

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:

Enlistment date *

Service Number

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 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



GRANTOWN MEDICAL PRACTICE

01479 872484
Castle Road East, Granttown on Spey, PH26 3HR
www.grantownonspemmedicalpractice.co.uk

GLENLIVET MEDICAL PRACTICE

01807 590273
Drumin, Ballindalloch, AB37 9AN
www.glenlivetmedicalpractice.co.uk

ABERLOUR MEDICAL PRACTICE

01340 871210
Queens Road, Aberlour, AB38 9PR
www.aberlourmedicalpractice.co.uk

Introductory Health Questionnaire

Welcome to the practice. To enable us to provide you with the best possible medical care, we would be obliged if you would complete the following short questionnaire. All details are confidential. Please return the completed questionnaire along with your registration form and photographic identification (e.g. driving licence or passport) to The Granttown Medical Practice.

Full Name **DOB**

Gender: Male Female Non-Binary Pronouns (if applicable)

Is this the gender you were assigned at birth? Yes No

Mobile number **Home telephone number**

Next of Kin **Next of Kin contact number**

Relationship to patient

Other important social network (if applicable) (Name and contact number)

Are you currently serving or have you ever served in the British Armed Forces? Yes No

Leaving date

Do you currently take any regular medication? Yes No

Please give details, including whether your medication are currently on repeat prescription. (If you have a repeat medication slip from your previous medical practice please hand this in with your form).

Do you have any problems with your health at the moment? (Please give details)

Have you suffered any illnesses, accidents or operations in the past? (Please give details)

Do you have any known allergies? (Please give details)

Smoking

Do you smoke? Yes How many per day? No (never smoked) Ex-smoker

Do you vape? Yes No

Alcohol

Do you drink alcohol? Yes No

Looking at the list below of the average alcohol content of some drinks, how many units of alcohol per week do you drink?

- Bottle (75cl) of wine – 10 units
- Small (125ml) glass of wine – 1.5 units
- Standard (175ml) glass of wine – 2.1 units
- Large (250ml) glass of wine – 3 units
- Pint of weaker (3.6%) beer – 2 units
- Pint of stronger (5.2%) beer – 3 units

- Bottle (330ml) of beer – 1.7 units
- Can (440ml) of beer – 2 units
- Alcopop bottle (275ml) – 1.5 units
- Small (25ml) shot of spirits – 1 unit
- Large (35ml) shot of spirits – 1.4 units

How often do you have a drink that contains alcohol?

Never Monthly or less 2-4 times a month 2-3 times a week 4+ times a week

Do you eat a healthy diet?

Very Healthy Reasonably healthy not very healthy I would like help with my diet

Height (in cms) **Weight (in kgs)**

Do you take non-prescribed drugs? (Including recreational drugs) No

If you answered yes, please give details.

Family history

Please tell us of any serious illnesses suffered by your close relatives. (e.g. Heart Disease, Asthma, Diabetes, Glaucoma, Cancer)

Mother

Brothers

Father

Children

Sisters

Personal History

What is your occupation?

Are you currently employed?

What work have you done previously

Do you have any children? Yes No Please give dates of birth

Confidentiality of records

All staff are bound by a strict code of confidentiality. On the grounds of clinical need, the attached Allied Health Professionals (for example Physios, District Nurses) may require access to your records, if you are not agreeable to this, then please inform the Practice Manager.

Repeat Prescriptions

If possible, please use our online prescription ordering when you need a repeat prescription (registration form attached). For the convenience of patients, the Health Centre has an arrangement with the local Pharmacy in Grantown High Street that repeat prescriptions are sent to the Pharmacy for dispensing. If you do not wish to make use of this facility, please inform the Reception Team.

Key information Summary (KIS)

Patients in Scotland now have an Emergency Care Summary. This contains basic information about your health (for example, your medication) that may help NHS staff should you need urgent medical care when your GP Surgery is closed, or if you need to go to an accident and emergency (A&E) department.

Your Emergency Care Summary is copied from your GP's computer system and stored electronically.

The Key Information Summary will contain all the information on the Emergency Care Summary and additional information you want the NHS staff looking after you to know. For example information about: your medical condition and treatment, your carer – their name and phone number, any wishes you may have about your treatment, where you would prefer to be cared for, any wishes about how you would like to be cared for. Please ask for our Key Information Summary leaflet if you wish to have more information.

Do you agree to your KIS being sent to NHS staff outside of this practice? Yes No

Directions to your home

If you think your GP or paramedics might have difficulty in finding your home in an emergency, please help us by drawing a map or providing us with directions. Mention any distinctive features or the exact distance from local landmarks, a photocopy of an OS map with your house marked would also work. The information will be added to your notes and treated with the same degree of confidentiality as any other information we hold.

Signature

Date

Vision Online - Patient registration form

To register for this online service please complete the form below and return it to your practice in person, **along with a valid form of identification, for example photo ID or your passport.** Once you are registered the practice will give you the information that will enable you to create a username and password.

Patient details	Please complete in BLOCK CAPITALS																
Patient forename																	
Patient surname																	
Date of birth	D	D	/	M	M	/	Y	Y	Y	Y							
Email address This email address will be used by your practice to send you notifications and reminders.																	
Mobile number																	
Signature																	
Date	D	D	/	M	M	/	Y	Y	Y	Y							
Completing the form on behalf of the patient?																	
Print forename																	
Print surname																	
Relationship to patient																	
Signature																	
Date	D	D	/	M	M	/	Y	Y	Y	Y							

Staff use only																	
Patient ID seen																	
Type of ID																	
Staff name																	
Date	D	D	/	M	M	/	Y	Y	Y	Y							

About Vision online services

We offer an online service for our patients so you can order your repeat prescriptions online at your convenience.

Request your repeat prescriptions online

Request your repeat prescriptions quickly online by logging into your account and simply ticking the appropriate boxes. You can review the progress of your repeat prescriptions and any message that the practice may have sent to you.