



Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

Date of birth

First names

NHS No.

Previous surname/s

☐ Male ☐ 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 GP practice while at that address

Address of previous GP practice

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

Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: ☐ Regular ☐ Reservist ☐ Veteran ☐ Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting:

Postcode

Service or Personnel number:

Enlistment date: DD MM YY

Discharge date: DD MM YY (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

☐ I live more than 1.6km 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

*Not all doctors are authorised to dispense medicines

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

White: ☐ British ☐ Irish ☐ Irish Traveller ☐ Traveller ☐ Gypsy/Romany ☐ Polish

☐ 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 or Asian British: ☐ Indian ☐ Pakistani ☐ Bangladeshi

☐ Any other Asian background (please write in):

Black or Black British: ☐ Caribbean ☐ African ☐ Somali ☐ Nigerian

☐ Any other Black background (please write in):

Other ethnic group: ☐ Chinese ☐ Filipino

☐ Any other ethnic group (please write in):

Not stated: ☐

Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

NHS England use only

Patient registered for ☐ GMS ☐ Dispensing

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

Practice Stamp

Authorised Signature

Name

Date / /

SUPPLEMENTARY 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

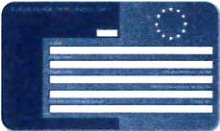

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

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 an EU 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>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	(b) To: 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 Business Service Authority for the purpose of recovering your NHS costs from your home country.

PLEASE HAND THIS BACK TO RECEPTION WHEN COMPLETE

To the Patient:

To register with the Practice please complete questionnaire as fully as possible. The information will help the doctor to make an initial assessment of your health which will help in your future treatment.

Prior to registering you must bring details of your medication (e.g. printout from previous practice)

Title: _____ Surname: _____ First Name: _____

Address: _____ Date of Birth: __ / __ / ____

_____ Home Tel No: _____

_____ Mobile/Work: _____

Post Code: _____ Marital Status: _____

Ethnicity: _____ Gender: Male/Female/Other: _____

If you are from abroad, what date did you come to UK? __ / __ / ____

E-mail address: _____ Occupation: _____

Main Spoken Language: _____

Do you need an Interpreter? Yes [] No [] If so, what language? _____

Previous address details (in last 5 years): _____

Are you a carer? Yes [] No [] Who do you care for? _____

Do you have a carer? Yes [] No [] Who cares for you? _____

Contact telephone number for Carer: _____

Are you a veteran? If so, which service: _____

Children

Name of Health Visitor & or School Nurse: _____

Name of person(s) with parental responsibility: _____

Mother & father's names, d.o.b. & addresses, if different to the child's:

Next Of Kin Details

Surname: _____ First name: _____

Address _____ Post code: _____

Home Tel No: _____

Mobile/Work: _____

GENERAL HISTORY

ALLERGIES

Are you allergic to any medicines/substances/food? If so, to what?

HEALTH PROMOTION

Smoking status

Do you smoke? Yes [] No []

- If no, have you ever smoked? Yes [] No [] If Yes, when did you stop? _____

- If Yes, how many: Cigarettes per day: _____ Cigars per day: _____ Ounces of tobacco per day: _____

How old were you when you started smoking? _____

If you smoke, we strongly recommend that you stop.

Ask at reception for details of the stop smoking services.

Exercise

Do you take regular exercise? Yes [] No []

If yes, what sort of exercise? _____

How many times per week? _____

Alcohol

How often do you have 8 **(for men)**/ 6 **(for women)** drinks of alcohol in one day? (Please Circle)

Never Less than monthly Monthly Weekly Daily or almost daily

How often during the last year have you not been able to remember what happened when drinking the night before? (Please Circle)

Never Less than monthly Monthly Weekly Daily or almost daily

How often during the last year have you failed to do what was normally expected of you because of your drinking? (Please Circle)

Never Less than monthly Monthly Weekly Daily or almost daily

Has a relative or friend or a doctor or other health worker been concerned about your drinking or suggested you cut down? (Please Circle)

No Yes, but not in the last year Yes during the last year

Have you now or in the past had problems with substance misuse? Yes/No (Please Circle)

FAMILY HISTORY

Please give details of any of your blood relatives (and their age), who have had any of the following:

Heart disease/attack/angina: _____ Diabetes: _____

Asthma: _____ Cancer: _____ Stroke: _____

High blood pressure: _____ Other serious illness: _____

PAST MEDICAL HISTORY

Please give details of any hospital treatment as an in-patient:

Please give details of any treatment for any chronic medical conditions:

Please give dates of any X-ray, MRI or CT scans, Mammogram, Ultrasound scan:

VACCINATIONS

Please give dates of which vaccinations you have had (if known):-

Diphtheria: _____ Polio: _____ Tetanus: _____

Typhoid: _____ Measles: _____ HPV: _____

Cholera: _____ BCG: _____ Flu: _____

Yellow fever: _____ MMR: _____

Whooping cough: _____ German Measles/Rubella: _____

For children: a copy of the child's vaccination record would be helpful (eg from their Red Book)

FEMALE PATIENTS ONLY

When was your last smear test (if known) Year _ _ _ _ Result _____

Please give details of any complications in any pregnancy:

MEDICATION

Please attach your repeat prescription order slip and list any regular over the counter or herbal medication you take. Medication requests take 2 working days to process, however this may take longer for your first order. DO NOT WAIT UNTIL YOU HAVE RUN OUT TO RE-ORDER:

THANK YOU FOR YOUR ASSISTANCE

Dr D S Mackenzie
Dr S Sinha
Dr H Cobb



Greenfield Lane
Balby
Doncaster
DN4 0TH

Tel No 01302 854521

Fax No 01302 310823

Welcome to St John's Group Practice
www.stjohnsgrouppractice.com

PLEASE KEEP THE FOLLOWING FOR YOUR OWN INFORMATION

Thank you for requesting to register with this practice. This pack contains a lot of information for you about our services as well as forms regarding information we need from you.

GMS1 form (Purple form) – Please ensure that you complete **all sections fully**. This will help us find your previous medical records. Please supply **photographic ID and proof of address** (utility bill, bank statement, etc.). **We cannot register you without this form.**

New Patient Questionnaire – It can take a while for your records to reach us from your previous GP. This form gives us a brief history so we can ensure you receive the appropriate care as soon as possible.

Medications – You must include details of any medications you may be taking, you can get this from your current GP surgery or pharmacy. **We will not be able to issue repeat medication unless we have these details**, do this when you register, **do not wait until you have ran out**, it takes **2 WORKING DAYS** to process a medication order.

Summary Care Record – All patients in the country have a Summary Care Record which is held on a central spine. This means if you need medical assistance in any area away from your own GP they will be able to access your name, address, date of birth and any allergies you may have. Please read this leaflet carefully and complete them, if you **DO NOT** wish to have a summary care record, you can get the OPT OUT form from reception or at www.nhscarerecords.nhs.uk

NHS England leaflet on information – This is different to the Summary Care Record and unless you opt out information could be extracted and used for research and health services planning. As GPs we are contractually bound to allow these extractions for patients who have not opted out. If after reading the information you decide to opt out, please ask for the Dissent from Secondary Use of Patient Identifiable Data form at reception.

Urine Sample bottle – When you attend for your health check, the Health Care Assistant will require a sample of your urine. You will be able to collect a sample bottle from the reception.

HIV testing – We offer all new patients between the ages of 15 and 59, HIV testing. Please make an appointment with the Healthcare Assistant who will take a sample of blood which will be sent for testing at the hospital.

Application form for On-line Appointment & Repeat Prescription requests - When you have completed the GMS1 form and the New Patient Questionnaire please return them, with your evidence of any repeat medication, to the Reception. The Receptionist will then make you an appointment with our Health Care Assistant to have a New Patient Health Check – this process is to gather basic medical information such as Blood Pressure. No medication will be provided at this appointment. If you find you are unable to attend your appointment, please cancel at least 24 hours prior to your appointment so we can offer it to someone else.

Patient Participation Group – The Practice holds a Patient Participation Group meeting on a Wednesday afternoon once every three months. If you would like to join us to learn more about what is happening in the Practice and express your thoughts and ideas. Please speak to a receptionist or look out for details on our website or Facebook.

Out Of Hours Services – The Out of Hours Service operates when we are not open. If you contact the surgery outside out operating hours you will be given the number for the Out of Hours Service. This service provides emergency care that **CAN NOT** wait until the surgery is open. This service is **for genuine emergencies only**.

Zero Tolerance – We operate a **Zero Tolerance Protocol**. Verbal or Physical Abuse towards any member of staff will **not be tolerated** and may result in you being removed from the Practice List.

If you fail to attend without notifying us then we shall decline from registering you on our Practice list as we need the full cooperation of patients to ensure they receive a first rate service.

Summary Care Records

Dear Patient,

The NHS in England has introduced the Summary Care Record, an electronic health record that can be accessed when you need urgent treatment from somebody other than in your own GP.

Summary Care Records contain key information about the medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had in the past. You will be able to add other information too if you and your GP agree that it is a good idea to do so.

If you have an accident or fall ill, the people caring for you in places like accident and emergency departments and GP out of hours services will be better equipped to treat you if they have this information. Your Summary Care Record will be available to authorised healthcare staff whenever and wherever you need treatment in England, and they will ask your permission before they look at it.

Benefits of sharing information:

Sharing information can help improve understanding, locally and nationally, of the most important health needs and the quality of the treatment and care provided by local health services. It may also help researchers by supporting studies that identify patterns in diseases, responses to different treatments and potential solutions. Information will also help to:

- Find more effective ways of preventing, treating and managing illnesses.
- Guide local decisions about changes that are needed to respond to the needs of local patients.
- Support public health by anticipating risks of particular diseases and conditions and help us to take action to prevent problems.
- Improve the public's understanding of the outcomes of care giving them confidence in health and care services.
- Guide decisions about how to manage NHS resource fairly so that they can best support the treatment management of illness for the benefit of patients.

What will we do with the information?

We will only use the minimum amount of information we need to help us improve patient care and the services we provide. We have developed a thorough process that must be followed before any information can be shared. We sometimes release information to approve researchers, if this is allowed under the strict rules in place to protect your privacy. We are very careful with the information and we follow strict rules about how it is stored and used. We will make sure that the way we use information is in line with the law, national guidance and best practice. Reports that we publish will never identify a particular person.

PATIENT PARTICIPATION GROUP

Dear Patient,

We would like to know how we can improve our service to you and we would welcome your thoughts about our surgery and staff. To help us with this we have set up a Patient Representation Group so that you can have your say. We will ask members of this group some questions from time to time, such as what you think about our opening times or the quality of the care or service you receive. We will use various methods of contact (based on your preference) and will keep communication brief so it should not take up too much of your time.

We aim to gather a number of patients from as broad a spectrum as possible to get a truly representative sample of responses. We need everyone – young, workers, retirees, people suffering from long-term conditions and people from non-British ethnic groups. If you are happy for us to contact you occasionally by email or post, please complete the attached form and post it in the box in reception or hand it in to any member of staff.

We may ask for a few patients to meet with us in the surgery from time to time, but we will only invite those patients who indicate this would be something they are happy to do.

You can find out more information or you can complete a sign up form by visiting our website:

www.stjohnsgrouppractice.com

FAQ's

What is a Patient Representation Group?

It is a group of patients who volunteer to get involved in making sure that the Surgery is providing the services that its patients need.

What is the purpose of me joining this group?

We want to ensure that the people who use our services are able to have their say. Your opinion matters to us, the people who use the services are the best people to tell us what works and what improvements we could make.

How and when are you likely to contact me?

We can communicate with you in different ways to suit you; email, telephone or post. We will only contact people occasionally and the feedback we ask you will only take up a few moments of time.

Will my doctor see this information?

We only want to contact you to ask questions about the Surgery, how well we are doing and to ask about patient focussed changes we are planning. If your doctor is responsible for making some of the planned changes they may see general feedback from patients.

Will the questions be medical or personal?

We will only ask questions relating to the Practice and the services we provide.

Who else will be able to access my contact details?

As always, all information you provide to us will be kept safe and secure, they will only be used for the purpose you have provided them for and they will not be shared with anyone else.

What if I sign up and leave my contact details but then decide I no longer wish to be involved?

If at any time you change your mind and no longer wish to be involved, let us know in writing and we will remove your contact details from our list.

Our Mission Statement

The Practice Team aims to provide a high quality, safe, effective and caring service in response to patients' needs to improve the health wellbeing of those we care for. We endeavour to provide our services in a care dignified and mutually respectful manner to our diverse Practice Population.

Our services are delivered within a safe working environment and within the constraints of the resources made available to us.

Opening Times

Monday to Friday
8:00am – 6:00pm

Collecting Repeat Prescriptions

Monday to Friday
11:00am – 6:00pm

Test Results

Monday to Friday
Please phone after 1:00pm

01302 854521

www.stjohnsgrouppractice.com

St John's Group Practice, Greenfeild Lane, Balby, Doncaster, DN4 0TH

EMIS WEB ONLINE SERVICES

At St Johns Group Practice to enable you to access online services to order medication you will need to come to the practice and provide the receptionist with some valid ID. This may be one of the following:

- Driving Licence
- Travel Pass
- Passport

Or any other form of Photo ID that shows a clear picture with details such as name or date of birth.

You will then be given registration account details to log onto the EMIS website and follow on screen instructions. Photo ID to register a relative, family or friend is not permissible. They will have to come into the surgery and produce the identity in person as we value Patient Confidentiality. Any patients under the age of 16 will also not be able to register to use our online services.

Thank you for choosing St. Johns Group Practice!