

## Patient's details

Please complete in **BLOCK CAPITALS** and tick  as appropriate

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Surname
Date of birth				First names
NHS No.				Previous surname/s
<input type="checkbox"/> Male	<input type="checkbox"/> 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
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## If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number	Enlistment date
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## 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 and appliances\*

*\*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](http://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

To be completed by the doctor

Doctors Name	HA Code
<input type="checkbox"/> I have accepted this patient for general medical services <input type="checkbox"/> For the provision of contraceptive services <input type="checkbox"/> 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
<input type="checkbox"/> I am on the HA CHS list and will provide Child Health Surveillance to this patient or <input type="checkbox"/> 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
<input type="checkbox"/> I will dispense medicines/appliances to this patient subject to Health Authority's Approval <input type="checkbox"/> I am claiming rural practice payment for this patient. Distance in miles between my patient's home address and my main surgery is	
<p><i>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.</i></p>	
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.**

<b>Signed:</b>		<b>Date:</b>	DD MM YY
<b>Print name:</b>		<b>Relationship to patient:</b>	
<b>On behalf of:</b>			

**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: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
  <i>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.</i>	Country Code: <input type="text"/>	
	3: Name	<input type="text"/>
	4: Given Names	<input type="text"/>
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	<input type="text"/>
	7: Identification number of the institution	<input type="text"/>
	8: Identification number of the card	<input type="text"/>
	9: Expiry Date	DD MM YYYY
	PRC validity period (a) From:	DD MM YYYY

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: New Patient Registration/History

Please answer fully and as accurately as possible. This is our only medical record for the doctors to use until your notes arrive, which may take some months.

Please provide two forms of identification with this form. One must be photographic and the other to include your current address.

Name..... Title.....

Date of Birth..... Sex: Male ..... Female .....

Address.....

.....

Telephone: Home..... Work..... Mobile .....

**Can we leave messages on these numbers?** Home / Work / Mobile (please delete as appropriate)

**E-Mail Address**.....

**Can we send text messages to your mobile number? YES / NO** (please delete as appropriate)

**Consent for us to E-Mail you? YES / NO** (please delete as appropriate)

**Are you a Carer? YES / NO** (please delete as appropriate)

Have you been registered with us before? (If so, give doctor's name) .....

Have you any family members with us? (If so, give their name(s) and doctor's name)

.....

**Significant Medical History/Operations** (eg. Asthma, Diabetes, Blindness/Glaucoma, High BP, Cancer). Please give approximate dates.

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**Do you take regular medication/tablets? YES/NO** (please delete as appropriate)

*If you are currently having repeat prescriptions you will need to make an appointment with the doctor.*

**Continued Over the Page**



## Bicester Health Centre: New Patient Registration/History

<b>Differences between the Oxfordshire Care Summary and the Summary Care Record</b>		
	<b>Oxfordshire Care Summary</b>	<b>Summary Care Record</b>
<b>Shared</b>	Across Oxfordshire Across health care settings, including urgent care, community care and outpatients departments With GPs, and with clinicians employed by Oxford Health NHS Foundation Trust and Oxford University Hospitals Trust	Across England Across health care settings, including urgent care, community care and outpatients departments With GPs, and with clinicians employed by any NHS Trust or organisation involved in your care across England
<b>Information Source</b>	GP Record Other medical records held by different NHS organisations in Oxfordshire	GP Record
<b>Content</b>	Your current medications Any allergies you have Any bad reactions you have had to medicines Your medical history and diagnosis Test results and X-ray results Your vaccination history General health readings such as blood pressure Your appointments, hospital admissions, GP Out-of-Hours attendances and ambulance calls Care/Management plans Correspondence such as referral letters and discharge summaries	Your current medications Any allergies you have Any bad reactions you have had to medicines <b><u>Additional information includes</u></b> Significant problems (past and present) Significant procedures (past and present) Anticipatory care information End of life information – as per EOLC dataset ISB1580 Immunisations Further information can be added (upon request to your GP)

<b>Your Choice for Summary Care Record (see guidance notes over the page)</b>	<b>Please tick ONE box only</b>
I would like my information shared through the Summary Care Record	
I would like a summary care record with additional information added (See note overleaf)	
I do NOT want my information shared through the Summary Care Record	

<b>Your Choice for Oxfordshire Care Summary (see guidance notes over the page)</b>	<b>Please tick ONE box only</b>
I would like my information shared through the Oxfordshire Care Summary	
I do NOT want my information shared through the Oxfordshire Care Summary	

**Continued Over the Page**

## Bicester Health Centre: New Patient Registration/History

### **Summary Care Record and Oxfordshire Care Summary**

Your patient record is held securely and confidentially on the electronic system at your GP practice. If you require treatment in another NHS healthcare setting such as an Emergency Department or Minor Injury Unit those treating you would be better able to give you the appropriate care if some of the information from the GP practice were available to them. This information can now be shared electronically via The Summary Care Record (used nationally across England) or the Oxfordshire Care Summary (used locally across Oxfordshire)

In both cases the information will only be used by authorised health care professionals directly involved in your care. Your permission will be asked before the information is accessed, unless the clinician is unable to ask you and there is a clinical reason for access. A parent or guardian can request to opt out children under 16 but ultimately it is the GP's decision whether to create the records or not, because of their duty of care to the child. If you are the parent or guardian of a child under 16 and feel that they are able to understand, then you should make this information available to them.

# Bicester Health Centre

## PATIENT ETHNIC ORIGIN QUESTIONNAIRE

SPOKEN LANGUAGE .....

NATIONALITY .....

Please tick as applicable -

**A White**

<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Any other white background please write in below

**B Mixed**

<input type="checkbox"/>	White and Black Caribbean
<input type="checkbox"/>	White and Black African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other mixed background please write below

**C Asian or Asian British**

<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian background please write below

**D Black or Black British**

<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	White and Asian
<input type="checkbox"/>	Any other black background please write below

**E Chinese or other ethnic group**

<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Any other please write below

**F**

<input type="checkbox"/>	Ethnic status declined
<input type="checkbox"/>	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.*

## Bicester Health Centre: Online Services (New Patients)

### About Online Services

If you would like Online access which will allow you to **order prescriptions, make appointments, see test results, view your immunisation records, and view your consultations (from 01.04.2019)** please sign below. ID verification is required to ensure access is granted so you will need to provide us with your driving license or passport. Once we have seen your ID, your request will then be given to your Doctor to approve. Upon approval this function will be added to your records and you will be contacted by our reception team who will advise you if the access has been granted.

Please note:

- It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.
- If you can't do this for some reason, we recommend that you contact the practice so that we can remove online access until you are able to reset your password.
- If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.
- The practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone that doesn't use them responsibly.
- If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.
- It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

I wish to have full <b>Online Access (DCRA)</b>	
Full Name:	Date of Birth:
Signature:	Date:

#### Office Use Only:

Proof of ID Seen:	Signed:
Photographic ID	
ID including current address	
Coder Checked	Date:
Coder Activated	Date: