

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: Discharge date: (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*

**Not all doctors are authorised to dispense medicines*

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 / /

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

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:	
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>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	
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	
	PRC validity period (a) From:	

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.

Banbury Cross Health Centre Registration

HEALTH QUESTIONNAIRE



Please complete this confidential questionnaire (one for each member of the family to be registered with the Practice).

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

Please complete a separate form for each family member to be registered.

Full Name:				Telephone Number:			
Preferred Name:							
Mr / Mrs / Miss / Ms / Other.....				Work Number			
Address and Postcode				Mobile Number:			
				E-mail Address:			
				Next of Kin:			
				Relationship to you:			
Date of Birth:		Previous / Mother's surname if different:		Next of Kin Contact Number			
Marital Status:		Gender:	Male:	Female:	If applicable, date you first came to live in Britain:		
Occupation:							
Previous Address							
Previous Doctor Name & Address:							
If returning from Armed Forces:		Your Service or Personnel Number			Your Enlistment Date		
Your height:	Feet / inches	cm	Your weight:	Stones / lbs.	kg		
Your Blood Pressure	Systolic	Diastolic					
Your Religion:	C of E	Catholic	Other Christian (state)	Buddhist	Hindu	Muslim	
	Sikh	Jewish	Jehovah's Witness	No religion	Other religion (state)		

Your Ethnic Origin: (select one)	White (UK)	White (Irish)	White (Other)
Caribbean	African	Asian	Other Mixed
Indian / Brit Indian	Pakistani / Brit Pakistani	Bangladeshi / Brit Bangladeshi	Other Asian Background
Other Black Background	Chinese	Other	Ethnic Category not stated






Your main or 1st language Spoken / Understood: (select one)	English	Hindi	Gujurati	Urdu	Bengali /Sytheti	Punjabi
Polish	Ukrainian	French	German	Spanish	Other: (Please Specify)	

Do you require the help of a Translator / Interpreter? Yes No

Are you currently a smoker?	Yes	No	Have you ever been a smoker?	Yes	No
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If so, how many cigarettes / cigars / ozs of tobacco do you smoke in a day? *If you are a smoker and want to stop, please ask for information about local smoking cessation services.*

Alcohol - How much do you drink? (AUDIT C)

UNITS					
	2	1.5	2	1	9
	Pint of Regular Beer/Lager/Cider	Alcopop or Can of Lager	Glass of Wine (175ml)	Single Measure of Spirits	Bottle of Wine

Questions	Scoring System					Your Score
	0	1	2	3	4	
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total of 5+ indicates hazardous or harmful drinking
If you require help with your alcohol intake
please ask at Reception

Patient Participation Group

The Practice is committed to improving the services we provide to our patients. To do this, it is vital that we hear from people about their experiences, views, and ideas for making services better.

By expressing your interest, you will be helping us to plan ways of involving patients that suit you. It will also mean we can keep you informed of opportunities to give your views and up to date with developments within the Practice.

If you are interested in getting involved, please tick the box below and we will arrange for the Practice Patient Participation Group Application Form to be sent to you.	
Yes, I am interested in becoming involved in the Practice Patient Participation Group (Please tick the "Yes" Box)	Yes
Do you want to register for on-line ordering of repeat medication and appointment booking	Yes / No
We would like to send you text reminders for appointments and other healthcare matters. We may also telephone you regarding your appointments and other matters relating to your healthcare. Do you give consent for us to do this? You can opt out at any time by calling the reception team on 01295 256261 during business hours, or by sending an email to banburycross.hc@nhs.net Thank you	Yes/No

Thank you for completing this form

*For more information about the services we offer please visit our website:
www.banburycrosshealthcentre.co.uk*

Shared Care – please circle your preference

- **ARE YOU HAPPY TO SHARE YOUR MEDICAL RECORDS WITH OTHER NHS PROVIDERS- eg. – HUB Doctors, A&E and for referral purposes**
YES / NO
- **DO YOU CONSENT TO BHC COMMUNICATING WITH YOU VIA YOUR MOBILE**
YES / NO
- **DO YOU CONSENT TO BHC COMMUNICATING WITH YOU VIA YOUR EMAIL REGARDING YOUR HEALTH**
YES / NO

Please note that if a non NHS-entitled person is accepted on to a GP list and a subsequent hospital referral is made they may be charged by the hospital.

Data protection Act 1988

Whilst registered here your confidential records are kept on our computer system and used for giving health care and treatment. Information is only passed on if there is a genuine need, and information used for research will only be used with your consent. Anonymous statistics are collected for managing and planning the NHS.

**For Practice Use only
Form Checked by (Print Name)**

ID Seen: Yes No

Address Confirmed: Yes No

Electronic Prescribing Service – Patient Nomination

Patients are now able to nominate a pharmacy to which their prescription will be sent. Repeat prescriptions will also be sent to the nominated pharmacy so instead of coming to the surgery to collect your prescription it will be sent directly and securely to the pharmacy where they will process your prescription. You will still need to allow up to 72 hours to collect your medications from the pharmacy.

You can nominate a pharmacy close to home or work.

New Registrations

You must select one of the following options for where you would like your prescriptions to be sent. If you want to collect your paper prescriptions from the surgery please select "Collect from Surgery"

- Boots, 12-14 Castle Quay, Banbury
- Boots, Unit 1C Banbury Cross Retail Park, Banbury
- Superdrug, 34-35 Castle Quay, Banbury
- Frosts, Hardwick Shopping Centre, Ferriston, Banbury
- Rowlands, 58 Orchard Way, Banbury
- Cross Pharmacy, 10 Horsefair, Banbury
- Cox and Robinson, South Bar House, South Bar, Banbury
- The Co-Op, 111 Main Road, Middleton Cheney, Banbury
- Bloxham Pharmacy, High Street, Bloxham, Banbury
- In-store pharmacy, Sainsbury's pharmacy, Oxford Road, Banbury
- Knights Chemist Limited, Unit 2, Burchester place, Banbury
- Other (please be **very** specific and **include the Pharmacy name and address** to ensure your prescription is sent to the correct pharmacy. There may be two pharmacies of the same name in the same town)
Pharmacy name:
- Address:**

- Collect from surgery

Thank you for completing this form. Please hand it in to reception with the Registration Documents.



Summary Care Record and Oxfordshire Care Summary – your choice

Please note that these records are **NOT CONNECTED** with the Health and Social Care Information Centre (HSCIC) single database care.data project, and will be used **only** for the purpose of enabling informed care to be supplied directly to you as an individual.

Your patient record is held securely and confidentially on the electronic system at your GP practice. If you require treatment in another NHS healthcare setting such as an Emergency Department or Minor Injury Unit, those treating you would be better able to give you appropriate care if some of the information from the GP practice were available to them.

This information can now be shared electronically via:

- 1. **The Summary Care Record:** used nationally across England
- 2. **The Oxfordshire Care Summary:** used locally across Oxfordshire

In both cases, the information will be used **only by authorised health care professionals directly involved in your care**. Your permission will be asked before the information is accessed, unless the clinician is unable to ask you and there is a clinical reason for access.

A parent or guardian can request to opt out children under 16 but ultimately it is the GP's decision whether to create the records or not, because of their duty of care to the child. If you are the parent or guardian of a child under 16 and feel that they are able to understand, then you should make this information available to them.

Are you happy for us to share this electronic information with clinicians in other NHS organisations who are involved in your care? If you would rather we didn't, we will put an entry on your record which will prevent your information from being shared.

Please select **ONE** option in **BOTH** tables below and complete patient details overleaf.

Your choice for <u>SCR</u>	Please tick <u>one box only</u>
I would like my information shared through the Summary Care Record	
I would like a Summary Care Record with additional information added **	
I do not want my information shared through the Summary Care Record	

Your choice for <u>OCS</u>	Please tick <u>one box only</u>
I would like my information shared through the Oxfordshire Care Summary	
I do not want my information shared through the Oxfordshire Care Summary	

It is important to complete and return this form, as your new practice cannot make a decision for you. Without your direction, we cannot guarantee that your wishes will be met, even if you have previously made a similar choice in another practice.

Patient details (please write in CAPITAL LETTERS)			
Title:		Forenames:	
Surname/Family name:			
Address:			
Phone number(s):			
Date of birth:		NHS number (if known):	
<i>If the person signing below is not the patient, please also enter the signatory's name and relationship to the patient, e.g. PARENT, GUARDIAN, ATTORNEY</i>			
Full name:		Status:	
Signature:		Date:-	

Differences between the Oxfordshire Care Summary and the Summary Care Record		
	Oxfordshire Care Summary	Summary Care Record
Shared	<ul style="list-style-type: none"> Across Oxfordshire Across health care settings, including urgent care, community care and outpatient departments With GPs, and with clinicians employed by Oxford Health NHS Foundation Trust and Oxford University Hospitals Trust 	<ul style="list-style-type: none"> Across England Across health care settings, including urgent care, community care and outpatient departments With GPs, and with clinicians employed by any NHS Trust or organisation involved in your care across England
Information source	<ul style="list-style-type: none"> GP record Other medical records held by different NHS organisations in Oxfordshire 	<ul style="list-style-type: none"> GP record
Content	<ul style="list-style-type: none"> Your current medications Any allergies you have Any bad reactions you have had to medicines Your medical history and diagnoses Test results and X-ray reports Your vaccination history General health readings such as blood pressure Your appointments, hospital admissions, GP out-of-hours attendances and ambulance calls Care / management plans Correspondence such as referral letters and discharge summaries. 	<ul style="list-style-type: none"> Your current medications Any allergies you have Any bad reactions you have had to medicines <p>**Additional information includes:</p> <ul style="list-style-type: none"> - Significant problems (past and present) - Significant procedures (past and present) - Anticipatory care information - End of life care information – as per EOLC dataset ISB 1580 - Immunisations <p>Further information can be added (upon request to your GP)</p>
For more information, visit:	<ul style="list-style-type: none"> http://www.oxfordshireccg.nhs.uk/your-health/oxfordshire-care-summary/ 	<ul style="list-style-type: none"> www.nhscarerecords.nhs.uk http://systems.hscic.gov.uk/scr/gp/practices/additional/index.html http://www.oxfordshireccg.nhs.uk/your-health/summary-care-record/