

BURTON LATIMER MEDICAL CENTRE

Dr C N Spencer Dr R Child Dr A Raja Dr Rose
Higham Road, Burton Latimer, Northamptonshire NN15 5PU Tel: 01536 723566

Adult Patient and Practice Agreement (Over 18's only)

We accept registrations from patients living in the following areas:

Barton Seagrave, Broughton, Burton Latimer, Cranford, Finedon, Gt. Addington, Gt. Harrowden, Irthlingborough, Ise Lodge, Isham, Lt. Addington, Lt. Harrowden, Orlingbury, Pytchley, Twywell.

We DO NOT cover Kettering

General information

- With the exception of your signature please print your details clearly
- Make sure you sign and date all sections where required

GMS1 Form

- Please complete ALL sections
- There is a section on the back of the form for you to indicate your wishes regarding blood/organ donation. Please consider completing this section carefully as it may save a life in the future. Do remember to sign it though; it is not valid unless you do!

Practice and Patient Agreement Form

- 1 photo ID (driving licence or passport)
- 1 document with name and address confirming your current address

These documents must be provided to support applications for over 18 year olds

Summary Care Record

- Your summary care record is your basic demographic information, major problems and allergies and is available to authorized health care workers across England. This information can only be accessed with your permission. Within the questionnaire you will need to record your preference.

Without the above information we will be unable to process your application.

All adult applications MUST be presented by the person concerned.

We are not able to accept registrations on behalf of a partner.

UK residents and those residing in the UK for legal and settled purpose, AND living within the practice area, are entitled to register with us. Proof of eligibility will be required for asylum seekers, students and those with a visa. UK citizens who now live abroad for most of the year may not be entitled to free NHS care. European Economic Area (EEA) rules apply for those residing in a member state.

Please produce the following documents:

UK resident – Photo ID Passport or Driving Licence	Staff Initials	UK resident – Address Evidence Council Tax Bill or Paid Utility Bill or Wage Slip / Bank Statement (must be no more than 3 months old)	Staff Initials
NON EEA (Patients outside the EEA) Visa or Residence permit or Work permit for more than six months		NON UK BUT WITHIN EEA (Non UK Patients but within the EEA) Valid EEA passport or Identity Card AND evidence of address	

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 of 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 organizations (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 EHI, 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 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 <u>non-UK</u> 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:	
	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/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GPO appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of costs 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.

NHS		Family Doctor Services Registration						GMS1	Reg. GP (Office use)
Patient's Details PLEASE COMPLETE IN BLOCK CAPITALS, PRINT CLEARLY & SIGN BELOW									
Mr		Master		Mrs		Miss		Ms	Surname:
Date of Birth:					/		/		First Name:
NHS number:								Previous Surname:	
Male				Female				Town and Country of birth:	
Home Address:									
Post Code:				Preferred Telephone Number:					
Previous Address in the UK:									
Name and Address of Previous Doctor:									
<u>IF YOU ARE FROM ABROAD</u> 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:									
<u>IF YOU ARE RETURNING FROM THE ARMED FORCES</u> Address before enlisting:									
Post Code:						Service number:			
Enlistment date:						Discharge date:			
Patients Signature (I can confirm the above information is correct)				Signature on behalf of Patient (I can confirm the above information is correct)				Date:	

Family doctor services registration

GMS1

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 information, please visit the website www.uktransplant.org.uk or call 0300 123 23 23

NHS Organ Donor registration

I would like to join the NHS Blood Donor Registration 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.....

My preferred address for donation is: (only if different from above e.g. your place of work)

Postcode:

Please complete as much of the information below as possible.

This will help with your consultations until we obtain the records from you previous GP.

Name: Mr/Mrs/Miss/Other: Date of Birth:

Address:

Home No:..... Mobile No: Work No

Email address:

Marital status: 1st Language Spoken: Height: Weight:

Next of kin Relationship Phone

Nominated Pharmacy	Lloyds B/Latimer		Finedon		Tesco Kettering		Other	(Please state)
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Ethnicity (please select one of the choices below)

WHITE		MIXED		ASIAN OR ASIAN BRITISH		BLACK OR BLACK BRITISH		OTHER (Please State)
British		White & Black Caribbean		Indian		Caribbean		
Irish		White and Black African		Pakistani		African		
Other White Background		Other Mixed Background		Bangladeshi Other Asian		Other Black Background		

Where were you born?

Have you ever smoked? Yes / No If YES do you still smoke? Yes / No

Do you drink Alcohol? Yes / No If YES how many units per week
1 unit = 1 measure of spirit OR 1 small glass of wine OR ½ pint of beer/lager

Do you have a carer? Yes / No If YES please give name and contact number:

Are you a carer? Yes / No If YES please give name and relationship to you:

Are you allergic to anything? If YES please give details on separate sheet*

Yes / No	
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Summary Care Record

This is a copy of key information from your GP record (name, address, date of birth, NHS number, current medication allergies and details of bad reaction to medicines in the past). This information may be shared with NHS and urgent and emergency care services such as NHS 111, 999 and A&E departments.

Please tick

I DO agree to have my details shared as part of a Summary Care Record based on this information, healthcare professionals can make judgements about my care going forward.	
I DO NOT agree to have my details shared and have completed the attached form	

Past Medical History

Do you or any of your close family suffer or have suffered from any of the below?

	YOU	FAMILY MEMBER (please give relationship)	Date of Onset	Notes
High Blood Pressure				
Heart Disease				
Diabetes				
Asthma				
Epilepsy or seizures				
Kidney Disease				
Thyroid problems				
Cancer				
Stroke				
Migraine				
Mental Health problems				

Immunization Record (Please give dates if known)

Tetanus	BCG or Montoux Test (for TB)
Diphtheria	Hepatitis A
Polio	Typhoid
MMR 1 st 2 nd	Pneumococcal
Meningitis C	OTHER

Are you currently taking any medication? YES / NO	If YES please attach your repeat medication list. You will need to make an appointment with a doctor before any repeats will be issued if you are unable to provide your repeat medication list.
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Please give details of any surgical operations or serious medical problems along with the appropriate dates on a separate sheet.

Please give details of any disabilities, learning or otherwise, on a separate sheet.

Women Only

Contraception (please give details of which type you are currently using and how long))

Contraceptive Pill	Implanon Injection	Coil	Monthly Injections	Other
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Have you ever had a cervical smear test? YES / NO	If YES when and where?
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Have you ever had a mammogram? YES / NO	If YES when and where?
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Children (Please specify the children you have had)

Name	Date of Birth	Difficulties with Pregnancy or Birth

Have you ever had any miscarriages? YES / NO	If YES please give dates
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TO BE COMPLETED BY ALL PATIENTS

If you have any questions as a result of completing this form please make an appointment to discuss them with a Practice Nurse, Nurse Prescriber or Doctor.

Thank you for taking the time to complete this document. Please read the Practice booklet which will give detail of all the services and clinics we offer.

I confirm that the information I have given is correct to the best of my knowledge.

Signed.....

Date.....

Online Access

I would / would not like* to be registered to be able to book appointments, request medication and update your personal information online. (* = delete as necessary)

Details of additional information:



Your emergency care summary

New patient letter

Dear Patient

Summary Care Record – your emergency care summary

The NHS in England is introducing the Summary Care Record, which will be used in emergency care.

The record will contain information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had, to ensure those caring for you have enough information to treat you safely.

Your Summary Care Record will be available to authorised health care staff providing your care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill, health care staff treating you will have immediate access to important information about your health.

Your GP practice is supporting Summary Care Records and as a patient you have a choice:

- **Yes I would like a Summary Care Record** – you do not need to do anything and a Summary Care Record will be created for you.
- **No I do not want a Summary Care Record** – enclosed is an opt out form. Please complete the form and hand it to a member of the GP practice staff.

If you need more time to make your choice you should let your GP practice know.

For more information talk to your GP practice staff, visit the local website at www.northamptonshire.nhs.uk/scr or www.nhscarerecords.nhs.uk or telephone the dedicated NHS Summary Care Record Information line on 0300 123 3020.

Additional copies of the opt out form can be collected from GP practice, printed from the website www.nhscarerecords.nhs.uk or requested from the dedicated NHS Summary Care Record Information line on 0300 123 3020.

You can choose not to have a summary care record and you can change your mind at any time by informing your GP practice.

If you do nothing we will assume that you are happy with these changes and create a Summary Care Record for you. Children under 16 will automatically have a summary care record created for them unless their parent or guardian chooses to opt them out. If you are a parent or guardian of a child under 16 and feel that they are old enough to understand, then you should make this information available to them.

Yours sincerely
Burton Latimer Health Centre



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

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 a 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