

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
 Signature of Patient Signature on behalf of patient
 _____ Date ____/____/____

**Not all doctors are authorised to dispense medicines*

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

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
 The Falmouth Health Centre Practice
 Trevaylor Road
 Falmouth TR11 2LH
 Tel: 01326210090
 www.faldoc.co.uk

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: <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:	
	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

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.

The Falmouth Health Centre Practice – Patient Questionnaire

The following questions will help us to keep your medical records up to date and accurate. This information is strictly confidential and will not be made available to anyone without your permission. Please return the completed questionnaire to reception before leaving the surgery. We need this information before we can complete your registration with the Practice.

Full Name	Date of Birth	Tel No	Mobile No
Email Address			
Address and Post code			

Do you smoke?	YES/NO	If YES do you smoke tobacco or cigarettes?		Approx. how many do you smoke a day?	
If NO have you ever smoked?	YES/NO		If you have ever smoked when did you stop?		

For advice and support on how to stop smoking please call 07887 724831 or speak to a member of the reception team book an appointment with the smoking cessation advisor here at the surgery.

Questions	Score					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost Daily	
					Total:	

Family History – have any of your family suffered from the following. If deceased please tell us their age at death

		Family member(s)	Age	Deceased
Hypertension (High blood pressure)	Yes/No			Yes/No
Heart Disease	Yes/No			Yes/No
Stroke	Yes/No			Yes/No
Asthma	Yes/No			Yes/No
Diabetes	Yes/No			Yes/No

First Language:	English	
	Other (please state)	
Do You Require an Interpreter?	Please specify *	* Yes / No
Ethnicity:		
White	British	
	Irish (Eire)	
	Any other (please state)	
Mixed	White and Black Caribbean	
	White and Black African	
	White and Asian	
Asian or Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Any other Asian background (please write in)	
Black or Black British	Caribbean	
	African	
	Any other Black background (please write in)	
Chinese or other Ethnic Group	Chinese	
	Any other (please write in)	
I do not wish to answer		

Please list any **serious** illnesses, accidents, operations and disabilities with the year if known

Date	Details

If you are taking any medicines or treatment please book an appointment with the GP	
Are you allergic to any medicines or do any medicines upset you in any way? If yes please give details	

Questions for Women only

Are you fitted with a coil?	YES/NO	If YES, when was it fitted?
Are you fitted with a Contraceptive Implant?	YES/NO	If YES, when was it fitted?

Are you a Carer? <i>(A Carer is an unpaid person who looks after someone who is elderly, disabled or ill and needs help to live at home.)</i>	YES / NO
Would you like to be referred to the Carers' Support Service?	YES / NO

Carer? Yes / No

Referral form and leaflet given?

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know.

Are you a military veteran? <i>(A "veteran" is a person who. served in the active military, naval or air service, and. was discharged or released under conditions other than dishonourable.)</i>	YES / NO
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Please indicate below if you suffer from any of the following which require specific communication needs:

Visual Impairment * Please indicate
 Hearing Impairment
 Learning Disability
 Non-Verbal

You/Parent/Guardian * Please indicate

Preference of Communication:

Text * Please indicate
 Letter
 Email
 Phone
 Any other specific need

The Falmouth Health Centre Practice
Trevaylor Road, Falmouth TR11 2LH

Tel: 01326 210090
email: falmouth.healthcentre@nhs.net
www.faldoc.co.uk

Dr Nick Rogers
Dr Victoria Hartnell
Dr V Paul Davoren
Dr Denise Lasbury
Dr Rachael Wilson
Dr Matthew Croft

PATIENT FACING SERVICES

We have the facility for patients to book appointments, request repeat medications and view medical records on-line. This service is especially useful when the practice is closed or the telephone lines are busy.

If you would be interested in using this facility, please indicate below and the receptionist will ask to see a form of photo identification. Unfortunately we cannot register you for this service without photo identification.

Please allow approximately one week for us to have your login details available. Please provide us with your email address below so we can email your login details to you. You must log on to verify your account within two weeks of receiving your login details. If you do not your login will expire and we will need to issue you with a new login.

I confirm that I would like the practice to email me my login details.

Name

Date of Birth

Email Address.....

Sign

Date

For Office Use:

Type of Identification shown.....

Receptionist.....

Signed.....

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know.

Information for new patients: about your Summary Care Record

Dear Patient

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.
- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.
- **Express dissent for Summary Care Record (opt out).** Select this option, if you **DO NOT** want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) **will** be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

Summary Care Record patient consent form

Having read the above information regarding your choices, please choose **one** of the options below and return the completed form to your GP practice:

Yes – I would like a Summary Care Record

Express consent for medication, allergies, adverse reactions **and additional information**

or

Express consent for medication, allergies and adverse reactions only.

No – I would not like a Summary Care Record

Express dissent for Summary Care Record (opt out).

Name of patient:

Date of birth:

NHS number (if known):

Signature: Date:

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name:

Please circle one:

Parent	Legal Guardian	Lasting power of attorney for health and welfare
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For more information, please visit <https://www.digital.nhs.uk/summary-care-records/patients>, call NHS Digital on 0300 303 5678 or speak to your GP Practice.