

Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Surname
Date of birth				First names
NHS No.				Previous surname/s
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Town and country of birth		
Home address				
Postcode		Telephone number		

Please help us trace your previous medical records by providing the following information

Your previous address in UK	Name of previous doctor while at that address
	Address of previous doctor

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving	Date you first came to live in UK

If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number	Enlistment date

If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

**Not all doctors are authorised to dispense medicines*

I live more than 1 mile in a straight line from the nearest chemist

I would have serious difficulty in getting them from a chemist

Signature of Patient Signature on behalf of patient Date ____/____/____

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

Any of my organs and tissue or

Kidneys Heart Liver Corneas Lungs Pancreas Any part of my body

Signature confirming my agreement to organ/tissue donation Date ____/____/____

For more information, please ask at reception for an information leaflet or visit the website www.uktransplant.org.uk, or call 0300 123 23 23.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register Date ____/____/____

*For more information, please ask for the leaflet on joining the NHS Blood Donor Register
My preferred address for donation is: (only if different from above, e.g. your place of work)*

Postcode: _____

HA use only Patient registered for GMS CHS Dispensing Rural Practice

To be completed by the doctor

Doctors Name HA Code

- I have accepted this patient for general medical services For the provision of contraceptive services
 I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above HA Code

- I am on the HA CHS list and will provide Child Health Surveillance to this patient or
 I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above HA Code

- I will dispense medicines/appliances to this patient subject to Health Authority's Approval
 I am claiming rural practice payment for this patient.
 Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Practice Stamp

Authorised Signature

Name Date ____/____/____

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 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 non-UK 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

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.

Junction Health Centre

Arches 5-8, Clapham Junction Station,
Grant Road, London, SW11 2NU

Telephone: 0333 200 1718

Fax: 0333 200 1719

enquiries.thejunction@nhs.net

www.junctionhealthcentre.co.uk

In order to register as a regular patient at our surgery you must be living in SW11 and will need to book a new patient health check appointment with our HCA which will be a one off 20 minute appointment.

All registration forms must be completed prior to your booked appointment. Please also ensure to arrive 15 minutes prior to the appointment to allow us to check all documents required.

Requirements – Please provide one of each of the following to your appointment:

1. Proof of Address* (must be dated within the last 3 months) – We will only accept tenancy agreements, utility bills i.e. electricity, water, council tax, telephone, mobile phone, bank statements including building societies and credit cards, letter from bank/building society, addressed payslips, TV licence, letter from university, letter from home office, letter from inland revenue.

Please note: We DO NOT accept a UK Driver's licence as proof of address

2. Photo ID

- For British citizens we only accept - passport, UK full driving licence, UK birth certificate.
- European citizens – passport, European ID Card
- Other – passport and VISA

3. Urine Sample - You will be required to provide a urine sample before the new patient health check. Please ensure you have a sample bottle before you attend this appointment (can be collected from reception). Please refrain from drinking anything for an hour before your appointment. When carrying out the sample please fill the sample bottle over half way full and ensure it is the first catch of your urine that enters the sample bottle.

Following this appointment, but not before, you will then be able to book an appointment with a GP or a nurse. All GP appointments are a standard 10 minute and nurses are 15 minute. Please let reception know if you will be discussing more than one problem with the GP.

* If a person does not have any proof of address in their name, they must produce a letter from someone at the address stating they live there and must produce a document from the address list in the 3rd parties name, who signed the document.

The Junction Health Centre

New patient registration survey

We have been requested by NHS South West London to conduct a survey of all patients registering with us to determine the reason(s) for doing so:

Please select the appropriate option(s) below:

- | | |
|---|---|
| <input type="checkbox"/> New to area | <input type="checkbox"/> Never had a GP in the area |
| <input type="checkbox"/> Recommended by a family member | <input type="checkbox"/> Recommended by a friend |
| <input type="checkbox"/> Unable to get appointments with current GP Practice | <input type="checkbox"/> Other - please specify _____ |
| <input type="checkbox"/> Limited access due to opening hours of current GP Practice | _____ |

Name: _____

EMIS Number: (Official use) _____



Thank you for your assistance.

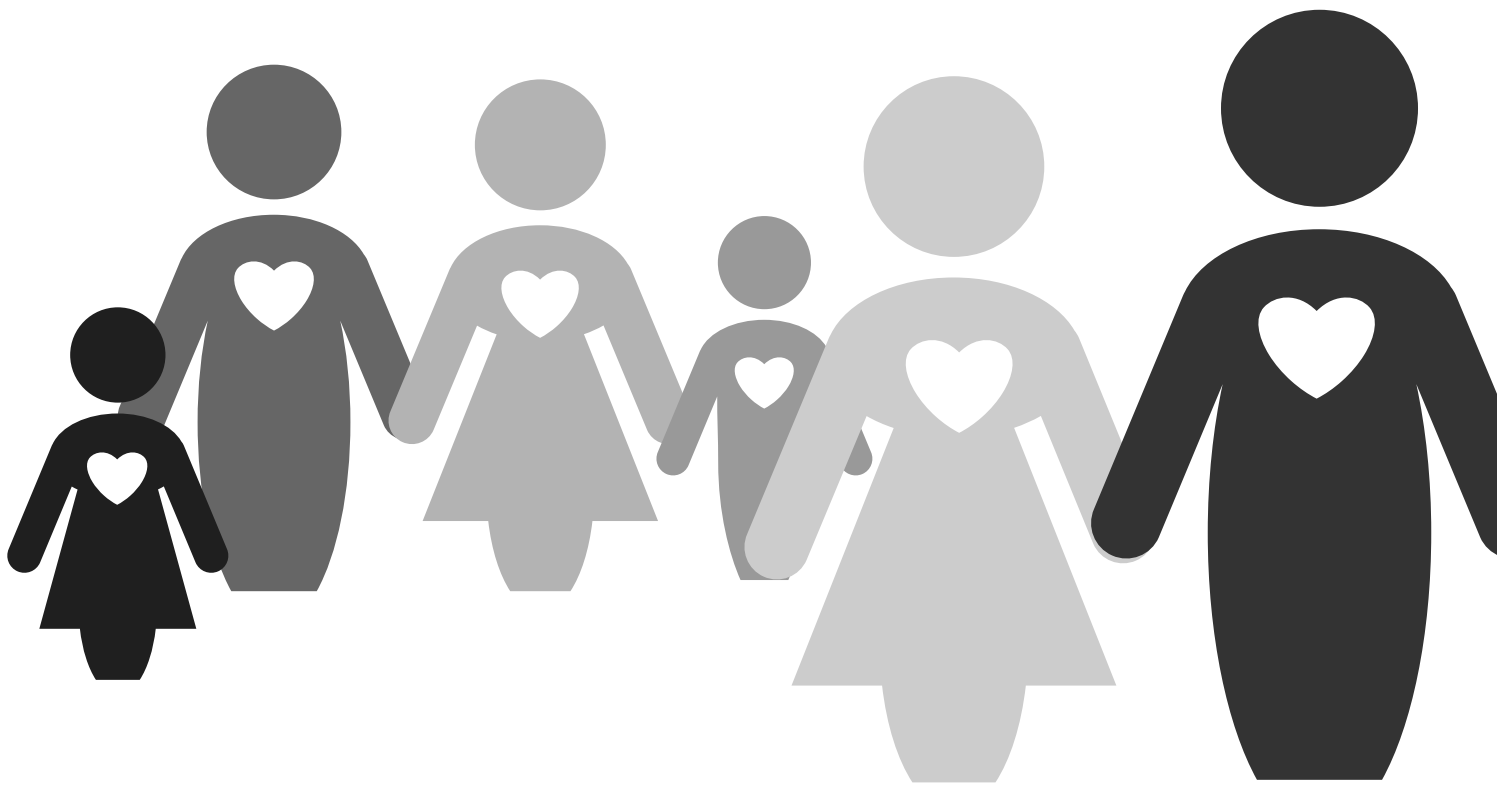
Regards,

Service manager

The Junction Health Centre

New patient questionnaire

Adult (16 years+)



Please fill out this form in CAPITAL LETTERS

Patient details

Name: _____ **BP:** _____ **Occupation:** _____

Date of birth: _____ **Address:** _____

Gender: Male Female

Height: (roughly if unknown) _____ **Postcode:** _____

Waist: _____ cm **Mobile number:** _____

Weight: (roughly if unknown) _____ **Home number:** _____

Ethnic origin

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Black Caribbean and White | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other Ethnic Group - please state: _____ |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Black African and White | <input type="checkbox"/> Bangladeshi | |
| <input type="checkbox"/> Other White | <input type="checkbox"/> Other Mixed | <input type="checkbox"/> Chinese | |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> Other Asian | |
| <input type="checkbox"/> Black African | | <input type="checkbox"/> Do not wish to state | |
| <input type="checkbox"/> Other Black | | | |

Health overview

How much do you exercise?

Light Moderate Heavy Impossible

Which of the following would you describe

your diet? Good Average Poor

Vegan Vegetarian Low fat Low salt

Smoking status? Passive smoker Never smoked Ex-smoker

Current smoker - How many per day? _____

Alcohol consumption:

1. How often do you have a drink containing alcohol?

Never Once a month 2-4 times a month 2-3 times a week 4 or more times a week

2. How often do you have a drink containing alcohol?

1-2 3-4 4 or more times a week

3. How often do you have six or more alcoholic drinks on one occasion?

Never Less than monthly Monthly Weekly Daily or almost daily

Do you suffer with: Asthma Anxiety Stroke Diabetes – Type 1 Mental Health

Atrial Fibrillation Diabetes – Type 2 Anorexia Cancer Epilepsy Bulimia

Obesity Depression Hypothyroidism Heart/kidney Disease

Other - Please state _____

Known Allergies: _____

Does ANYONE IN THE FAMILY suffer from:

High blood pressure CVA/ Stroke Asthma Heart disease Diabetes Cancer

Epilepsy Depression Other - please state: _____

Are you currently taking any medication? No Yes _____

Screenings

Depression:

1. During the last month, have you felt down, depressed or hopeless? Yes No

2. During the last month, have you had little interest or pleasure in doing things? Yes No

Smear details:

Have you had a smear test before? Yes No If yes, please state when? _____

Was it normal? Yes No Where was it done? _____

Want to opt out? Yes - complete disclaimer Disclaimer completed (internal use only)

HIV screening: (age 18+)

We offer all patients 18 and above a rapid HIV screen during the new patient health check appointment. Would you like to be tested for HIV? Yes No

Chlamydia screening : (age 15-24 years)

Would you like to be tested for Chlamydia? Yes No

Next of kin

Name: _____ **Relationship:** _____

Contact number: _____

Language support

What is your first language? _____

Do you speak English? Yes No

Do you use any of the following:

Sign Language: Yes No

Hearing aid: Yes No

Further information

Religion: Hindu Sikh Other – please state:
 Christian Jewish No religion _____
 Buddhist Muslim Do not wish to state _____

Do you consider yourself to have any disabilities? No Yes - please specify _____

Summary of care records

How we use your data:

A summary care record is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had. Having this information stored in one place makes it easier for healthcare staff to treat you in an emergency, or when your GP practice is closed.

- Yes - I give consent for a summary care record to be made
 No - I do not wish for a summary care record to be made. Further information on what this means to you can be found at www.nhscarerecords.nhs.uk

Please note: you can change your mind about this at any time by informing the practice

Methods of contact

The practice may, at times, need to contact you for various reasons. Please inform us of which methods of contact you give consent for:

The practice can leave a message on my voice mail requesting that I make contact with the practice
 Yes No

The practice can leave a message with a third party (eg: family/household member) Yes No

The surgery can send a text message (to remind of appointments, health campaigns, updates etc):
 Yes No

The surgery can email with information about the practice, health campaigns, patient newsletters etc: Yes No

Please speak to reception if you are interested in the following online services:

- Booking an appointment, ordering prescriptions online and viewing a list of your medication.
- Electronic prescriptions – you can select a nominated pharmacy where your prescription will be sent directly for you to collect. Please speak to reception or a health care professional about signing up.

I confirm I have read and understood all of the above information and give/do not give my consent as indicated in each section.

Signed _____ Print name _____ Date _____