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 doctor while at that address

Address of previous doctor

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

If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number

Enlistment date

If you are registering a child under 5

☐ I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines*

**Not all doctors are authorised to dispense medicines*

☐ I live more than 1 mile 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 ☐ Any part of my body

Signature confirming my agreement to organ/tissue donation **Date** _____/_____/_____

For more information, please ask at reception for an information leaflet or visit the website www.uktransplant.org.uk, or call 0300 123 23 23.

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 consent to inclusion on the NHS Blood Donor Register **Date** _____/_____/_____

For more information, please ask for the leaflet on joining the NHS Blood Donor Register

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

Postcode:

HA use only Patient registered for ☐ GMS ☐ CHS ☐ Dispensing ☐ Rural Practice

042017_003 Product Code: **GMS1**

NHS Family doctor services registration

GMS1

To be completed by the doctor

Doctors Name HA Code

☐ I have accepted this patient for general medical services ☐ For the provision of contraceptive services

☐ I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, *if different from above* HA Code

☐ I am on the HA CHS list and will provide Child Health Surveillance to this patient **or**

☐ I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, *if different from above* HA Code

☐ I will dispense medicines/appliances to this patient subject to Health Authority's Approval

☐ I am claiming rural practice payment for this patient.
Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Authorised Signature

Name Date _____/_____/_____

Practice Stamp

SUPPLEMENTARY QUESTIONS

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.

Bicester Health Centre

CHILDREN'S QUESTIONNAIRE FOR AGES UNDER 6 YEARS

Please write clearly and in block capitals

RELATIONSHIP	SURNAME	FORENAME	DATE OF BIRTH	CONTACT NUMBER	SMS TEXT CONSENT?
					Y / N
					Y / N
					Y / N

Significant past medical history, (e.g. Operations or chronic diseases, please give dates if relevant)

…… ……..

…… ……..

…… ……..

Long term repeat medication

……..... ……

…… ……

About Vision Online Services

We offer an online service for our patients so you can book appointments and order repeat prescriptions online at your convenience. Once a child reaches the age of 13 this online account will be suspended until we receive consent to continue access. NB an email address is required.

Activate online services? Yes / No (please delete as appropriate)

Your Choice for Summary Care Record	Please tick ONE box only
I would like my child's information shared through the Summary Care Record	
I would like a summary care record with additional information added	
I do NOT want my child's information shared through the Summary Care Record	

Your Choice for Oxfordshire Care Summary	Please tick ONE box only
I would like my child's information shared through the Oxfordshire Care Summary	
I do NOT want my child's information shared through the Oxfordshire Care Summary	

Continued over the page

NHS England use confidential patient information for research and planning for patients aged 13 and over. If you want to opt out of this use please visit www.nhs.uk/your-nhs-data-matters or telephone 0300 303 5678

Bicester Health Centre

PATIENT ETHNIC ORIGIN QUESTIONNAIRE

SPOKEN LANGUAGE .....

NATIONALITY .....

Please tick as applicable -

A White

	British
	Irish
	Any other white background please write in below

B Mixed

	White and Black Caribbean
	White and Black African
	White and Asian
	Any other mixed background please write below

C Asian or Asian British

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background please write below

D Black or Black British

	Caribbean
	African
	White and Asian
	Any other black background please write below

E Chinese or other ethnic group

	Chinese
	Any other please write below

F

	Ethnic status declined
	Ethnic status not given – give details below

This questionnaire follows the recommendations of the Equality and Human Rights Commission and complies with the Equality Act 2010.

Continued over the page

NHS England use confidential patient information for research and planning for patients aged 13 and over. If you want to opt out of this use please visit www.nhs.uk/your-nhs-data-matters or telephone 0300 303 5678

Update of Immunisation details and GP details for Child Health

PLEASE WRITE CLEARLY AND IN BLOCK LETTERS (One form per child)

Oxford Health NHS
NHS Foundation Trust

Following UK Immunisation Schedule? YES / NO (*Please delete*). *If No, please state which country* ..... under 0–6 yrs

Name: **Date of birth:**

GP: **NHS number:**

Routine Childhood Immunisations	Age usually given	Date Given (dd/mm/yy)			Indicate if Declined
1st Diphtheria, tetanus, pertussis, polio and Hib	2 months				
Pneumococcal (PCV)					
Meningococcal B Part 1					
Rotavirus					
2nd Diphtheria, tetanus, pertussis, polio and Hib	3 months				
Meningitis C (Men C)					
Rotavirus					
3rd Diphtheria, tetanus, pertussis, polio and Hib	4 months				
Pneumococcal (PCV)					
Meningococcal B Part 2					
Hib / Men C (Menitorix)	12 - 13 months				
1st MMR (Measles, Mumps, Rubella)					
Pneumococcal (PCV) booster					
Meningococcal B Part 3					
2nd MMR	3 yrs 4 months approx.				
4th Diphtheria, tetanus, pertussis, polio (Pre-School Booster)					
Human Papillomavirus vaccine (HPV)	12 -18 yrs (♀ only)	1st	2nd	3rd	
5th Diphtheria, tetanus, polio (School leavers booster)	13 – 18 years				
Meningitis C (Men C)					

NON ROUTINE VACCINES	Date given (dd/mm/yy)					Clinical Assessment Outcome	
						Required (meets criteria)	Not Required (does not meet criteria)
Mantoux test							
BCG							
Meningitis C							
Hib Booster (Haemophilus influenza B)							
Hepatitis B	1st	2nd	3rd				
Neo natal Hepatitis B	1st	2nd	3rd	4th	5th		

BCG CRITERIA QUESTIONS

- Has the child had a BCG immunisation?
- Does the child have a parent or grandparent from a country with high rates of TB, who they have regular contact with?
- Was the child born or have they lived in a country with high rates of TB for more than a total of 3 months of their life?

Other Vaccines received / Other Information.

Date of Bloodspot Screening Test				Outcome codes
Please enter outcome codes below				2: Test declined
Condition	Code	Condition	Code	4: Condition not suspected (Normal)
Cystic Fibrosis		MSUD		5: Carrier
Hypothyroidism		IVA		8: Condition suspected
MCADD		GA1		9: Screening incomplete – give details
Phenylketonuria		HCU		9.1: Died; 9.2: Unreliable; 9.3: Too old; 9.4: Moved out of area
Sickle Cell				

UNDER 2 years: Neonatal hearing test	Date:

HV/SHN Name..... **Date:**.....

Signature.....

Please return this form to: Child Health Department, Administration Block, Abingdon Hospital, Marcham Road, Abingdon OX14 1AG
Tel No. for Immunisation enquiries:01865 904315

SG2 form August 2015

Oxford Health NHS
NHS Foundation Trust

Central Bicester Health Visitors
Montgomery House Surgery
Piggy Lane
Bicester
Oxon
OX26 6HT

Tel: 01869 247526

Dear Parent

Re: **Health Visiting Service**

We understand that you have recently registered with The Health Centre in Coker Close. As your new Health Visiting team we would like to introduce ourselves, and inform you of services and facilities available in the area.

Please feel free to contact us on the above telephone number if we can be of any assistance to you.

HEALTH VISITORS:	**JULIE CROSS** **HELEN PARKINSON** **HANNAH FARRANCE** **SOPHIE HAINSWORTH-ARCHER**
NURSERY NURSE:	**SALLY JONES**
ADMINISTRATIVE SUPPORT WORKER:	**CHRIS SMITH**
BASE:	**MONTGOMERY HOUSE SURGERY**
TELEPHONE:	**01869 247526**

WELL BABY DROP IN CLINIC (see attached)

IMMUNISATION TIMES WITH PRACTICE NURSE APPOINTMENTS NEEDED

We look forward to meeting you.

Yours sincerely,
Central Bicester Health Visitors

Oxford Health NHS
NHS Foundation Trust

BICESTER/KIDLINGTON HEALTH VISITING SESSIONS:

Health Visitor sessions are for routine advice & support from the Health Visiting Teams.
Please **DO NOT BRING YOUR CHILD IF THEY ARE UNWELL.**
For any concerns about your baby, or more in-depth advice, please contact your own Health Visiting Team

From August 2017

Well Baby Health Visitor Drop In - Every Tuesday
Self-Weigh/General Advice 09.30–11.00 - No need to book
Held at the Bicester Children & Families Centre,
Courtyard Centre, Launton Road, Bicester OX26 6DJ

Early Days Postnatal Sessions
Three week course Babies – babies must be aged between 6-16 weeks old when starting the course
Venue to be advised on booking

Feeding Support - Every Monday
9.00-10.45am Enhanced BF – Appts only book via HV
10.45-12.15 – Baby Lunchbox – drop in session
Held at the Bicester Children & Families Centre
Courtyard Centre, Launton Road, Bicester OX26 6DJ

Introducing Solids
For babies over 16 weeks old - Hour long session held once a month - Venue to be advised on

Booking and all queries via (01869) 247526

Yarnton Medical Practice
1st Thursday of each month - 2.00-3.00pm

Kidlington
Every Friday 1.00-2.00pm - (0-6 months only) at St John's Church, The Broadway, Kidlington, OX5 1DD

For any queries: 01865 379158

How often to weigh

It is normal for a baby to lose some weight in the first few days after birth. Your baby should be weighed in the first week as part of the assessment of feeding. Most babies get back to their birth weight by 2 weeks of age. This is a sign that feeding is going well and that your baby is healthy. After that, weight will usually be measured only when your baby is seen routinely, unless there is concern. Your Health Visitor may ask you to bring your baby more often if he/she wishes to monitor them more closely. Weighing your baby too often may cause unnecessary concern; the list below shows how often, as a maximum, babies should be weighed to monitor their growth. However, most children will not need to be weighed as often as this.

Age:	No more than:
2 weeks to 6 months	Once a month
6-12 months	Once every 2 months
Over 12 months	Once every 3 months

Remember that if you want to ask something you can always phone your health visitor or visit the clinic, without having your child weighed.