

# APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

ALL FIELDS MARKED \* ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE



## 1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK?      Yes      No      Will you be in the area for more than 3 months?      Yes      No  
*(If 'No', please complete a temporary resident form)*

Male \*      Female \*

Date of birth \*

Address \*

Title \*

Surname \*

Forenames \*

Previous surname \*

Postcode \*

Telephone #

Email address #

Mobile #

*# the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system.*

The following information can be found on your **current medical card**:

Community Health Index (CHI) number \*

NHS number \*

The following information can be found on your **birth certificate**:

Town of birth \*

Country of birth \*

Registered district of birth  
*(Scotland only)*

Mother's maiden name

## 2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP \*

Name and address of previous GP Practice in UK \*

Postcode \*

Postcode \*

### If you are from abroad:

Date you first came to live in the UK \*

If previously resident in the UK, date of leaving \*

Your most recent country of residence

### If you have served in the British Armed Forces:

Service Number

Enlistment date \*

Are you a Reservist?      Yes      No

If yes provide your address before enlisting \*

Leaving date \*

Postcode \*

Is this your first registration with a GP since leaving the armed forces?

Yes      No

### 3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to [www.organdonationscotland.org](http://www.organdonationscotland.org)

### 4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "[How the NHS handles your personal health information](#)" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

### 5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature

Date \*

Representative's name (if applicable)

Relationship to patient (if applicable)

### 6. FOR PRACTICE USE

GP reference number

GP name

Practice code

#### Identification seen – do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert	Student ID card	Driving licence	Passport or HC2 cert	Home Office app reg card	Other / None
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I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature

Date \*

### 7. FOR OFFICIAL USE ONLY

Input by

Checked by

Date

Practice stamp

# New Patient Information Card

Do you need an interpreter or sign language support?  Y  N

If you do need an interpreter, what language do you speak?

Surname	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Forename	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
DOB	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

Telephone No	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Mobile No	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Work No	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

As Langabhat is a multi site practice with several surgery sites available to you, could you please indicate which surgery you would prefer as default for picking up prescriptions and/or regular appointments:  
 Leurbost / Miavaig / Breaclete / Pairc / Borve / Carloway

Email Address

Consent to use email address for communication  
 Yes  No

Would you like us to text an appointment reminder?  
 Yes  No If YES please indicate to MOBILE / LANDLINE

Consent to leave Voicemail on mobile and/or landline?  
 Yes  No If YES please indicate on MOBILE / LANDLINE / or BOTH

Consent for Prescriptions to be collected by a 3<sup>rd</sup> party  
 Yes  No General consent for any person you ask to collect OR  
 Yes  No Consent for specific person(s) – please list .....  
 .....

Next of Kin (Name)

Next of Kin (contact number)

Marital Status  
 Single  Married  Living with partner  Separated  Divorced

Are you a Carer? (Please ask at reception for further information).  
 Yes  No

## Ethnic Origin

### White

Scottish     English     Welsh     Irish     British

Northern Irish

Gypsy Traveller

Polish

Other (please state)

### Asian

Pakistani     Indian

Chinese

Bangladeshi

Other (please state)

### Other Ethnic Group

African     Arab

Black

Caribbean

Other (please state)

## DATA SHARING

Are you happy to be included on the Emergency Care Summary (Please see attached leaflet)

*If not ticked, Implied Consent is default action*

Yes     No

If you have Diabetes, are you happy to be included in SCI Diabetes. SCI-Diabetes provides a fully integrated shared electronic patient record to support treatment of NHSScotland patients with Diabetes. It provides functionality for both Primary and Secondary Care Clinicians and includes speciality modules for Paediatrics, Podiatry, Diabetes Specialist Nursing and Dietetics.

*If not ticked, Implied Consent is default action*

Yes     No

eMRec – Your universal NHS Western Isles Health Record

Are you happy to be included in eMRec. Please see leaflet at Reception. *If not ticked, Implied Consent is default action.*

Yes     No

## Public Health Data Sharing

Are you happy to be included in Public Health Data Sharing. Any anonymised information extracted for this purpose shall be used to provide primary care intelligence for inclusion in data development services provided by the Health Board's Public Health Intelligence & Information (PHI) Department. This will be used to measure population health trends, support patient risk identification, inform service planning and undertake public health evaluations. The Department will also include the data from this project in the development of online reporting services to the Practice according to their information needs using a range of linked health datasets. *If not ticked, Implied Consent is default action.*

Yes     No