

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE



1. PERSONAL DETAILS (ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Male* Female* Is this your first registration with a GP Practice in the UK?* Yes No Will you be in the area for more than 3 months?* Yes No
 (If 'No', please complete a temporary resident form)

Date of Birth* - -

Title*

Surname*

Forenames*

Previous Surname*

email address #

Address*

Postcode*

Telephone #

Mobile #

The following information can be found on your current medical card:

Community Health Index (CHI) Number* NHS Number*

The following information can be found on your birth certificate:

Town of Birth* Country of Birth*

Registered district of birth (Scotland only) Mother's maiden name

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP*

Name and address of previous GP Practice in UK*

Postcode* Postcode*

If you are from abroad:

Date you first came to live in the UK* - - If previously resident in the UK, date of leaving* - -

Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date* - - Service Number

Are you a Reservist?* Yes No If yes, please provide your address before enlisting*

Leaving date* - - Postcode*

Is this your first registration with a GP since leaving the Armed Forces?* Yes No

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1 including your name, gender, date of birth address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonationscotland.org

Any of my organs and tissue Or my

Kidneys Eyes Heart Lungs Liver Pancreas Small bowel Tissue

Notes on tissue - heart valves and corneas come under the 'heart' and 'eyes' boxes respectively so the 'tissue' box covers donating other types of tissue, such as your tendons.

Patient signature _____ Date - -

4. HOW WE USE YOUR INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "[How the NHS handles your personal health information](#)" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The [NHS inform helpline](#) provides an interpreting service.

Patient/Patient's representative signature _____ Date - -

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number - GP name

Practice code - Mileage (No.) Road Water Footpath

Identification seen - do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of identification is seen to positively identify the applicant **although it is not mandatory to provide identification to register**)

Birth Cert. Student ID Card Driving Licence Passport or HC2 Cert. Home Office App Reg Card Other/None - specify Receptionist initials

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature _____ Date - -

7. OFFICIAL USE ONLY

Input by

Checked by

Date - -

Practice Stamp

Millig Practice – Health Questionnaire

Name _____ DOB _____

Height _____

Weight _____

Smoking Status - Never smoked

Ex smoker

Current smoker

Alcohol consumption/week --

Millig Practice Practice : PATIENT QUESTIONNAIRE

This short questionnaire will give surgery staff some basic information about your communication support needs and ethnicity to support your health care. More information

about it is on the back of this form but please ask a member of staff if you need more explanation.

We should be grateful if you could complete one for each family member within/joining the practice.

Name DOB __ / __ / __

Do you need an interpreter or sign language support? Yes No

If you do need an interpreter what language do you speak?

Please state

What is your ethnic group?

Choose **ONE** section from A to E then tick **ONE** box which **best describes** your ethnic group or background

A White

- Scottish
- English
- Welsh
- Northern Irish
- British*
- Irish
- Gypsy/Traveller
- Polish
- Any other white ethnic group, please write in

B Mixed or multiple ethnic groups

- Any mixed or multiple ethnic groups

C Asian, Asian Scottish or Asian British

- Pakistani, Pakistani Scottish or Pakistani British
- Indian, Indian Scottish or Indian British
- Bangladeshi, Bangladeshi Scottish or Bangladeshi British
- Chinese, Chinese Scottish or Chinese British
- Other, please write in.....

D African, Caribbean or Black

- African, African Scottish or African British
- Caribbean, Caribbean Scottish or Caribbean British
- Black, Black Scottish or Black British
- Other, please write in.....

E Other ethnic group

- Arab
- Other, please write in.....

If you do not wish to give this information, please tick here

MILLIG PRACTICE PATIENT'S AGREEMENT

On joining the Millig Practice I have read and agree with the following policy:-

- If I do not attend THREE appointments in twelve months with a Doctor, Nurse or Health Care Assistant without prior sufficient notice (telephone call or online cancellation), I will receive a warning letter. Following this letter if I then miss ONE more appointment I may be REMOVED from your practice list. I understand that by just not turning up I am denying patients who are ill and need to be seen, the opportunity of being offered an appointment.

I will not be impatient and abuse to the reception staff. Please note – the length of a routine appointment with the doctor is 10 minutes. We try to keep to appointment times, but sometimes one patient may need longer time and you may have to wait a little longer. It may be you who needs some extra time. So please bear with us.

It is with regret that we ask ALL patients to agree not to be abusive to any of our staff, as we find this kind of behaviour is increasing. The surgery now has a policy of ~~ZERO TOLERANCE~~ and therefore will REMOVE any such patients from our practice list.

I understand and agree to the above Policy:-

PATIENT'S

NAME

(print).....

SIGNED.....

(On behalf of if patient under 16 not present)

Date.....

If you have any concerns regarding the above please ask to speak to the Practice Manager.