

NHS Family Doctor Service Registration

GMS1

Bournbrook Varsity Medical Practice

1. Have you ever been registered with us before? No Yes

2. Sex: Male Female

3. Family Name (Surname):

4. First Name: Middle Name:

5. Date of birth: day: month: year:

6. NHS Number:

7. Marital Status: Single Married (family name before marriage):

Mr Mrs Miss Ms Other:

Address in BIRMINGHAM

8. Flat number: Floor: Room:

9. Name of building:

10. House number and street name:

11. Locality: 12. Town/City: 13. Postcode:

14. Home telephone: 15. Mobile telephone: 16. Email:

United Kingdom Origin – home address details **before** you came to Birmingham

17. House number and street name:

18. Locality: 19. Town/City: 20. Postcode:

21. Town of birth:

22. Name & Address of your current NHS doctor or medical practice:

23. If the address when you were registered with that doctor is different to the address at 17 above, write it here:

International Origin – details **before** you came to Birmingham

24. Country of birth: 25. Date of entry into the UK: day: month: year:

26. How many months will you stay in the UK?

27. Name of most recent NHS doctor & name of medical practice in the UK:

28. The address you were living at when you were registered with that doctor:

29. Is this your first entry into the UK? No Yes

Returning from Armed Forces

30. Have you ever served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: Regular Reserve Family member

31. Address before enlisting:

32. Service or personnel number: 33. Enlistment date: day: month: year:

Signature of Patient:

Signature on behalf of Patient:

Date:

Please note all forms **must be signed** before registrations will be processed

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:

34. 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:	
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 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 style="font-size: small;">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</p>	Country Code: <input type="text"/>	
	3: Name	
	4: Given Names	
	5: Date of Birth	
	6: Personal Identification Number	
	7: Identification number of the institution	
8: Identification number of the card		
9: Expiry Date		
PRC Validity Period (a) From:		(b) To:

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.

Bournbrook & Varsity Medical Centre - New Patient Questionnaire

(17yrs+over)

Please take time to complete this questionnaire fully. It is important that we have as much information about you as possible so that we can offer you good service care.

Forename: Surname:

Date of Birth: Marital Status: single married widowed divorced

Place of Birth:

If you are from overseas which country are you ordinarily resident?

Home Tel: Mobile Tel:

Work Tel: Email Address:

Occupation:

Subject Studying: Year: Date Course Ends:

Next of Kin – who can we contact in case of an emergency (preferably in the UK but if not please add the dialling code)

Name: Gender: Relation:

Address:

Telephone No:

Ethnicity – Information on ethnicity is important because of the need to take into account culture, religion and language in providing appropriate individual care. We would therefore be most grateful if you would indicate your ethnicity by selecting one of the options below. However, if you do not wish to disclose this information, please select “request declined”.

<input type="checkbox"/> White British	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> White Irish	<input type="checkbox"/> Other Asian Background
<input type="checkbox"/> Other White Background	<input type="checkbox"/> Black Caribbean
<input type="checkbox"/> Black & White Caribbean	<input type="checkbox"/> Black African
<input type="checkbox"/> Black & White African	<input type="checkbox"/> Other Black Background
<input type="checkbox"/> Asian & White	<input type="checkbox"/> Chinese
<input type="checkbox"/> Other Mixed Background	<input type="checkbox"/> Any other ethnic category
<input type="checkbox"/> Indian	
<input type="checkbox"/> Pakistani	<input type="checkbox"/> Request Declined

What country were you born in?

What is your first language?

What Language(s) do you write?

Which religion do you consider yourself to be?

Do you have any communication needs? Yes No

Do you require an interpreter? Yes If yes, what language do you require:

Do you need format other than standard print? Yes No

Can you explain what support would be helpful to you?

Present Health Status

Height: cm Weight: kg Waist: cm

Do you smoke? Yes No if yes, how many per day?

Would you like to give up? Yes No if yes, can we contact you?

Have you ever smoked? Yes No

Do you have a specific diet? (e.g: vegetarian, vegan, low fat, milk free, egg free):

What is your exercise grading?

- Low activity – no organised exercises or regular sports
 Medium activity – regularly exercises for pleasure on a weekly basis
 High activity – takes fitness training and/or plays for recognised teams or competes in athletic events

Personal History (If Yes give details)

Do you have an illness? Yes No

Have you had an operation? Yes No

Are you taking prescribed medicines? Yes No

Do you have any allergies, please specify:

Do you suffer or have you ever suffered with any of the following:

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> Asthma (Requiring inhalers in last 12 months) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hayfever | |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Thyroid Disease | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Drug addiction | <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Stroke/TIA | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Cancer | <input type="checkbox"/> Gastric Ulcer | <input type="checkbox"/> Other, please specify below: | |

Family Medical History – Does anyone in your close family (i.e. mother, father, brother, sister) have any of the medical problems listed above? If so, please state which ones:

Relation: Condition:

Relation: Condition:

Relation: Condition:

Carers – a carer is someone who looks after a relative, friend or neighbour who has a long-term illness, disability, mental health problem or frailty due to old age and is not in formal employment in carrying out their caring role.

Are you a carer? Yes No

Do you have a carer? Yes No

If yes, have you been referred to Birmingham Social Care and Health for an assessment of your needs?
Yes No

If you have a carer do they need communication assistance? Yes No

If “yes” what is your main carers name:

Can you explain what support would be helpful to them?

Do you consent to the practice contacting your main carer regarding your care? Yes No

What is the best way to contact them?

Name:

Signed:

Date:

Bournbrook & Varsity Medical Centre - New Patient Services (17yrs+over)

We offer many services to our patients. Please carefully read this booklet and select or decline the services based on your individual needs.

Forename: _____ Surname: _____

Screening Questionnaire for Latent Tuberculosis Infection

1.	Are you aged between 16 years and 35 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Did you enter the UK within the last 5 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.	Were you born in, or have you spent more than 6 months over the past 5 years in one of the high risk of TB countries listed below.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please select your country of birth, or where you spent more than 6 months living in the last 5 years:			
<input type="checkbox"/> Afghanistan	<input type="checkbox"/> Djibouti	<input type="checkbox"/> Madagascar	<input type="checkbox"/> Rwanda
<input type="checkbox"/> Angola	<input type="checkbox"/> Eritrea	<input type="checkbox"/> Malawi	<input type="checkbox"/> Sao Tome and Principe
<input type="checkbox"/> Bangladesh	<input type="checkbox"/> Equatorial Guinea	<input type="checkbox"/> Mali	<input type="checkbox"/> Senegal
<input type="checkbox"/> Benin	<input type="checkbox"/> Ethiopia	<input type="checkbox"/> Marshall Islands	<input type="checkbox"/> Seychelles
<input type="checkbox"/> Bhutan	<input type="checkbox"/> Gabon	<input type="checkbox"/> Mauritania	<input type="checkbox"/> Sierra Leone
<input type="checkbox"/> Botswana	<input type="checkbox"/> Gambia	<input type="checkbox"/> Mauritius	<input type="checkbox"/> Somalia
<input type="checkbox"/> Burkina Faso	<input type="checkbox"/> Ghana	<input type="checkbox"/> Micronesia	<input type="checkbox"/> South Africa
<input type="checkbox"/> Burundi	<input type="checkbox"/> Greenland	<input type="checkbox"/> Mongolia	<input type="checkbox"/> South Sudan
<input type="checkbox"/> Cote d'Ivoire	<input type="checkbox"/> Guinea	<input type="checkbox"/> Mozambique	<input type="checkbox"/> Swaziland
<input type="checkbox"/> Cabo Verde	<input type="checkbox"/> Guinea Bissau	<input type="checkbox"/> Myanmar	<input type="checkbox"/> Timor-Leste
<input type="checkbox"/> Cambodia	<input type="checkbox"/> Haiti	<input type="checkbox"/> Namibia	<input type="checkbox"/> Togo
<input type="checkbox"/> Cameroon	<input type="checkbox"/> India	<input type="checkbox"/> Nepal	<input type="checkbox"/> Tuvalu
<input type="checkbox"/> Central African Republic	<input type="checkbox"/> Indonesia	<input type="checkbox"/> Niger	<input type="checkbox"/> Uganda
<input type="checkbox"/> Chad	<input type="checkbox"/> Kenya	<input type="checkbox"/> Nigeria	<input type="checkbox"/> UR Tanzania
<input type="checkbox"/> Comoros	<input type="checkbox"/> Kiribati	<input type="checkbox"/> Pakistan	<input type="checkbox"/> Zambia
<input type="checkbox"/> Congo	<input type="checkbox"/> Laos PDR	<input type="checkbox"/> Papua New Guinea	<input type="checkbox"/> Zimbabwe
<input type="checkbox"/> DRP Korea	<input type="checkbox"/> Lesotho	<input type="checkbox"/> Philippines	
<input type="checkbox"/> DR Congo	<input type="checkbox"/> Liberia	<input type="checkbox"/> Republic of Moldova	

If you answered "Yes" to all 3 questions you are eligible for free TB screening. Please select the following:

Booked for screening Decline screening offered Not Eligible

SIGNED: _____

Date: _____

Note: TB is an illness caused by airborne bacteria (germs). TB can sleep in your body, often for many years, without making you ill. This is called latent TB. Often people with latent TB do not have any clinical symptoms and therefore may not feel ill or sick. However should this change and the latent TB bacteria 'wake up' you will develop 'active' TB and you will become quite poorly and will require intensive treatment. There is also a high risk of spreading the disease to your family and friends and the wider community.

If you have latent TB in your body there is a one in ten chance the bacteria will wake up and make you ill sometime in the future. Although active TB can usually be cured, it is much better not to get sick at all.

Fortunately latent TB can also be treated. Early treatment will protect your own health by preventing you from getting ill and from the risk of passing on the bacteria to your family and friends.

Alcohol Intake - Please tell us about your alcohol intake. You can use the “Units Indicator” below for guidance.



Name: _____ DOB: _____

Alcohol units per week: _____ units (on average)

The questionnaire below is called Audit-C. It is a very simple assessment of your alcohol intake. When you complete this questionnaire you need to consider your alcohol intake over the last 12 months. Try to be as accurate and honest as possible.

If you score **below 5** in total for the first three questions you have completed the questionnaire.

If you score **5 points or more**, we need you to complete the next section of questions. A score of 8 or more for the whole questionnaire suggests your alcohol intake could be harmful to your health and you will be offered an appointment with a member of our clinical team to discuss this further. You can decline by completing the statement at the bottom of this page.

Alcohol Use Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Less than monthly	2-4 times a month	2-3 times a week	4+ times a week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less Than monthly	Monthly	Weekly	Daily or Almost daily	
					TOTAL	

Continue answering the following questions if your total score for the first three questions is 5 or more:

Alcohol Use Questions	Scoring System					Your Score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was expected of you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or 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	Daily or Almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in last year		Yes during the last year	
Has a relative or friend or a doctor or health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in last year		Yes during the last year	
Total Score for all 10 Questions:						

If you have scored 8 or more please book an appointment to see the Healthcare Assistant for Brief Intervention.

I have scored 8 points or more on the questionnaire but **DO NOT WISH** to receive brief intervention.

Signed: _____

Date: _____

Appointment Text Reminder Service

Please be aware that this practice uses a text messaging service to remind you of your appointments and this is paid for by the practice.

Accept Service

Decline Service

Please tick here if you would like us to send you the link our termly newsletter via text message

Please keep your mobile number up to date or this service will no longer work

Failure To Attend Appointments

The practice follows a policy for patients who fail to attend appointments. All appointments not attended will be recorded on your medical record. Your GP will discuss these with you and they have the right to remove you from the Practice if you repeatedly fail to attend.

KEEP IT OR CANCEL IT!

Please tick here to confirm you have read this section:

Sexually Transmitted Infections Self Sampling Kits

Chlamydia is a sexually transmitted infection. If you are aged between 16 to 24 and are sexually active you are invited to complete a test –It's all confidential and you can do it at home if you want.

You might not even know you have Chlamydia as often there are no signs or symptoms. 1 in 10 people under the age of 25 have Chlamydia and it can be easily treated with antibiotics.

I have taken a kit from the Practice
test

I do **not** wish to take up the offer of a free chlamydia

Virtual Patient Participation Group - VPPG

The practice has an active virtual patient participation group who are here to represent the views of the Practice's patients. The group is sent a maximum of 2 emails per year asking for feedback on a range of aspects. Your feedback will help set Practice priorities for the future. We look at many aspects of Healthcare, but in particular, the services we provide.

If you would like to become a member of the VPPG please ensure you have noted your email address and tick the box below:

I **do** want to be part of the VPPG

I **do not** want to be part of the VPPG

New Patient Health Check

All new patients registering with this Practice are eligible for a New Patient Health Check with our Health Care Assistant. Please book an appointment for this at Reception in the next 6 weeks or tick the box below if you do not want a Health Check:

I **do** want a New Patient Health Check

I **do not** want a New Patient Health Check

Facebook & Twitter

We are on Facebook and Twitter!

If you have accounts with either of the above sites please follow us – we post at least weekly with useful information and it links into our website – www.bournbrookvarsitymedical.co.uk

Twitter - @BournbrookMC

Facebook – fb.me/BournbrookMC

Name:

Signed:

Date:

Opt Out Form for Sharing Data from your Medical Records

There are two data sharing projects currently in progress and these are:

- SCR – Summary Care Record
- YCC – Your Care Connected (formally known as Central Care Record)

It is important to note that each of **these projects run a separate opt out system**. Therefore if you wish to opt out of one or more of these projects please complete the form below and return to the GP Practice.

SCR - Summary Care Record:

Used in emergency care this record will contain information about any medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had, to ensure those caring for you have enough information to treat you safely.

SCR – Accept this Service

SCR - Decline this Service (9ND0)

YCC – Your Care Connected (Formally - Central Care Record):

Information such as allergies, medication, test results, alerts, diagnosis, treatment past & present and end of life care plans will be available. Specifically for use by services such as GP practices in Birmingham, Solihull and Sandwell, local hospitals, ambulance service, social care staff, community health and mental health.

YCC – Accept this Service

YCC - Decline this Service (9Nd1)

More detailed information about these projects can be found in main reception and also online.

Forename: Surname:

Date of birth:

Signature:

Date:

Meningitis ACWY & MMR Vaccination for new students

As you may be aware there has been a small increase in the rate of meningococcal meningitis or septicaemia in recent years. It is still an uncommon condition but young people attending higher education for the first time, especially when living in halls of residence or other shared accommodation, are at greater risk of this disease particularly in the first few weeks of their first term at university. Meningitis ACWY immunisation is part of the UK immunisation programme however ALL students should check their immunisation records to ensure that they have received it since their 10th birthday.

During the last few years a number of Universities including Birmingham, have seen an increase in cases of Mumps amongst students. This can be a debilitating infection in young people with the possible risk of complications and those who become ill are isolated hence disrupting their education.

Department of Health advice is that all those entering higher education should have had two immunisations against measles, mumps and rubella (known as MMR). Please, therefore, ensure that you are fully immunised. To achieve maximum protection you should have been immunised against Meningitis ACWY and MMR before attending the University, but if you have not had it we urge you to book an appointment with the Practice Nurse.

Please tick here to confirm you have read this section:

Online Access

You can sign up to online access to enable you to book appointments, order repeat medications, view test results, vaccination history and your coded medical records.

Go to <https://app.birminghamandsolihullhealthapp.com/splash> to join BSOL Health App

And / Or

Go to <https://app.patientaccess.com/registration> to join Patient Online Access

You will need to bring 2 forms of ID to the Practice for this service to be fully activated