NHS Family doctor services registration GMS1

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

**Not all doctors are authorised to dispense medicines*

☐ 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

Signature confirming my consent to join the NHS Organ Donor Register Date ______/______/______

Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit www.organdonation.nhs.uk or call 0300 123 23 23 to register your decision.

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 my consent to join the NHS Blood Donor Register Date ______/______/______

My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode:

All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

NHS England use only Patient registered for ☐ GMS ☐ Dispensing

052019_006 Product Code: **GMS1**

Nantwich Health Centre

New Patient Questionnaire

- NHS Number must be provided (this can be obtained from your previous surgery)
- A new patient medical is required for all new patients registering with our practice
- **Please ensure all paperwork is completed prior to attending for your appointment**

IMPORTANT: Identity Check Requirements

We require two forms of separate identification in the form of photo and current address identification, for when registering with our practice.

Please provide any one of the following forms of photo identification:

- Valid passport ☐
- Valid driving licence with photocard ☐
- Birth certificate ☐

Please provide any one of the following forms of current address identification, dated within the last 3 months:

- Utility bill ☐
- Rental agreement ☐
- Bank correspondence ☐

For children 0-5 please provide:

- Red Book ☐

Have you been registered with this practice before? Yes ☐ No ☐

To be completed by Reception staff:

ID Checked By: ________________________________ Date: __________________

New Patient Questionnaire

Name : ______________________ **Date of Birth:** ____________

Address: ______________________

____

NHS No:
(***Required***) ______________________

Contact Numbers (Home/Mobile/Work): ______________________

____

Occupation: ______________________

Marital Status: Single/ Married/ Divorced/ Separated/ Widowed (please delete)

Ethnic origin : British / Irish / Other White European /Caribbean / African / Mixed Caribbean / Mixed African / Other Black / Pakistani / Indian / Bangladeshi / White And Asian / Other Asian / Chinese / Other Mixed / Other Ethnic

First Language : ______________________

Your Medical History

Blood pressure checked in the last 10 years? YES/NO

Have you had a Tetanus immunisation in the last 10 years? YES/NO

Do **you** suffer from, or is there a **family history** of any of the problems listed below?
If YES, please give details.

	Yourself	Family Member	Relationship
Diabetes	YES/NO	YES/NO	
Asthma	YES/NO	YES/NO	
Epilepsy/ fits	YES/NO	YES/NO	
High Blood Pressure	YES/NO	YES/NO	
Heart Disease	YES/NO	YES/NO	
Stroke	YES/NO	YES/NO	
High Cholesterol	YES/NO	YES/NO	
Cancer	YES/NO	YES/NO	
Eczema	YES/NO	YES/NO	
Hay fever	YES/NO	YES/NO	
Drug Abuse	YES/NO	YES/NO	
Other, please state			
Details			

Have you ever served in the Armed Forces? YES/NO
If YES, please tick the relevant box below

Royal Navy/Royal Marines	**British Army**	**Royal Air Force**
☐	☐	☐

If you have been given a summary of the medical care that you have received, please provide a copy to us on registering.

I consent to Nantwich Health Centre requesting a copy of my full Defence Medical Services (DMS) health record if required.

I consent to Nantwich Health Centre to update my medical record to ensure that I can access priority treatment in accordance with Priority Treatment for Veterans (Gateway Reference 13406) afforded to me under Priority Treatment of War Pensioners HSG (97) 31.

Signature	Full Name	Date Signed

Have you had any serious illnesses and/ or operations? YES/NO
If YES, please give details ______________________________

____

Do you have a chronic medical condition for which you were consulting your previous GP/ Hospital Consultant? YES/NO
If YES, please give details ______________________________

____

Do you have any allergies? YES/NO
If YES, please give details ______________________________

____

Do you take any medication regularly? YES/NO
If YES, please list below and bring with you to your New Patient appointment

____

____

____

In order to maximise cost effectiveness and minimise errors, we will despatch your prescriptions, via the **NHS Electronic Prescription Service**, directly to your local pharmacy.

Prescription requests can be made by dropping your repeat order off at the surgery, visiting your chosen pharmacy to confirm the items required before the pharmacy requests it, or via Patient Access online. Forms are available at reception to register for Patient Access. We are unable to take requests over the phone.

Are you a carer? YES/NO
If YES is it paid employment or voluntary?
Please state your relationship to the person you care for

Are you cared for? YES/NO
If YES please give details of your carer, their relationship to you and their contact telephone number

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Who is your Next of Kin or someone we can contact in an emergency?
Please state their full details below.

Full Name:	Address:	Contact Number:

For Children 0-16 years

Immunisation	Date Given	Immunisation	Date Given	Immunisation	Date Given
DTP 1		DTP 2		DTP 3	
HIB		Men C		Polio	
MMR 1		MMR 2		BCG	
Preschool Booster		School Leaving Booster			

Which School or Nursery does your child attend?

____

Your Lifestyle

Do you smoke? YES/NO
If ex, when did you stop? ____________________
If yes, how many per day? ____________________
For how many years? ____________________

Do you drink alcohol? YES/NO
If yes, how many units per week? ____________________

2 units = one glass of wine
1.5 units = 1 alcopop
1 unit = half a pint of beer or a single measure of spirits

For Women

Method of contraception? ____________________
When was your last smear? ____________________

Thank you for completing this questionnaire.

TO BE COMPLETED BY THE PRACTICE NURSE

Weight	Height	Blood Pressure	Urinalysis	Activity Level	Diet

ARMED FORCES	
Record Coded – History relating to military service Priority Treatment of War Pensioners HSG (97) 31.	13JY