

Dr S McVerry & Dr D Thorpe

Ashley Surgery

The Old School

School Lane

Ashley

TF9 4LF

Tel 01630 672225

ashley.surgery@nhs.net

www.ashleysurgery.co.uk

Dear New Patient

Welcome to Ashley Surgery.

To enable us to begin to provide your healthcare it is vital that **all** of the registration documents in this pack are completed thoroughly.

Please complete:

- ✓ The purple GMS1 form, making sure you have signed the form once completed. (You can find a helpful user guide on the back of this page)
- ✓ New Patient Questionnaire
- ✓ Summary Care Record preference and signature
- ✓ Online Services Access Information and Request Form
(Patients who are over 16 only)

To register you at the Surgery, we also need you to provide photographic identity, such as a passport or driving licence. We will also need to see a document which states your address e.g. bank statement which must be dated within the last 3 months.

Please return the above completed forms to the surgery, ideally in an afternoon. **All of the registration documents need to be completed in full. If the documents are returned to the surgery incomplete, we cannot process your registration.**

Please note that registration forms returned by the postal service will not be accepted.

Thank you for your cooperation.

Ashley Surgery

GMS1 AND PATIENT INFORMATION SHEET

HELP GUIDE

Please complete the following fields:

- Title, Date of Birth, NHS number (if you already have one, obtainable from your previous GP or medical record card) and Gender.
- Surname, First Names, Previous Names if any, Town and Country of Birth, Home address with postcode and Telephone numbers.
- Previous address in the UK and last GP. This information is vital in order for us to trace your medical records and we cannot register you without this.
- If you are moving here from abroad please enter the date you first entered the UK and your first UK GP practice. If you are returning from abroad and have previously been registered under the NHS please enter the date you left the UK and the date you returned to the UK.
- If you are returning from the Armed Forces please enter your address before enlisting and enlistment date.
- Please sign the form and print your name /relationship if signing on behalf of the patient.
- If you wish to be a blood or organ donor please complete the Donor Registration section.
- The law around organ donation has changed; you now need to opt out if you do not want to become a donor. If you are undecided or do not want to become an organ donor please head to the NHS Organ Donation website at www.organdonation.nhs.uk or call 0300 123 23 23 to opt out.
- Any patients who are not ordinarily resident in the UK please read and complete the Supplementary Questions section.
- Please complete the patient information sheet with as much detail as possible to enable us to update your medical record. Please indicate your Summary Care Records preference and sign the form.

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

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 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.

NAMEADDRESS.....

Welcome to Ashley Surgery. In addition to the GMS 1 form, please complete the attached questionnaires. The information will be handled confidentially but if you are concerned about any of the questions leave them blank. After completion the questionnaire should be returned to the receptionist.

TODAY'S DATE

In a medical emergency who should we contact on your behalf:			
Name			
Address			
Telephone number		Relationship to you	
<u>ALLERGIES</u>	Are you allergic to any medications, substances or foods?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES please give details:

Are you Caring for Someone or does Someone Care for You?

A Carer is a person who is looking after or is responsible for the care of a relative, friend or neighbour who is mentally or physically disabled or whose health is impaired by old age.

Do You have a Carer? YES / NO If Yes, please give details about your carer:		Do You Care for Someone Else Who Can't Manage Without You? YES / NO If Yes, please give details about the person you care for:	
Name:			
Address:			
Telephone Number:			
Relationship to you:			

Please help us update your HEALTH Record:

1	Your Height			
2	Your Weight			
3	Your waist measurement (if known)	cm OR inches		
4	Do you smoke? If Yes, a. how many per day? b. for how many years have you smoked? If an ex-smoker, when did you stop? a. when did you stop? b. how many did you smoke? c. for how many years did you smoke?	YES / NO Cigarettes / Cigars per day: _____ Year stopped:		
5	Do you have a family history (father or brother under 55 years / mother or sister under 65 years) of Heart Disease? YES/NO			
	Do you have a family history of any of the following?			
	Stroke	YES / NO	Cancer	YES / NO
	Raised Blood Pressure	YES / NO	Diabetes	YES / NO

Ashley Surgery

Please complete the form below, using the attached ethnicity/language code list, attached

Please tick the box that applies to you.

WHITE		ASIAN OR BRITISH ASIAN		MIXED	
British		Indian/British Indian		White and Black Caribbean	
Any other white background – please specify:		Pakistani/British Pakistani		White and Black African	
		Bangladeshi / British Bangladeshi		White and Asian	
		Any other Asian background – please specify:		Any other mixed background – please specify:	
BLACK OR BLACK BRITISH		OTHER ETHNIC GROUP			
Black Caribbean / British Caribbean		Chinese			
Black African / British African		Other – please specify:			
Any other black background – please specify					
I DO NOT WISH TO ANSWER					
Please state your first language:					

Communication with our patients

We want to get better at communicating with our patients. If you have any information or communication needs we would like to find out how we can help to meet those needs.

For instance, we want to make sure you can read and understand any information we send you, if you find it hard to read our letters or if you need someone to support you at your appointments, please let us know.

Please tell us if you need information in any other format than standard print or if you have any special communication requirements.

(As per the Caldicott Committee Report on review of Patient Identifiable Information, published in December 1997)

We ask you for information so that you can receive proper treatment. We keep this information, together with details of your care, because it may be needed if we see you again.

Sometimes the law requires us to pass on information, for example, to notify a birth. The NHS Central Register for England & Wales contains basic personal details of all patients registered with a General Practitioner. The Register does not contain clinical information. You have a right of access to your health records.

EVERYONE WORKING FOR THE NHS HAS A LEGAL DUTY TO KEEP INFORMATION ABOUT YOU CONFIDENTIAL.

You may be receiving care from other people as well as the NHS, so that we can work together for your benefit we may need to share some information about you. We only ever use or pass information about you if people have genuine need for it in both your and everyone's interests.

Whenever we can, we shall remove details, which identify you as an individual. Anyone who receives information from us is also under legal duty to keep it confidential. We ensure that we have your written consent when passing medical information to non-medical persons, e.g. solicitor, insurance companies etc.

THE MAIN REASONS FOR WHICH YOUR INFORMATION MAY BE NEEDED ARE:

- Giving you health care and treatment.
- Looking after the health of the general public.
- Managing and planning the NHS, for example:
 - Making sure that our services can meet patient needs in the future
 - Auditing clinical records
 - Preparing statistics on NHS performance and activity
 - Investigating complaints or legal claims
- Helping staff to review the care they provide to make sure it's of the highest standard.
- Training and educating staff (but you can choose whether or not to be involved personally).
- Research approved by the local Research Ethics Committee. (If anything to do with the research would involve you personally, you will be contacted to see if you are willing to be involved first).

Please indicate below whether you are willing for your records to be reviewed by an Authorised person, as appropriate.

I am willing*/not willing* for my records to be reviewed by an Authorised person. I understand that no information will be divulged to anyone else.

Name (please use capitals):	
Date of Birth:	
Signed:	
Date:	

(* Delete as appropriate)

ALCOHOL CONSUMPTION

Name		DOB	
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Questions	
Do you drink alcohol?	YES / NO / NEVER
If YES : Weekly alcohol Consumption. Units per week
If NO , have you drunk in the past? If so, how much in an average week? Units per week Date stopped drinking

Fast Alcohol Screening Test (FAST)

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have 8 (men)/6 (women) or more units 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/health worker been concerned about your drinking or advised you to cut down?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Total						

If your score is greater than **3**, please complete the Alcohol Users Audit Questionnaire overleaf.

This brief intervention package is based on the Drink-Less programme originally developed at the University of Sydney as part of a W.H.O. collaborative study.
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UNITS



Pint of Regular Beer/Lager/Cider



Alcopop or Can of Lager



Glass of Wine (175ml)



Single Measure of Spirits



Bottle of Wine

Alcohol Users Audit Questionnaire

Name		DOB	
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Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 – 4 times per month	2 – 3 times per week	4+ times per week	
How many standard units do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you found you were not able to stop drinking once you had started?	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	
How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
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	
Have you or someone else been injured as a result of your drinking?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	

Thank you for completing this questionnaire. It will help us to look after you and your family.



Your emergency care summary

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 healthcare 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, the doctors 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 you can contact the dedicated NHS Summary Care Record Information Line on 0300 123 3020 or visit the website at www.nhscarerecords.nhs.uk.

Alternatively contact our local Patient Advice and Liaison Service (PALS) on 0800 030 4563 or email them at pals@northstaffordshire.nhs.uk.

Additional copies of the opt out form can be collected from the GP practice, printed from the website **www.nhscarerecords.nhs.uk** or requested from the dedicated NHS Summary Care Record Information Line on 0300 123 2030.

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 the 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

A handwritten signature in black ink, appearing to read 'Tony Bruce', with a stylized, cursive script.

Mr Tony Bruce
Chief Executive

Newcastle under Lyme office: Morston House, The Midway, Newcastle-under-Lyme, Staffordshire, ST5 1QG

Tel: 0845 602 6772

Newcastle under Lyme office: St George's Chambers, 31 Merrial Street, Newcastle-under-Lyme, Staffordshire, ST5 2AE

Tel: 0845 602 6772 Fax: (01782) 427415

Leek office: Moorlands House, Stockwell Street, Leek, Staffordshire, ST13 6HQ

Tel: 0845 602 6772

Fax: (01538) 487255