

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 *

Title *

Surname *

Forenames *

Previous surname *

Email address #

Address *

Postcode *

Telephone #

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

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 NHS Scotland 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	<input type="text"/>	Date *	<input type="text"/>
Representative's name (if applicable)	<input type="text"/>		
Relationship to patient (if applicable)	<input type="text"/>		

6. FOR PRACTICE USE

GP reference number	<input type="text"/>	GP name	<input type="text"/>
Practice code	<input type="text"/>		

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 Home Office Other / None
HC2 cert app reg card

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	<input type="text"/>	Date *	<input type="text"/>
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7. FOR OFFICIAL USE ONLY

Input by	<input type="text"/>
Checked by	<input type="text"/>
Date	<input type="text"/>

Practice stamp

Ethnic Origin

We would be grateful if you would take the time to complete this form. Information on ethnicity is important because of the need to take into account culture, religion and language in providing appropriate individual care. By gathering this information we can monitor our performance with regard to race equality, and effect necessary improvements.

Can you please indicate your ethnic group by ticking the appropriate box below. If you would prefer not to complete this form then please tick here

What is your ethnic group? Choose ONE section, then tick the appropriate box to indicate your ethnic group.

White

- Scottish
- British
- Irish
- Other white British ethnic group
- Any other White background (please write in)

Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background (please write in)

Asian, Asian Scottish or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (please write in)

Black, Black Scottish or Black British

- Caribbean
- African
- Any other Black background (please write in)

Chinese or other ethnic group

- Chinese
- Any other (please write in)

ARE YOU ALLERGIC TO ANY DRUGS? YES NO

DRUG NAME(S):

REACTIONS:

.....

OTHER ALLERGIES:

SIGNED:

Please share your Key Information Summary (KIS)

Your KIS allows you to improve your experience within the NHS in Scotland. KIS allows you to share your most important medical information with out of hours and emergency NHS staff to make sure you get the best and safest care possible.

The KIS is an extract summary of your most important medical history which is then accessed by a clinician working in the NHS, NHS 24, Scottish Ambulance Service or Out of Hours services. When you contact that service, they can access your KIS with you if you need care when the GP surgery is closed. These clinicians cannot access your normal records, but to provide safe care, they do need access to important information about you.

Your key information summary is not a copy of your entire GP electronic record but contains only key information including your main conditions, usual medications and allergies, your contact details and next of kin if recorded and any special notes or specific instructions you have made regarding your care if this is something that you have discussed with your GP.

The Key Information Summary is shared from your GP Practice to a secure central store called the Emergency Care Summary. It is only accessed if required by a clinician when you contact another service for medical attention.

If you wish any further information your GP/practice nurse will also be happy to discuss this with you.

If you are happy for this, please sign the attached consent form and we can enable this function on your medical record.

Key Information Summary Consent form

Print Name: _____

Date of Birth: _____

Signature: _____

I give consent creating of my Key Information Summary and for this to be shared with appropriate organisations if they require it.

Date: _____