

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 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, 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

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.

Practice Stamp
 Name Date ____/____/____

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: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
<p><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></p>	Country Code: <input style="width: 50px;" type="text"/>	
	3: Name	<input style="width: 100%;" type="text"/>
	4: Given Names	<input style="width: 100%;" type="text"/>
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	<input style="width: 100%;" type="text"/>
	7: Identification number of the institution	<input style="width: 100%;" type="text"/>
	8: Identification number of the card	<input style="width: 100%;" type="text"/>
	9: Expiry Date	DD MM YYYY
	PRC validity period	(a) From: <input style="width: 50px;" type="text"/>

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 Children Aged Under 6

Please write clearly and in block capitals

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

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

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Long term repeat medication

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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

Bicester Health Centre: New Patient Registration/History Children Aged Under 6

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)

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
1 st Diphtheria, tetanus, pertussis, polio and Hib	2 months				
Pneumococcal (PCV)					
Meningococcal B Part 1					
Rotavirus					
2 nd Diphtheria, tetanus, pertussis, polio and Hib	3 months				
Meningitis C (Men C)					
Rotavirus					
3 rd Diphtheria, tetanus, pertussis, polio and Hib	4 months				
Pneumococcal (PCV)					
Meningococcal B Part 2					
Hib / Men C (Menitorix)	12 - 13 months				
1 st MMR (Measles, Mumps, Rubella)					
Pneumococcal (PCV) booster					
Meningococcal B Part 3					
2 nd 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	1 st	2 nd	3 rd			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?	
Neo natal Hepatitis B	1 st	2 nd	3 rd	4 th	5 th		
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



Central Bicester HV Team Health Visitor Information



For advice or to make an appointment please contact your HV team on (01865) 904240

Helen Parkinson, Hannah Farrance, Jessica Bewick & Sophie Hainsworth-Archer (Health Visitors)
Sally Jones (Nursery Nurse)
Chris Smith & Lucy Tingey-Taylor (Administrators)

6-8 week review - make an appointment well in advance for your baby to see (a) the doctor for a medical examination and (b) the practice nurse for the first immunisation

Immunisations are by appointment with the Practice Nurses

We look after patients who are registered at either Bicester Health Centre or Montgomery House Surgery

*The Health Centre
Coker Close, Bicester, OX26 6AT (01869 249333)*

*Montgomery House Surgery
Piggy Lane, Bicester, Oxon OX26 6HT (01869 249222)*

Early Days Group for new Parents:

Come and meet other new parents and find out about various topics relating to you and caring for your new baby



Find us on Facebook
@OxfordshireHealthVisitors



6 Months for solids
Ask your HV for more
information

<https://www.nhs.uk/start4life/baby/first-foods>



(Health Visitor notes are recorded on GP & CARENOTES computer system.)
<https://tinyurl.com/0-5service>

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



Well Baby Drop-in Clinics – From MAY 2018

(No appointment required)

Bicester - Tuesday 9.30-11.00am

Self-Weigh/General Advice
Bicester Children & Family Centre, Launton Rd,
Bicester, OX26 6DJ

Kidlington – Friday 1.00-2.00pm

Self-weigh/General advice (0-6 months only)
St John's Church, The Broadway, Kidlington, OX5 1DD

Early Days Postnatal Groups - Five week course (booking essential)
Call 01865 904240 for dates and booking information

**For information about other services, please call your
Health Visiting Team on the usual number**

Breast Feeding Support Drop-in

Bicester - Baby Lunchbox – Monday 10.30-12 noon

no weighing is available at this drop in session
Bicester Children & Family Centre, Launton Rd, Bicester, OX26 6DJ

Kidlington Well Baby Clinic – Friday 1-2pm

BFN (Breastfeeding Network) support worker usually in attendance, call 01865 379158 for information.