. We will ask you for proof of identity (see below). *Please note Medical Cards are not accepted as proof of identity.*

*****If you book a New Patient Medical, and fail to attend the appointment – you may be sent a letter informing you that any further missed appointments will lead to you not being accepted on to the practice list.*****

There are a number of reasons why you may not be able to register with your chosen GP. For example, you may live too far away. If this is the case, simply choose another GP in your local area or you may not be entitled to NHS treatment.

New Registration Policy

In accordance with Greater Glasgow & Clyde recommendations, all new patients should present **two forms of identification** which proves residency and authenticates their identity. This is required to reduce and prevent fraudulent attempts to obtain or misuse NHS care. Overseas visitors may be asked for additional information to prove NHS entitlement.

One form of identification must ideally be photographic such as:

- Passport
- Driving licence
- Official ID card from Public Services body
- Student Matriculation card (current year)

Other documents for proof of residency which are acceptable:

- Recent utility bill (within last 3 months)
- Council Tax document
- Television Licence
- Pay Slips (last two months)
- Rent book/agreement
- Bank statement
- Solicitors letter

Once registration and acceptance is complete your medical records will be transferred to the practice which may take several weeks to arrive.

We thank you for your co-operation in making the registration process run smoothly.

*****For Practice Use only*****

Registration Form NHS Entitlement Form Questionnaire Contact Tel No

Previous GP ID 1. _____ 2. _____ Medication

30 Croftfoot Road,
Croftfoot,
Glasgow G44 5JT

Phone: 0141-471 5050
Fax: 0141-634 2139

Gorbals Health Centre,
45 Pine Place,
Glasgow G5 0BQ

Phone: 0141-531 8260
Fax: 0141-531 8247

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* - -

Title*

Surname*

Forenames*

Previous Surname*

email address #

Address*

Postcode*

Telephone #

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* - -

Are you a Reservist?* Yes No

Leaving date* - -

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

Service Number

If yes, please provide your address before enlisting*

Postcode*

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 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 NHS Inform website at www.nhsinform.co.uk/rights/ 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

The Ker Practice - Adult New Patient Questionnaire page 1

Please fill in the details below as fully as possible before bringing them to the practice for registration to be completed

Personal Details

Name:				Address:					
Date of Birth:				Postcode:					
Occupation				Previous Address:					
Marital Status – please tick:				Contact telephone numbers					
Married				Home:					
Divorced									
Separated									
Single									
Living with partner									
Other									
				Consent for SMS reminders: YES/NO					
				Previous GP's Name:					
				Previous GP's Address:					
Medical History Have you had any of the following illnesses?				Any drug allergies?					
Asthma		Diabetes		Epilepsy	Do you drink alcohol?				
High Blood Pressure			Heart attack		If "yes" how often?				
				Occasionally	Once/twice per week				
Please write down any other major illnesses or operations you have had:				Most days	Every day				
				Number of units per week (circle):					
				0-7 7-14 14-21 21-28 28+					
				Do you do any regular exercise?					
				Do you smoke?					
Ethnicity				If "yes" please tick:					
				Cigarettes		Cigars			
ID 1.				How many do you smoke per day?					
				Do you wish help to stop smoking? Yes/No					
ID 2.				If so, can we forward your details to smoking cessation? Yes/no					

The Ker Practice

Adult New Patient Questionnaire page 2

Please fill in the details below as fully as possible before seeing the Practice Nurse.

<p>Do any illnesses run in your family? _____ _____ _____ _____</p> <p>Please list any medicine you take below: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____</p>	<p>Women Only Number of children: _____ Number of miscarriages/stillbirths _____ Have you ever had a smear: Yes ___ No ___ If "yes" when was your last cervical smear done? _____ Have you ever had a mammogram (breast x-ray)? _____ If "yes" what year was it taken? _____ Are you using any form of birth control currently? Yes ___ No ___ If "yes" which one? _____ _____</p>
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EXAMINATION DETAILS. NURSE TO COMPLETE

<p>Height _____ cm Weight _____ kg Blood Pressure _____ / _____ Urinalysis _____ Glucose _____ Protein _____ Blood _____</p> <p>Immunisation History Tetanus _____ Polio _____ Other Immunisations: _____ _____ _____ _____ _____</p>	<p>Other significant medical information: _____ _____ _____ _____ _____ _____ _____</p> <p>Data entry checklist:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Registration form completed:</td> <td style="width: 20%;"></td> </tr> <tr> <td>Date of medical:</td> <td></td> </tr> <tr> <td>On computer:</td> <td></td> </tr> <tr> <td>Initials:</td> <td></td> </tr> </table>	Registration form completed:		Date of medical:		On computer:		Initials:	
Registration form completed:									
Date of medical:									
On computer:									
Initials:									

NHS ENTITLEMENT

Question 1 – if you have previously been registered with the NHS

How long have you lived at your present address? _____

Have you been registered with the NHS before? YES / NO

If you have not been registered since birth, please give the approximate date of last registration into the NHS: from _____ to _____

Duration of current visit _____

Do you hold a medical card? YES / NO

Please provide NHS Number _____

Please provide National Insurance Number _____

Question 2 – if you have NOT previously been registered with the NHS

Proof must be seen for entitlement to NHS services before you will be able to register with this practice, alternatively you may be seen as a private patient, otherwise you may go to another surgery of your choice.

a) Are you an Asylum Seeker? YES / NO

(if yes complete 2a only)

b) Have you come from abroad? YES / NO

if yes, which country _____

Member country of the European Economic Area? YES / NO

Are you a member of another country to which we have a reciprocal agreement? YES / NO

If no, do you wish to be seen as a private patient? YES / NO

If you are not entitled to NHS treatment you may be seen as a private patient. There is a fee of £40 per consultation and £10 per prescription which you may claim back through your insurance if you are covered.

If no, do you wish to be seen as an emergency patient for a condition which has arisen during your visit to the UK and is not a pre-existing condition?

YES / NO

Date of arrival in the UK? _____

Duration of visit? _____

c) Purpose of visit to the UK?

I) Vacation _____

II) Have you been resident in the UK for a period of not less than one year?

YES / NO

III) Work permit? _____

IV) Student? _____

I am the spouse / child of: Name:
(who has work/student entitlement E128) D.O.B:

V) Other _____

(please specify: eg. Diplomat)

Work permit / Students are entitled to treatment irrespective of country of origin, as are their spouses and children only. Emergency treatment patients should not be treated for a pre-existing condition although there are exemptions such as renal dialysis and maternity services and some other conditions.

Proof of residency applies only to each applicant and does not give other family members entitlement to NHS Services.

Ex-British patriots are not automatically entitled to NHS treatment and more information should be sought to their entitlement.