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: ☐ 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	
	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 (0-16yrs)

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:

Place of Birth:

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

Home Tel: Mobile Tel:

Email Address:

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".

☐ White British	☐ Bangladeshi
☐ White Irish	☐ Other Asian Background
☐ Other White Background	☐ Black Caribbean
☐ Black & White Caribbean	☐ Black African
☐ Black & White African	☐ Other Black Background
☐ Asian & White	☐ Chinese
☐ Other Mixed Background	☐ Any other ethnic category
☐ Indian	
☐ Pakistani	☐ 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 have a specific diet? (e.g.: vegetarian, vegan, low fat, milk free, egg free):

Personal History

Please list any illnesses or operations that we should know about:

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:

☐ Asthma (Requiring inhalers in last 12 months) ☐ Diabetes ☐ Epilepsy ☐ Hayfever
☐ Eczema ☐ Thyroid Disease ☐ Anxiety ☐ Depression ☐ Schizophrenia
☐ Bipolar Disorder ☐ High Cholesterol ☐ Drug addiction ☐ Rheumatoid Arthritis ☐ Lung Disease

☐ Heart Disease ☐ Stroke/TIA ☐ Hypertension ☐ Osteoarthritis ☐ Osteoporosis

☐ Glaucoma ☐ Cancer ☐ Gastric Ulcer ☐ 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?

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: ☐

Name: **Signed:** **Date:**

New to Practice Form (0–16 years)

Bournbrook Varsity Medical Centre

Thank you for registering with us. Please can you complete this form so we have as much information as possible. This is to make sure all children have access to community Healthcare Services relevant to their ages.

Date Joined Practice:

Mothers Full Name: Date of Birth: Tel:

Fathers Full Name: Date of Birth: Tel:

Address:

Child's Name	Date of Birth	Gender	Nursery or School Details
		Male ☐ Female ☐	
		Male ☐ Female ☐	
		Male ☐ Female ☐	
		Male ☐ Female ☐	
		Male ☐ Female ☐	
		Male ☐ Female ☐	
		Male ☐ Female ☐	

Previous Address:

Previous GP Name:

Previous GP Address:

Previous Nursery/School:

If any of this information changes please be sure to inform the Practice as soon as possible so that all children's medical records are up to date.

Many thanks

FOR OFFICE USE ONLY

Date received by HV: ……..

Pre-school info. Input & Child Health Updated ☐ SN info. Input & Child Health Updated ☐