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*

☐ 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

**Not all doctors are authorised to dispense medicines*

☐ **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

052019_006 Product Code: **GMS1**

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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

Authorised Signature

Name

Date ______/______/______

Practice Stamp

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:
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.	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

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.

New Patient Registration Form (Adult: 16 and over)

Complete a separate form for each family member to be registered.

Once you complete the questionnaire, please give the form to the reception of our practice with proof of your address and a photo ID.

We accept a utility bill, a bank statement or tenancy agreement as proof of your address. If you cannot provide one of these documents, please speak to the receptionist or staff of our practice.

Personal Details

Your current status (if applicable):

- ☐ Homeless
- ☐ Refugee
- ☐ Asylum seeker

Marital status:

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Widowed
- ☐ Divorced
- ☐ Cohabitating

Occupation:

- ☐ Full-time employed
- ☐ Part-time employed
- ☐ Self-employed
- ☐ Retired
- ☐ Student
- ☐ Home-maker
- ☐ Job-seeker
- ☐ Other (please specify)

Ethnicity:

- ☐ White British
- ☐ White (other)
- ☐ Indian
- ☐ Pakistani
- ☐ White Irish
- ☐ Mixed
- ☐ Black Caribbean
- ☐ Black African
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Other Asian(non-Chinese)
- ☐ Black(Others)
- ☐ Other

Disability & Carer Status

Are you looking after someone?

Let us know if you are looking after someone who is ill, frail, disabled or has mental health and/or emotional support needs, or substance misuse problems.

☐ Yes ☐ No

Do you consider yourself to have a disability?

☐ No ☐ Physical impairment ☐ Learning disability ☐ Mental health condition

Is someone looking after you?

Let us know if a family member, friend or neighbour looks after you. If yes, they are your carer. You are welcome to invite your carer to accompany you to visits at the practice.

☐ Yes ☐ No

Carer's name:	Relationship to you:
Address of carer:	Telephone number of carer:

Next Of Kin

Name:	Relationship to you:
Address:	Telephone number:

Communication And Access Needs

SMS Messaging Service: Would you like to receive text message appointment reminders and other notices from our practice? ☐ Yes ☐ No	**Online services:** Do you want to be registered for the online services? ☐ Yes ☐ No

Do you use hearing aid? ☐ Yes ☐ No	Do you use sign language? ☐ Yes ☐ No	Do you need an interpreter? ☐ Yes ☐ No Which language?

Health and Lifestyle

Alcohol	How many units of alcohol do you normally drink per week? 175ml 13% abv 2.3 UNITS; 1.6 UNITS 330ml 5% abv; 1 pint (568ml) 4% abv 2.3 UNITS; 1 UNIT 25ml 40% abv	_____ units
	For Males: How often do you have EIGHT or more drinks on one occasion? **For Females:** How often do you have SIX or more drinks on one occasion? ☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Almost daily	
	How often during the last year have you been unable to remember what happened the night before because you had been drinking? ☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Almost daily	
	How often during the last year have you failed to do what was normally expected of you because of drinking? ☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Almost daily	
	In the last year has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down? ☐ No ☐ Yes, on one occasion ☐ Yes, on more than one occasion	
Drugs	Do you use illicit drugs? ☐ Yes ☐ No	
Smoking	Are you a smoker? ☐ Never ☐ 1-5 cig daily ☐ 10-20 cig daily ☐ Ex-smoking ☐ 5-10 cig daily ☐ More than 20 cig daily	
Exercise	How much exercise do you do? ☐ I don't do any exercise ☐ Twice a week ☐ Once a week ☐ Three or more times a week	
Diet	What type of diet do you have? ☐ Moderate ☐ No preference ☐ Low carb/Low fat ☐ Other(Please specify)	
Weight & Height	How tall are you? Feet/inches:_____ Meter/cm:_____	How much do you weigh? Kg:_____ Stones/lbs:_____

Medical History

Please give us as much information as possible about the listed medical conditions including **year of diagnosis and treatment**. Please leave the textbox empty if you do not have this medical condition.

Chronic Condition	Details including year of diagnosis	Treatment
Respiratory: ☐ Asthma ☐ COPD ☐ Other		
Cardiovascular: ☐ High blood pressure ☐ Heart rhythm problem ☐ Heart attack ☐ Heart failure ☐ Angina ☐ Other		
Neurological: ☐ Stroke/TIA ☐ Parkinsons ☐ Epilepsy ☐ Other		
Kidneys: ☐ Chronic kidney disease ☐ Other		
Diabetes: ☐ Type 1 diabetes ☐ Pre-diabetes ☐ Type 2 diabetes ☐ Other		
Thyroid: ☐ Over-active thyroid ☐ Under-active thyroid ☐ Other		
Mental health: ☐ Depression/Anxiety ☐ ADHD/Learning disability ☐ Bipolar ☐ Other		
Cancer: ☐ On active treatment ☐ Past treatment ☐ Other		
Other illness/operations: ☐ Any other serious illness ☐ Operations		
Allergy: ☐ Drug allergy ☐ Non-drug allergy		

Repeat Medications

If you are on any repeat medications, then please hand in repeat prescription slip from your previous GP to our surgery reception. If you do not have repeat prescription slip, then list any current medication you are taking and make sure you show Reception all your medication in its original packaging and labelling. We may need to contact your previous GP surgery to confirm your medication.

Family Medical History

Please give us as much information as possible about the family history of listed medical conditions including your relation to the family member. Please leave the textbox empty if you do not have family history of this medical condition.

Condition	Details
☐ Heart attack or angina before age 60 ☐ Stroke ☐ Heart attack or angina after age 60 ☐ Cancer ☐ Asthma ☐ Other ☐ Diabetes	

Hospital Care

If you are currently under hospital care, please give details of name of Hospital, name of consultant and nature of problem.

Women only

Date and result of last cervical smear? (Please provide copy of the result if done privately or abroad)
Date:______ Result:______

Are you pregnant?
☐ Yes ☐ No

Have you had a hysterectomy?
☐ Yes ☐ No

Contraception - what is your current method of family planning?

☐ None ☐ Condom ☐ Sterilisation
☐ Contraceptive pill ☐ Injection ☐ Hysterectomy
☐ Coil ☐ Implant ☐ Partner had vasectomy

Have you had rubella vaccination (MMR) in the past?
☐ Yes ☐ No

Sharing Your Medical Record

Medical Record Sharing allows your complete GP medical record to be made available to authorised health professionals involved in your care. You will always be asked your permission before anybody looks at your shared medical record.
If you don't want to share your GP record tick here: ☐

Summary Care Record contains details of your key health information - medications, allergies and adverse reactions. They are accessible to authorised healthcare staff in A&E Departments throughout England. You will always be asked your permission before anybody looks at your Summary Care Record.
If you don't want to have a Summary Care Record tick here: ☐

The Care.data Programme collates information about you and the care you receive. It links information from all the different places where you receive care, such as your GP, hospital and community services, to help them provide a full picture of your medical needs and the care you are receiving. This data is made available to NHS Commissioners so that they can design integrated services and is shared with third parties for research purposes.
I wish to OPT OUT from my Personal Confidential Data being shared outside my GP practice: ☐
I wish to OPT OUT from my Personal Confidential Data being shared with *third parties:* ☐

Patient Participation Group (PPG)

The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better. By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.
If you are interested in getting involved in the PPG, please tick yes in the box below and we will contact you with further details.

Yes I am interested in becoming involved in the PPG ☐ ***No*** I am not interested in becoming involved in the PPG ☐

I confirm information given on this form is correct to the best of my knowledge.

Signature:______________________ Date:_____________________