

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 GP practice while at that address
	Address of previous GP practice

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

Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: ☐ Regular ☐ Reservist ☐ Veteran ☐ Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting:

Postcode

Service or Personnel number: Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

<input type="checkbox"/> I live more than 1.6km in a straight line from the nearest chemist <input type="checkbox"/> I would have serious difficulty in getting them from a chemist	<i>*Not all doctors are authorised to dispense medicines</i>
<input type="checkbox"/> Signature of Patient <input type="checkbox"/> 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

Signature confirming my consent to join the NHS Organ Donor Register Date / /

Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit www.organdonation.nhs.uk or call 0300 123 23 23 to register your decision.

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 my consent to join the NHS Blood Donor Register Date / /

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

Postcode:
 All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

NHS England use only Patient registered for ☐ GMS ☐ Dispensing

To be completed by the GP Practice

Practice Name

Practice Code

☐ I have accepted this patient for general medical services on behalf of the practice

☐ I will dispense medicines/appliances to this patient subject to NHS England approval.

I declare to the best of my belief this information is correct

Authorised Signature

Name

Date ____/____/____

Practice Stamp

SUPPLEMENTARY QUESTIONS - These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

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 <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	DD/MM/YY
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	DD/MM/YY
PRC validity period (a) From:	DD/MM/YY	(b) To: DD/MM/YY

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.

SWC Medical Group

Dr Alex Trompetas & Partners



SELSDON PARK
97 Addington Road
Selsdon
CR2 8LG

WARLINGHAM GREEN
1 Church Road
Warlingham
CR6 9NW

CHALDON ROAD
Chaldon Road
Caterham
CR3 5PG

WHYTELEAFE
19 Station Road
Whyteleafe
CR3 0EP

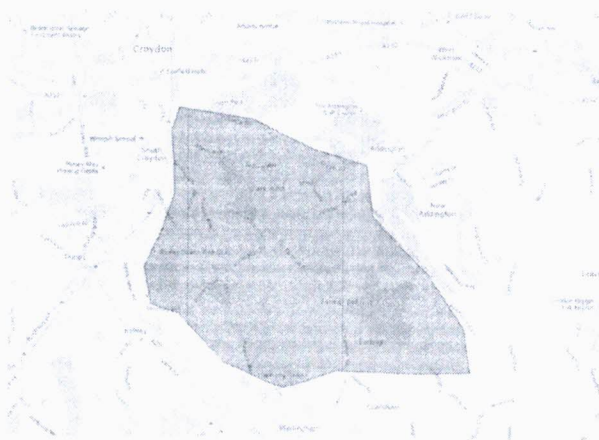
NHS REGISTRATION POLICY

Registering patients

Introduction

Selsdon Park Medical Practice is currently running an open list for all new patients.

The practice boundary is pictured below.



Any out of area patients will be seen only if they require immediate and necessary treatment and will be registered as such on the clinical system.

Eligibility for registration

It is practice policy that before any patient is successfully registered they need to conform to the details below:

- We have a catchment area within which the patient must live.
- We require their **Full name, Date of Birth, Current Address and previous GP details.**

Identity verification requires two supporting documents, one of which **MUST** confirm that the patient's address is within our catchment area and the other to show proof of identity.

- **Proof of identity – i.e. A valid Passport, Photo Driving Licence, National Identity Card, Application Registration Card (ARC) and visa where applicable.**
- **Personal Bank/Credit Card, National Insurance Card or NHS Medical Card.**

- **Proof that the patient is ordinarily resident in the UK and have been for 6 months. I.e. Utility bill, tenancy agreement, bank statement, council tax bill or other official/government correspondence verifying proof of address.**

EVERYONE is eligible for:

- EMERGENCY CARE
- IMMEDIATE & NECESSARY TREATMENT

If the patient is seen by a GP under either of these categories it does not entitle them to permanently register with our practice. Should the patient require further treatment, they can register with us with the necessary documentation.

Patients are entitled to the full range of NHS Services if they are ORDINARILY RESIDENT in the United Kingdom (i.e. in the UK lawfully, voluntarily and as part of settled life.) This is irrespective of nationality, ethnicity or previous payment of UK taxes and National Insurance.

A person who intends to stay in the UK for less than six months would not usually be regarded as ordinarily resident and would therefore not be eligible to full registration.

Asylum seekers and refugees given leave to remain in the UK, or awaiting the results of application to remain, are regarded as ordinarily resident and entitled to full NHS GP treatment.

If a patient resides out of the UK for more than 90 days they **MAY NO LONGER QUALIFY** for the full range of NHS services. There is often confusion as to entitlement where a person goes to live or work overseas and may return intermittently to the UK, for example for a holiday or to see family and friends. A person who may be legitimately registered with a GP practice, but later decides to live, study or work overseas **would not** be entitled to continue to receive free NHS treatment, other than in an emergency if they returned to the UK for a holiday or short period before returning overseas. They should have surrendered their NHS medical card when leaving the country.

This action does not preclude the patient from receiving treatment in an emergency or if they require **Immediate & Necessary treatment**. If however treatment includes a hospital referral or any treatment delivered beyond Accident & Emergency in an Acute Hospital then it will be chargeable as a private patient.

It is strongly advised that patients arrange Private Health Insurance for future visits to the United Kingdom.

If the patient return's permanently to the UK they can apply to register with us but you will be expected to demonstrate that they have returned to re-settle for more than 6 months. Documentation as listed will be required.

**** Save time and use on-line services *****



Benefits of registering for online services are:

The ability to book appointments anytime ,order repeat prescriptions, view your test results and much more. Please ask the receptionist to activate your online registration.

Our practice leaflet can be accessed via our website. Please use the link below to view
<http://www.selsdonparkmedicalpractice.nhs.uk/practice-leaflet,63225.htm>

Tick the box to get signed up to online services via Patient Access ☐

Ethnicity

The Government requires us to collect data about the ethnic background of our patients. This information can help the Department of Health plan to meet the needs of the community and ensure that everyone has equal access to healthcare. Please note that we are not asking about citizenship or nationality but about the ethnic group to which you feel that you belong. Your care at the surgery will not be affected by your decision to complete or not complete this form.

Please complete the form below by ticking the box of the ethnic group you feel you belong to. If you feel you are descended from more than one group, please tick the one you feel you most belong to, or choose the “Any other ethnic group” box.

AO	White	British	
BO	White	Irish	
CO	White	Any other white background	
DO	Mixed	White and Black Caribbean	
EO	Mixed	White and Black African	
FO	Mixed	White and Asian	
GO	Mixed	Any other mixed background	
HO	Asian or British Asian	Indian	
JO	Asian or British Asian	Pakistani	
KO	Asian or British Asian	Bangladeshi	
LE	Asian or British Asian	Sri Lankan	
LO	Asian or British Asian	Any other Asian background	
MO	Black	Caribbean	
NO	Black	African	
PO	Black	British	
PD	Black	Any other Black background	
RO	Other ethnic groups	Chinese	
SO	Other ethnic groups	Any other ethnic group	

Main Spoken Language:	Religion:
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Your Name: _____ Date of Birth: _____

Health Questionnaire

It often takes a few weeks to get your records from your previous GP. It would be helpful if you could answer the following questions so that we have some background knowledge of your health. Thank you.

Please list any serious illness, operations or long-term health problems (EG: diabetes, blood pressure) that require medication:

Medication: if you currently take regular prescribed medication please make an appointment with the GP to have these added to your medical records

Drug allergies:

Preferred Chemist to use if you take regular medication:

Do you have any information or communication needs that we should be aware of?

I am deaf	Y/N
I require assistance with reading	Y/N
I require assistance with writing	Y/N
English is not my first language	Y/N

Are you a carer? Y/N

If yes whom for

Your relationship to the above named

Smoking

We actively encourage all our patients to give up smoking, even if you have tried before or are pregnant, contact us for more information.

Current Smoking Status:	Never smoked tobacco	
	Ex-Smoker	
	Cigarette Smoker	
	Rolls Own Cigarettes	
	Cigar Smoker	
	Pipe Smoker	
How many cigarettes/how many grams of tobacco do you smoke a day?		

Date Stopped Smoking:		
<div>Past Smoking Status:</div>	Ex trivial smoker <1 a day	
	Ex-light smoker 1-9 a day	
	Ex-moderate smoker 10-19 a day	
	Ex-heavy smoker 20-39 a day	
	Ex-very heavy smoker 40+ a day	
	Ex-smoker unknown amount	
	Ex-pipe smoker	
	Ex-cigar smoker	
	Ex-rolled tobacco smoker	

Alcohol

What is a unit of Alcohol?

One unit of alcohol is:-

- Half a pint of ordinary strength beer, lager or cider (3-4% alcohol by volume), or
- A small pub measure (25ml) of spirits (40% alcohol by volume), or
- A standard pub measure (50ml) of fortified wine such as sherry or port (20% alcohol by volume)

There are one and a half units of alcohol in:-

- A small glass (125ml) of ordinary strength wine (12% alcohol by volume), or
- A standard pub measure (35ml) of spirits (40% alcohol by volume)

Please answer the following questions:

Questions:	Scoring system					Your score
	0	1	2	3	4	
How often do you have 8 (men)/6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Only answer the following questions if your answer above is monthly or less:

How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative/friend/doctor/nurse been concerned about your drinking or advised you to cut down?	No		Yes but not in the last year		Yes, during the last year	

Height	
Weight	

Condition	Relative	Age at onset if known
Heart Attack		
Stroke		
High blood pressure		
Cancer		
Diabetes		
Asthma		
Other serious illness (please state)		

Female Patients Only

Date of last smear:	
Result:	
Where did you have your smear test done:	
Date of last mammogram (age 50 or over):	
Mammogram result:	

Next of Kin/Carer

Name				
Relationship to patient				
Telephone number				
Email address				
Emergency contact?	Yes		No	

Consent

I give consent for the Practice to leave messages on my answerphone/send me a text message/email me and understand this will remain in force until I notify the practice to the contrary:

Home Telephone Number:	
Mobile Telephone Number:	
Email Address:	

I understand that an email and messages may contain confidential information. The integrity and security of emails cannot be guaranteed on the Internet and an email at my place of work may be seen by colleagues. In the case of non-delivery, the email maybe forwarded to a general postmaster. **Please remember to inform the surgery of any changes to your email address.**

I give consent for the Practice to discuss any aspect of my medical treatments with the following person stated. I understand that I am consenting to the whole of my health record being available to those named below

Name of third partyRelationship

Signed **Dated**

Application Form for Online Access to my Medical Record for a Proxy

Patient Name	Date of birth
Address	
Proxy Name	Proxy
Proxy Surname	Proxy First Name
Proxy Date of Birth	Identification seen Y/N
E-mail address	
Address	

I confirm I consent to the above named proxy to have access to	Yes	No
Booking appointments	<input type="checkbox"/>	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>	<input type="checkbox"/>
Accessing my medical record	<input type="checkbox"/>	<input type="checkbox"/>

I will contact the practice as soon as possible if I wish the named proxy to be removed from my online account	<input type="checkbox"/>
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Patient Signature	Date
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SELSDON PARK
97 Addington Road
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WARLINGHAM GREEN
1 Church Road
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CR6 9NW

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Chaldon Road
Caterham
CR3 5PG

WHYTELEAFE
19 Station Road
Whyteleafe
CR3 0EP

Online Services Records Access

Patient information leaflet 'It's your choice'

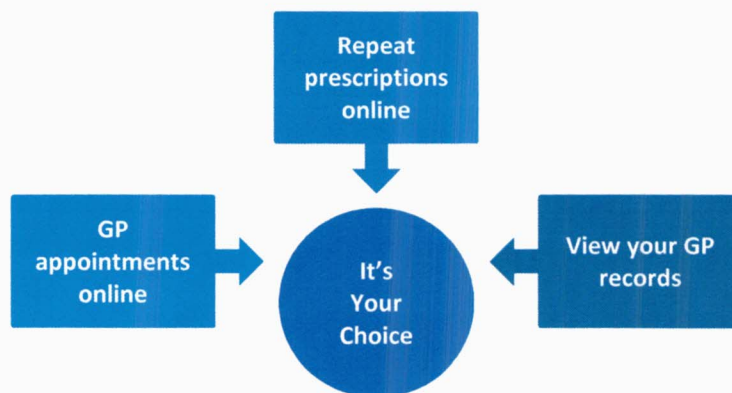
If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

The practice has the right to remove online access to services. This is rarely necessary but may be the best option if you do not use them responsibly or if there is evidence that access may be harmful to you. This may occur if someone else is forcing you to give them access to your record or if the record may contain something that may be upsetting or harmful to you. The practice will explain the reason for withdrawing access to you and will reinstate access as quickly as possible.

Please bring some Identity documents when you apply i.e. passport, driving licence, and a bank or building society statement or your application may be delayed.



It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

The information that you can see online may be misleading if you rely on it alone to complete insurance, employment or legal reports or forms.

Be careful that nobody can see your records on screen when you are using Patient Online and be especially careful if you use a public computer to shut down the browser and switch off the computer after you have finished.

Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Things to consider
Forgotten history There may be something you have forgotten about in your record that you might find upsetting.
Abnormal results or bad news If your GP has given you access to test results or letters, you may see something that you find upsetting. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them. If this happens please contact your surgery as soon as possible. The practice may set your record so that certain details are not displayed online. For example, they may do this with test results that you might find worrying until they have had an opportunity to discuss the information with you.
Choosing to share your information with someone It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure. If it would be helpful to you, you can ask the practice to provide another set of login details to your Online services for another person to act on your behalf. They would be able to book appointments or order repeat prescriptions. They may be able to see your record to help with your healthcare if you wish. Tell your practice what access you would like them to have.
Coercion If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.
Misunderstood information Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.
Information about someone else If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure
<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

Practice name

Please read the Patient Information Leaflet 'It's your choice' before completing this form

Application Form for Online Access to my Medical Record

Surname	Date of birth
First name	Email address
Address	Postcode
Telephone number	Mobile number

I wish to have access to the following online services (please tick Yes or No):

	Yes	No
Booking appointments	<input type="checkbox"/>	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>	<input type="checkbox"/>
Accessing my medical record	<input type="checkbox"/>	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick)

I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

Patient Signature	Date
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For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (name)	Date	Method	
		Vouching <input type="checkbox"/>	
		Vouching with information in record <input type="checkbox"/>	
		Photo ID and proof of residence <input type="checkbox"/>	Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Bank Statement <input type="checkbox"/> Building Society statement <input type="checkbox"/>
Authorised by		Date	
Date account created			
Date passphrase sent (letter)			
Level of record access REQUESTED:	Date/ Notes:	Level of record access ENABLED:	Date/ Notes:
Summary Information <input type="checkbox"/>		Summary Information <input type="checkbox"/>	
Detailed <input type="checkbox"/>		Detailed <input type="checkbox"/>	
Limited parts <input type="checkbox"/>		Limited parts <input type="checkbox"/>	
All <input type="checkbox"/>		All <input type="checkbox"/>	
Contractual minimum <input type="checkbox"/>		Contractual minimum <input type="checkbox"/>	
Prospective <input type="checkbox"/>		Prospective <input type="checkbox"/>	
Retrospective <input type="checkbox"/>		Retrospective <input type="checkbox"/>	

FOR STAFF USE ONLY
Proof of Name and Proof of Address
Verification

Proof of name

Proof of address

Current signed passport	<input type="checkbox"/>	Utility bill (gas, electric, satellite television, landline phone bill) issued within the last three months	<input type="checkbox"/>
Original birth certificate (UK birth certificate issued within 12 months of the date of birth in full form including those issued by UK authorities overseas such as Embassies High Commissions and HM Forces)	<input type="checkbox"/>	Local authority council tax bill for the current council tax year	<input type="checkbox"/>
EEA member state identity card (which can also be used as evidence of address if it carries this)	<input type="checkbox"/>	Current UK driving licence (but only if not used for the name evidence)	<input type="checkbox"/>
Current UK or EEA photocard driving licence	<input type="checkbox"/>	Bank, Building Society or Credit Union statement or passbook dated within the last three months	<input type="checkbox"/>
Full old-style driving licence	<input type="checkbox"/>	Original mortgage statement from a recognised lender issued for the last full year	<input type="checkbox"/>
Photographic registration cards for self-employed individuals in the construction industry -CIS4	<input type="checkbox"/>	Solicitors letter within the last three months confirming recent house purchase or land registry confirmation of address	<input type="checkbox"/>
Benefit book or original notification letter from Benefits Agency	<input type="checkbox"/>	Council or housing association rent card or tenancy agreement for the current year	<input type="checkbox"/>
Firearms or shotgun certificate	<input type="checkbox"/>	Benefit book or original notification letter from Benefits Agency (but not if used as proof of name)	<input type="checkbox"/>
Residence permit issued by the Home Office to EEA nationals on sight of own country passport	<input type="checkbox"/>	HMRC self-assessment letters or tax demand dated within the current financial year	<input type="checkbox"/>
National identity card bearing a photograph of the applicant	<input type="checkbox"/>	Electoral Register entry	<input type="checkbox"/>
		NHS Medical card or letter of confirmation from GP's practice of registration with the surgery	<input type="checkbox"/>

Seen and verified by:- Name:
Signature:

Date: