

# Lunesdale GP Surgery Registration Form

[www.lunesdalesurgery.co.uk](http://www.lunesdalesurgery.co.uk)

*Before registration is made, please call at the Surgery with photo ID.  
Until then your registration cannot be completed – thank you!*

## NHS Family Doctor Services Registration – 16 years and above

This information is put on your health record and is helpful in assessing your health needs.  
Please complete as fully as possible, if you do not wish to answer a question then leave it blank.

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other.....

Surname

First Name

Middle names

Previous surname

Date of birth

NHS Number (Compulsary)

Male ☐ Female ☐

Marital status

Your allocated GP is.....  
(However, you can see any GP of your choice subject to appointment availability)

Town and Country of birth

How would you describe your ethnic background (compulsory)?

(Asian or Asian British) Bangladeshi  
(Asian or Asian British) Other Background  
(Black or Black British) African  
(Black or Black British) Other Background  
(Mixed) White and Asian  
(Mixed) White and Black Caribbean  
(Other) Chinese  
(White) Irish

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(Asian or Asian British) Indian  
(Asian or Asian British) Pakistani  
(Black or Black British) Caribbean  
(Mixed) Other Background  
(Mixed) White and Black African  
(Other) Any  
(White) British  
(White) Other Background

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First Language – please specify (compulsory) \_\_\_\_\_

Home Address

**\*This surgery sends information by text SMS message to your mobile phone regarding appointments, healthcare and some test results. Do you wish to opt in? ☐ YES or ☐ NO**

Post code

Mobile telephone \*

Home telephone

Work telephone

Email address:

Signature.....

We need your permission to email simple requests/questions potentially with small amounts of medical information –as personal emails are not 100% secure

**Previous Home address and postcode: This helps us trace your medical records**

**Name of previous GP Surgery**

Whilst at that address

**If you are from abroad:**

Your first UK address where registered with a GP:

If previously resident in the UK: date of leaving .....

Date you first came to the UK.....

Have you recently been the subject of a custodial sentence? Yes ☐ No ☐

If Yes, Do you give consent to allow access to your prison health records? Yes ☐ No ☐

**If you are returning from the armed forces:**

Address before enlisting:

Service or personnel number:

Enlistment date:

Next of Kin:

Name of Next of Kin:

Relationship to patient:

Is next of kin a patient of the Lunesdale Surgery: Yes/No

Telephone Number:

Address:

**If you need your doctor to dispense medicines and appliances:**

☐ I live more than one mile in a straight line from the nearest chemist

☐ I would have serious difficulty in getting them from the chemist

Record Sharing:

✓ Please tick as appropriate

Summary Care Record

☐ Express consent to medication, allergies and adverse reactions only

☐ Express dissent (opted out). Patient does not want a Summary care Record

Local Shared Record

☐ Patient consents to sharing the detailed record

☐ Patient does not wish to share the detailed record

[Your data Matters to the NHS \(You can chose whether your confidential patient information is used for research and planning: \[nhs.uk/your-nhs-data-matters\]\(https://nhs.uk/your-nhs-data-matters\)](#)

**(See explanation for all three of the above on last page of Health Questionnaire)**

**SIGNATURE OF**

**PATIENT.....DATE.....**

## NHS Organ Donor Registration

### What has changed?

From 20 May 2020, all adults in England will be considered to have agreed to be an organ and tissue donor when they die unless they recorded a decision not to donate or are in one of the excluded groups.

This is commonly referred to as the opt-out system.

This means that if you have not confirmed whether you want to be an organ donor either by recording a decision on the [NHS Organ Donor Register](https://nhs.uk/organ-donation/register) or by speaking to friends or family it will be considered that you **agree to donate** your organs when you die.

Organ donation remains an act of great generosity. You still have the right to choose whether or not to be an organ donor. Your family will still be consulted about donating your organs when you die.

To register your decision visit [organdonation.nhs.uk](https://organdonation.nhs.uk)

### Patient Health Questionnaire (aged 16 and over).

NAME..... Date of birth.....

Do you have any communication / information needs relating to a disability, impairment or sensory loss? Yes ☐ (if yes please give details below) No ☐

### Smoking Status?

Never smoked	<input type="checkbox"/>		
Ex smoker	<input type="checkbox"/>	Estimate number of cigarettes a day	<input type="checkbox"/>
Current smoker	<input type="checkbox"/>	Estimate number of cigarettes a day	<input type="checkbox"/>
Other smoker	<input type="checkbox"/>	(e.g. pipe, cigar)	

### Alcohol Information

How many units of alcohol do you drink a week?  (One unit = half a pint of beer, a short or a glass of wine)

**Please complete the following:**

**Alcohol Users Disorders Identification Test (AUDIT) C**

Questions	0	1	2	3	4	Your score
How often do you have a drink containing 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	

**What would you assess to be your usual level of exercise?**

Non due to medical/physical reasons  
Do not take any exercise  
Light exercise

☐  
☐  
☐

medium exercise  
Heavy exercise.

☐  
☐

**Would you like advice about any of the following (please tick)?**

Smoking ☐ Alcohol ☐ Exercise ☐ Diet ☐

Breast Awareness ☐ Testicular self-exam ☐

**Are you currently receiving treatment for any of the following:**

Asthma,	Yes/ No
Respiratory disease,	Yes/ No
Diabetes,	Yes/ No
Hypertension,	Yes/ No
Heart Disease,	Yes/ No
Thyroid Disease,	Yes/ No
Cancer or other significant condition?	Yes/ No

Reception will make you an appointment with the nurse so we can obtain necessary information to offer ensure continuity of your care.

**Are you currently seeing a specialist for which you now need re-referral locally?**

Yes ☐ No ☐

Reception will make you an appointment with the Doctor as appropriate.

**Have you had your spleen removed?** month \_\_\_\_\_ year \_\_\_\_\_

Have you ever had a Pneumococcal vaccination? month \_\_\_\_\_ year \_\_\_\_\_

If you are female and 20 to 65 years of age, have you had a cervical smear in the last three years? Yes ☐ No ☐ Date \_\_\_\_\_ Result Normal/Abnormal

Have you recently come to the UK? ☐ (Including returning to the UK after overseas visits of more than 2 months)

Which country have you come to the UK from? \_\_\_\_\_

Please list any drugs you are currently taking or attach a copy from your last GP

Please specify any allergies you have

**If you are on repeat medication, please make an appointment with the Doctor/Nurse in good time for further supplies.**

Would you like your height and weight checked and recorded? Yes ☐ No ☐

Would you like your blood pressure taken and recorded? Yes ☐ No ☐  
(Recommended guidelines are to check this every 3 years)

Would you like your urine tested? Yes ☐ No ☐

Are you a carer for someone? Yes ☐ No ☐ Relationship \_\_\_\_\_

Do you have a carer? Yes ☐ No ☐ Name of Carer \_\_\_\_\_

Family history	Health Problems	If yes, please state relative
Details of health problems in Parents Brother/sisters	Heart disease in father/brother under 55yrs	
	Heart disease in mother/sister under 65yrs	
	Diabetes	
	Stroke	
	High Blood Pressure	
	Raised cholesterol	
	Breast disease (women only)	
	Glaucoma	

## RECORD SHARING

### Summary care Record (SCR)

There is a new Central NHS Computer System called the Summary Care Record (SCR). The Summary Care Record is meant to help emergency doctors and nurses help you when you contact them when the surgery is closed. Initially, it will contain just your medications and allergies.

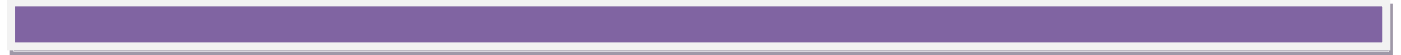
### Local Shared Record: (LSR)

Health Services in South Lakeland now have the ability to share some information from your medical records with other health services that provide you with care. This information is limited, is called a local shared record and is not linked to the national system, (Summary Care Record). It does not copy details and file them in a national database, rather making a view available if needed with your consent at some point in the future.

Only healthcare professionals directly involved with your care can see your shared record and only at the time they are treating you. This may include Cumbria health on-call (CHOC), Accident and Emergency departments, community nurses and physiotherapists.

**Your Data Matters to the NHS.** Information about your health and care helps the NHS improve individual care, speed up diagnosis, plan your local services and research new treatments. You can choose whether your confidential patient information is used for research and planning. To find out more visit [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters)

**Type 1 Data Opt-out.** The data held in your GP medical record is shared with other healthcare professionals. It is also shared with other organizations support health care and planning. If you do not want your personal data shared, you can register an opt-out with your GP practice.



### Identification

When registering with this practice we will require you to produce two forms of identity

#### One from Group 1 - Photo ID

- Current Passport
- Current driving licence – photocard

#### One from Group 2 – Address ID

- Bank or building society statement (issued in last 3 months)
- Utility Bill or Council Tax statement (issued in last 3 months)

Please speak to a member of staff if you are unable to produce either of the above

## OVERSEAS DECLARATION for all patients not ordinarily resident in the UK

### 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 HS 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 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 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.**

**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><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	(b) To: 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.

Signed:		Date:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

## Patient on-line access

As a new patient to the Lunesdale Surgery, we would like to introduce the NHS App for your mobile phone or tablet [NHS App and your NHS account - NHS \(www.nhs.uk\)](https://www.nhs.uk) which will enable you to book/cancel appointments 24/7. Also, by completing the form below you will be able to order your repeat medication on-line and access your medical record from the date of your registration with us.

**We would encourage you to apply for full retrospective on-line access. Ask Reception for the application form, which we can arrange in most circumstances once your medical records have been received.**

For non-smart phone users completing this form will enable you to use the internet to book appointments with a GP and order any repeat medication you may have.

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 these details with a family member or carer. You can also still contact us by telephone or in person at reception for these services. It's your choice.

**It will be your responsibility to keep your login details 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 we can remove on-line access until you are able to reset your password.**

**If you print out any information from your record it is your responsibility to keep it safe and secure.**

**I wish to apply for the following on-line access:**

☐ **Make appointments and order repeat medication.**

**And**

☐ **Have prospective access to my medical record from the date of registration with this practice.**

**FULL NAME**.....

**DATE OF BIRTH**.....

**YOUR EMAIL ADDRESS** (Email address must be unique to you)

.....

**SIGNED**.....

**Date**.....

The practice requires evidence of ID when you register with us. If for any reason, we do not see ID at the time of registration you may need to provide this before we can action this request. We will forward your PIN letter to you by email. The practice has the right to remove on line access to services for anyone who doesn't use them responsibly.