

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><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.

**SONNING COMMON HEALTH CENTRE
NEW PATIENT QUESTIONNAIRE**

Welcome to Sonning Common Health Centre. Please help us by filling in our questionnaire, as it may take some time for your previous medical records to reach us. The information provided will help the practice to provide you with good medical care.

Full name:		Title (e.g. Mr/Mrs/Dr)	Today's Date:
Home Telephone number:		Date of birth:	
Mobile number:		Marital status:	
e-mail address:		Occupation:	
Can we contact you by:	Text: YES / NO	Email: YES / NO	
Are you a carer? YES / NO <i>(If yes, please ask for a carers form at reception)</i>		Does somebody care for you? YES / NO <i>(If yes, please advise name and contact no.)</i>	
Are you a Veteran or have you ever served in the Armed Forces? YES / NO			

MEDICAL HISTORY			
Please tick the appropriate box(es) if you have been diagnosed with any of the below :			
<input type="checkbox"/> Asthma	<input type="checkbox"/> COPD	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Coronary Heart Disease
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Stroke	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Rheumatoid Arthritis
<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Cancer	<input type="checkbox"/> Dementia	<input type="checkbox"/> Atrial Fibrillation
<input type="checkbox"/> Hypothyroidism	<input type="checkbox"/> Other		
Height:		Weight:	
Do you have any allergies? YES / NO		If yes, which?	

PRESCRIBED MEDICATION	
Are you on regular/repeat medication? YES / NO <i>(If yes, please bring copy of repeat slip to your first GP Appointment)</i>	
Are there any medications that upset you? YES / NO	If yes, which one(s)?

Non-Dispensing Patients ONLY		
Please nominate a dispensary		
<input type="checkbox"/> Day Lewis – Sonning Common	<input type="checkbox"/> Tesco Henley	<input type="checkbox"/> Other - please provide Pharmacy name and location:
<input type="checkbox"/> Lloyds – Emmer Green	<input type="checkbox"/> Boots - Henley	
<input type="checkbox"/> Rowlands - Caversham	<input type="checkbox"/> Boots - Caversham	

FOR WOMEN	
We can provide a full range of contraceptive services at the health centre.	
Do you take the contraceptive pill? YES / NO	Have you had a cervical smear in the last 5 years? YES / NO
Do you have a coil fitted? YES / NO	

LIFESTYLE				
Smoking: Please complete one of these lines	a. Current Smoker		What do you smoke? CIGARETTES / PIPES / CIGARS	How many a day?
	b. Ex-Smoker		When did you stop smoking?	
	c. Never Smoked		As you will be aware, smoking can damage your health	
Would you like advice on giving up smoking? YES / NO				

Alcohol: A total of 5+ on the table below indicates hazardous or harmful drinking



Questions: Please answer	Scoring System					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	7-9	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	

If you score 5+ please make an appointment to see your GP. (Admin use only- code 38D4)

ETHNICITY – please tick							
White		Mixed/Multiple ethnicity groups		Black/African/Caribbean /Black British		Asian/Asian British	
A British		E White & Black Caribbean		I African		L Indian	
B Irish		F White & Black African		J Caribbean		M Pakistani	
C Gypsy/Irish Traveller		G White & Asian		K Other black		N Bangladeshi	
D Other white		H Other mixed				O Chinese	
Other		Q Arab		R Any other		P Other Asian	

First language spoken:	Do you need an interpreter? YES / NO
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For practice use only

Date received:	GP	Call for (GP to tick): Medication review <input type="checkbox"/> New patient review <input type="checkbox"/>
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Summary Care Record and Oxfordshire Care Summary – your choice

Please note that these records are **NOT CONNECTED** with the Health and Social Care Information Centre (HSCIC) single database care.data project, and will be used **only** for the purpose of enabling informed care to be supplied directly to you as an individual.

Your patient record is held securely and confidentially on the electronic system at your GP practice.

If you require treatment in another NHS healthcare setting such as an Emergency Department or Minor Injury Unit, those treating you would be better able to give you appropriate care if some of the information from the GP practice were available to them.

This information can now be shared electronically via:

1. **The Summary Care Record:** used nationally across England
2. **The Oxfordshire Care Summary:** used locally across Oxfordshire

In both cases, the information will be used **only by authorised health care professionals directly involved in your care**. Your permission will be asked before the information is accessed, unless the clinician is unable to ask you and there is a clinical reason for access.

A parent or guardian can request to opt out children under 16 but ultimately it is the GP's decision whether to create the records or not, because of their duty of care to the child. If you are the parent or guardian of a child under 16 and feel that they are able to understand, then you should make this information available to them.

Are you happy for us to share this electronic information with clinicians in other NHS organisations who are involved in your care? If you would rather we didn't, we will put an entry on your record which will prevent your information from being shared.

Please select ONE option in BOTH tables below and complete patient details overleaf.

<i>Your choice for <u>SCR</u></i>	<i>Please tick <u>one</u> box only</i>
I would like my information shared through the Summary Care Record	
I do not want my information shared through the Summary Care Record	
I would like a Summary Care Record with additional information added **	

<i>Your choice for <u>OCS</u></i>	<i>Please tick <u>one</u> box only</i>
I would like my information shared through the Oxfordshire Care Summary	
I do not want my information shared through the Oxfordshire Care Summary	

It is important to complete and return this form, as your new practice cannot make a decision for you. Without your direction, we cannot guarantee that your wishes will be met, even if you have previously made a similar choice in another practice.

Patient details (please write in CAPITAL LETTERS)			
Title:		Forenames:	
Surname/Family name:			
Address:			
Phone number(s):			
Date of birth:		NHS number (if known):	
<i>If the person signing below is not the patient, please also enter the signatory's name and relationship to the patient, e.g. PARENT, GUARDIAN, ATTORNEY</i>			
Full name:		Status:	
Signature:		Date:-	

Differences between the Oxfordshire Care Summary and the Summary Care Record		
	Oxfordshire Care Summary	Summary Care Record
Shared	<ul style="list-style-type: none"> Across Oxfordshire Across health care settings, including urgent care, community care and outpatient departments With GPs, and with clinicians employed by Oxford Health NHS Foundation Trust and Oxford University Hospitals Trust 	<ul style="list-style-type: none"> Across England Across health care settings, including urgent care, community care and outpatient departments With GPs, and with clinicians employed by any NHS Trust or organisation involved in your care across England
Information source	<ul style="list-style-type: none"> GP record Other medical records held by different NHS organisations in Oxfordshire 	<ul style="list-style-type: none"> GP record
Content	<ul style="list-style-type: none"> Your current medications Any allergies you have Any bad reactions you have had to medicines Your medical history and diagnoses Test results and X-ray reports Your vaccination history General health readings such as blood pressure Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls Care / management plans Correspondence such as referral letters and discharge summaries. 	<ul style="list-style-type: none"> Your current medications Any allergies you have Any bad reactions you have had to medicines <p>**Additional information includes:</p> <ul style="list-style-type: none"> - Significant problems (past and present) - Significant procedures (past and present) - Anticipatory care information - End of life care information – as per EOLC dataset ISB 1580 - Immunisations <p>Further information can be added (upon request to your GP)</p>
For more information, visit:	<ul style="list-style-type: none"> http://www.oxfordshireccg.nhs.uk/your-health/oxfordshire-care-summary/ 	<ul style="list-style-type: none"> www.nhscarerecords.nhs.uk http://systems.hscic.gov.uk/scr/gppractices/additional/index.html http://www.oxfordshireccg.nhs.uk/your-health/summary-care-record/