



Please complete in BLOCK CAPITALS and tick ☒ as appropriate

25/06/2021 10:14



Family doctor services registration

GMS1

To be completed by the GP Practice

Practice Name

Oakleigh Road Clinic

Practice Code

E83003

☐ 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 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 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.



New Patient Registration Form - **CHILD**

(0-15 years old)

Please complete this form and then email: oakleigh.reception@nhs.net along with photo ID (passport or driving licence) and proof of address (utility bill in the last 3 months)

PATIENT DETAILS

SURNAME*:	FIRSTNAME*:
DATE OF BIRTH*:	SEX*: MALE FEMALE NONBINARY
MOBILE PHONE No*:	HOME PHONE No*:
NHS NUMBER*:	

It is the responsibility of the patient to ensure the mobile contact number is still appropriate to receive SMS information on their behalf once the patient reaches 16 years old

ETHNICITY (Please tick ☒ a box)

White British	Mixed Other	Black African
White Irish	Indian	Black-Other
White Other	Pakistani	Chinese
White & Black Caribbean	Bangladeshi	Other ethnic group (enter below)
White & Black African	Asian-Other	
White & Asian	Black Caribbean	

PARENT / LEGAL GUARDIAN DETAILS

In line with the Government's Child Protection procedures, we are now required to ask for specific information on all new patients registering with us under the age of 16 years. We would very much appreciate your help in this matter, and any information you provide will be regarded as confidential.

NEXT OF KIN AND CARER STATUS

NAME OF MAIN CARER (with parental responsibility)*:	
RELATIONSHIP TO CHILD*:	CONTACT NUMBER*:
NAME OF SCHOOL:	
SOCIAL SERVICES INVOLVEMENT*:	
IF YES PLEASE PROVIDE DETAILS OF SOCIAL WORKER:	

MEDICAL INFORMATION

Does the child suffer from any allergies*:	If YES please provide further details below:
Does the child currently take any medication*:	If YES please provide further details below:
Does the child suffer from any significant ongoing medical problems*:	If YES please provide details below:
Has the child had any serious illness or operations in the past*:	If YES please provide details below:

FAMILY HISTORY(Please enter the member of your family with condition, i.e. mother, father, sister, brother)

Asthma:	CVA/TIA/Stroke:	Thyroid Disease:
CHD:	Cancer:	Diabetes:
Epilepsy:	Hypertension:	Other:

Vaccination History*

If your child is 0-5 years old kindly provide us with the information about your child immunisations that they have received. You **MUST** provide us with any records you have in your **RED Child Health Book** (vaccination history/book) when you register your child at the Practice. Your child's health record may also be available online, please visit www.eredbook.org.uk

Age Due	Vaccine	Tick if [] Yb	Date [] Yb	At GP 'Gi f[Yfm	Other 'j Ybi Y
Birth Onward	BCG, Hepatitis B course of 4 injection at birth,1,2 and 6mths				
2 months	1st 5-in-1 Vaccine, 1st Pneumococcal, 1st Rotavirus, 1st Men B				
3months	2nd 5-in-1 Vaccine, 2nd Rotavirus, 1st Men C (discontinued July 1st 2016)				
4months	3rd 5-in-1 Vaccine, 2nd Pneumococcal, 2nd Men B				
12 months	1st MMR, 3rd Pneumococcal, 3rd Men B, Hib/Men C,				
2-6 years	Children's flu vaccine (annual)				
3yrs 4 Months	4-in-1 pre-school booster, 2nd MMR				

Immunisation records are very important for the wellbeing of your child. Collecting this information will ensure that we have an up to date record, including when the next vaccinations are due.

If above vaccination history is not complete and/or missing it WILL DELAY your child's registration process.

ELECTRONIC PRESCRIPTION SERVICE (EPS)*

All prescriptions must be sent via EPS, where possible. This helps with paper wastage and means prescriptions can be sent straight to your preferred chemist. You must set this up now, even if you do not currently take any medication. You will be able to change your preference in the future, should you wish.

Please select from one of our local pharmacies below. This is not an exhaustive list, if you would like to use a pharmacy that isn't listed please enter their details.

Oakleigh, 253 Oakleigh Rd, N20 0TX

☐

Boots Chemist, High St N20

☐

Shore, 79 Russell Lane, N20 0BA

☐

Hampden Square, 14A Hampden, N14 5JR

☐

Other pharmacy not stated above (name and address including postcode):

TEXT MESSAGE COMMUNICATION (to be completed by age appropriate child)

The practice communicates heavily by text message. Please read the following carefully.

I consent to the practice contacting me on my mobile number by text message for any purpose relating to my health, including appointment reminders, health promotion and confidential medical information.

I acknowledge that I must cancel appointments in advance, if I am unable to attend, by replying to the appointment confirmation text message. Failure to do so may result in my removal from the practice.

I understand that it is my responsibility to make sure my contact details are correct and update the practice of any changes to that information. Oakleigh Road Clinic will not be held responsible for confidential information being sent to incorrect contact details in this case.

I am happy to receive **all** information,
including clinical information by text*

I do **not** wish to receive any
information by text*

CONSENT

It is the responsibility of the patient to ensure their consent record remains the same once they are 16 years old

MEDICAL RECORD SHARING allows your GP Medical Records to be made available to authorised healthcare professionals involved in your care. **IF YOU DO NOT WANT YOUR GP RECORD SHARED TICK HERE:**

It is our policy to never sell any of your information to 3rd party organisations or share information which is not directly beneficial to the delivery of care to you individually or our practice population.

SUMMARY CARE RECORD contains details of your key health information - medications, allergies and adverse reactions. They are accessible to authorised healthcare staff in A&E Departments throughout England.

You will always be asked your permission before anybody looks at your Summary Care Record.

IF YOU DO NOT WANT TO SHARE YOUR SUMMARY CARE RECORD TICK HERE:

The **Care.data Programme** Collates information about you and the care you receive. It links information from all the different places where you receive care, such as your GP, hospital and community services, to help them provide a full picture of your medical needs and the care you are receiving. This data is made available to NHS Commissioners so that they can design integrated services and is shared with third parties for research purposes.

I WISH TO OPT OUT FROM MY PERSONAL CONFIDENTIAL DATA BEING SHARED OUTSIDE MY GP PRACTICE:

I WISH TO OPT OUT FROM MY DATA BEING SHARED WITH THIRD PARTIES:

CONSENT TO DISCUSS MY MEDICAL RECORDS this allows a family member to discuss your full medical records with your GP on your behalf.

I WISH TO GIVE

CONSENT TO DISCUSS MY MEDICAL RECORDS ON MY BEHALF.

RELATIONSHIP TO THE PATIENT

CONTACT NUMBER

PATIENT DECLARATION: To the best of my knowledge all the proceeding answers are true and correct.

Sign*

Print Name*

Date*