

Patient's details

 Please complete in BLOCK CAPITALS and tick as appropriate

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Surname
Date of birth				First names
NHS No.				Previous surname/s
<input type="checkbox"/> Male	<input type="checkbox"/> 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 doctor while at that address
	Address of previous doctor

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

If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number	Enlistment date

If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

**Not all doctors are authorised to dispense medicines*

I live more than 1 mile 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 ____/____/____

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: _____

HA use only Patient registered for GMS CHS Dispensing Rural Practice

To be completed by the doctor

Doctors Name _____ HA Code _____

- I have accepted this patient for general medical services For the provision of contraceptive services
 I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above _____ HA Code _____

- I am on the HA CHS list and will provide Child Health Surveillance to this patient or
 I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above _____ HA Code _____

- I will dispense medicines/appliances to this patient subject to Health Authority's Approval
 I am claiming rural practice payment for this patient.
 Distance in miles between my patient's home address and my main surgery is _____

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Practice Stamp

Authorised Signature

Name _____ Date ____/____/____

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:	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>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	DD MM YYYY
	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.

Balmoral Surgery **New Patient Pack**



Please ensure that you complete and return the registration form and the health questionnaire enclosed in this pack.

Please also ensure that you book an appointment with a Health Care Assistant for a New Patient Medical

Further information about the practice can be found on our website:

www.balmoralsurgery.com

When you return this form, please ask
a receptionist for details of your
accountable GP

Do you have any personal specific information or communication needs?

If so, please make us aware so that we can ensure we communicate with you in an appropriate way.

Balmoral Surgery

New Patient Health Questionnaire



Please take time to fill out this important form as it will hopefully improve the care we provide to you. Please return it to Reception .

Title:	Date of Birth:
Surname:	Forenames:
Previous Name (if applicable):	NHS number:
Telephone Home:	
Mobile:	
<i>Balmoral Surgery uses a text message service to remind patients about booked appointments and to send health promotion messages. If you would like to access this service please tick here</i> <input type="checkbox"/>	
Next of Kin (and their relationship to you):	

Previous Doctor:	
Address of Previous GP:	

If known;		
Height:	Weight:	Waist Measurement:

Are you a Carer for a friend or family member? (Delete as applicable)	Yes/No
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Smoking Status:-

Current Smoker Non-smoker Ex-smoker

If you are a current smoker, how many do you smoke a day, and in what form?

Cigarettes Pipe Cigars

If you are an ex-smoker, when did you last smoke?

Alcohol Consumption

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 standard alcoholic drinks do you have on a typical day when you are drinking?

1-2 3-4 5-6 7-8 9-10 10+

How often do you have 6 or more standard drinks on one occasion?

Never Monthly or less 2-4 times per month 2-3 times per week 4+ times per week

Are you under the care of a hospital specialist? Yes/No

If yes, please give brief details: -

(For Women Only) (a) When did you last have a cervical smear?

(b) Are you fitted with a coil? Yes/No

Are you taking any medication? Yes/No

If yes, please give details;

Name of Medicine	Dose/Strength	Times Daily

Are there any medicines or drugs that have upset you in any way: Yes/No.
If Yes, how?

Name of medicine	What was the problem or upset

Any other allergies?

Health History

Please list any serious illnesses, accident, operations, and disabilities. Women: Please include problems in pregnancy or at delivery	

Family History

Relationship (e.g.: mother)	Date of Birth (Year)	State present health, any serious illnesses especially angina, heart attack, stroke, high blood pressure or asthma	Year & cause of death



Your emergency care summary

CONFIDENTIAL

OPT-OUT FORM

Request for my clinical information to be withheld from the Summary Care Record

If you DO NOT want a Summary Care Record please fill out the form and send it to your GP practice (completed forms must be returned to your GP practice. Forms sent anywhere other than your GP practice will not be actioned).

A. Please complete in BLOCK CAPITALS

Title Surname / Family name
Forename(s)
Address
Postcode Phone No Date of birth
NHS number (if known) Signature.....

B. If you are filling out this form on behalf of another person or child, their GP practice will consider this request. Please ensure you fill out their details in section A and your details in section B

Your name Your signature.....
Relationship to patient..... Date

What does it mean if I DO NOT have a Summary Care Record?

NHS healthcare staff caring for you may not be aware of your current medications, allergies you suffer from and any bad reactions to medicines you have had, in order to treat you safely in an emergency.

Your records will stay as they are now with information being shared by letter, email, fax or phone.

If you have any questions, or if you want to discuss your choices, please:

- phone the Summary Care Record Information Line on 0300 123 3020;
• contact your local Patient Advice Liaison Service (PALS); or
• contact your GP practice.

FOR NHS USE ONLY

Actioned by practice yes/no Date

Ref: 4705

CARERS IDENTIFICATION AND REFERRAL FORM

DO YOU LOOK AFTER SOMEONE WHO IS ILL, FRAIL, DISABLED OR MENTALLY ILL?

If so, you are a carer and we would like to support you. Please complete this form and hand it in to reception. If you agree, we will pass your details to Carers' Support, an organisation providing information and advice, local support services, newsletters and a telephone linkline for carers.

If you would like, we can also refer you for to have your needs assessed by Carer's Support. A carer's assessment is a chance to talk about your needs as a carer and the possible ways help could be given. It can also look at the needs of the person you care for. This could be done separately, or together, depending on the situation. There is no charge for an assessment.

YOUR DETAILS:

Name	
Date Of Birth	
Address	
Post Code	
Telephone Number	
Any relevant information	

DETAILS OF THE PERSON YOU LOOK AFTER:

Name	
Date Of Birth	
Address (If Different From Above)	
Post Code	
Telephone Number	
GP Details (If Different From Your Own)	

- Please pass my details to the Carers Service.
- Please refer me to Carers' Support for a Carers Assessment.

Thank you for completing this form

Information to Keep -

Support advice for Carers

A Carer is someone who, without payment provides help and support to a relative, friend or neighbour, who could not manage without their help due to physical or mental illness, addiction or disability. Becoming a Carer can happen to anyone at any time and affects people from all cultures and of all ages.

If you are a carer for someone, please let the practice know about your caring responsibilities.

Carers' Support — Canterbury, Dover & Thanet is a registered charity, set up in 2001 which provides access to support, information and services for Carers in the Canterbury, Dover and Thanet areas. Carer's Support will be providing a drop in session at Balmoral Surgery from 9am-11am on the first Thursday of every month. Patients can come to the surgery during this time to find out more about the service, or speak to someone from the service confidentially.

If you are unable to visit one of the drop in sessions, but would like to know more about this service please visit <http://www.carers-supportcdt.org.uk/>

Text Messaging Service

Balmoral Surgery uses a text messaging service to remind patients of the date and time of their appointment, and also to send patients relevant Health Promotion messages. Receiving the text message is free. If you have provided the surgery with a mobile number, and have consented for your number to be used for this service, you will receive these reminders from the Practice. Please be aware that you can opt out of this service at any time by speaking to a receptionist.

You are responsible for informing us of any changes to your mobile telephone number.

Electronic Prescription Service

Balmoral Surgery offer electronic transfer of prescriptions direct to the patient's choice of Pharmacy. This means there is no need for a paper prescription and it will cut down the interactions the patient needs to make to order and collect their prescription and then their medication. Once ordered, the prescription will transfer electronically directly to the Pharmacy meaning the patient does not need to call at the Surgery to collect a paper prescription. Patients who are interested in this service should contact reception for more details and to nominate their chosen Pharmacy.

Online Repeat Prescriptions & Appointments

Patients can make appointments online, and order their repeat medication online. Please enquire at reception for more information and to register for this service. After registration appointments can be made, and prescriptions ordered by going to www.patient-services.co.uk

Surgery Closures

Please note that Balmoral Surgery is closed from 1pm on some days once a month to allow the doctors and staff to have protected learning time. These sessions are arranged by the South Kent Coast Clinical Commissioning Group and offer the opportunity for the Surgery teams in our locality to get together for training purposes.

These sessions are usually on a Thursday afternoon once a month. A full list of closure dates can be found in reception and on the Practice Website (www.balmoralsurgery.com). During these sessions, access to medical services can be made by dialling 111 for the NHS 111 service.