

Cross Keys Practice

You have just registered with our practice, but it may be some time before your old medical records reach us. In order to provide you with the best possible care in the interim, it would be helpful if you would complete a brief medical history for each adult member of the family.

Surname	Forenames	DOB	
Maiden Name			
Status (Please circle) Single Married Divorced Widowed Separated Co-habiting			
Names of Household Members:-			
Occupation/School			
ETHNIC ORIGIN			
Main Spoken Language			
Refugee / Asylum Seeker			
MEDICAL HISTORY OF ALL IMPORTANT ILLNESSES/OPERATIONS			
Nature of Illness/Operation		Approx Date	
FAMILY HISTORY OF ILLNESS (Please Circle and indicate relationship)			
Heart attack under 65		Asthma	
High Blood Pressure		Diabetes	
Stroke under 65		Depression	
Mental Illness		Cancer	
Present Medication :- Please attach a separate list of medications			
Your prescription will be sent straight to the chemist of your choice. (Please select below)			
Rowland's		Chinnor Lloyds	
Lloyd's		Other please state below	
Vanatage (small Lloyds)			
ALLERGIES OR DRUG REACTIONS			
ALCOHOL USE:		Yes/No	
		Total alcohol units per week:	
		Never	Less than monthly
		Monthly	Weekly
		Daily or almost daily	
How often do you have 8 (for a man) 6 (for a woman) or more units on one occasion			
How often during the last year have you failed to do what was normally expected from you because of your drinking			
How often during the last year have you been unable to remember what happened the night before because you had been drinking			
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?			
Smoking Habits		Do You Exercise: Yes No	
Yes Never Ex-smoker		Type of exercise	
Cigar Pipe Cigarettes		Weekly how often	
Qty Per Day		Length of session	
Weight:		Height:	
Do you have a disability?		Military Veteran (either Regular or Reservist)?	
Do you need a translator?		Which Service?	
Do you look after anyone?			
For Women Only			
Are you on the pill?		Are you on HRT?	
Are you fitted with a coil?		When was your last cervical smear?	
Do you have a contraceptive implant?		If you are pregnant, when is your due date?	

Signature _____

Date _____

Patient sign up to allow the surgery to text and email

Patient options for GP data sharing Summary Care Record (SCR) and My Care Record

Patient details (please write in CAPITAL LETTERS)			
Title:		Forenames:	
Surname/Family name:			
Address:			
Postcode:			
Home phone number:			
Mobile phone number:	<i>You are consenting to receiving texts from the Practice</i>		
Email address:	@ <i>You are consenting to receive emails from the Practice</i>		
Date of birth:		NHS number (if known):	
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			
Full name:		Status:	
Signature:		Date:-	

Overview of sharing options

Home Number

We will only use your home number to contact you regarding practice matters. We will also pass this information when referring to third parties who are dealing with your health issues. (Details in reception)

Mobile Number

Same as home number, plus, SMS text reminders and appointments matters.

Email Address

Same as home number, plus, SMS text reminder that cannot be sent via mobile and practice newsletter.

Summary Care Record (SCR)

The NHS in England uses a national electronic record called the Summary Care Record (SCR) to support patient care. It contains key information from your GP record. Your SCR provides authorised healthcare staff with faster, secure access to essential information about you in an emergency or when you need unplanned care, where such information would otherwise be unavailable.

Summary Care Records are there to improve the safety and quality of your care. SCR core information comprises your allergies, adverse reactions and medications. An SCR with additional information can also include reason for medication, vaccinations, significant diagnoses / problems, significant procedures, anticipatory care information and end of life care information. Additional information can only be added to your SCR with your agreement.

Local sharing via My Care Record

Your patient record is held securely and confidentially on the electronic system at your GP practice. If you require attention from a health and social care professional such as an Emergency Department, Minor Injury Unit, social worker, or Out Of Hours location, those treating you would be better able to give you appropriate care if some of the information from the GP practice was available to them. This information can now be shared electronically via My Care Record.

In all cases, the information will be used only by authorised health and social care professionals in Buckinghamshire- based organisations involved in your direct care. Your permission will be asked before the information is accessed, unless the health and social care user is unable to ask you and there is a clinical reason for access, which will then be logged.

Please circle your sharing preferences below.
Once complete please return this form to your GP practice

1.	The Summary Care Record (SCR) Used nationally across England	YES – core data only 9Ndm	NO 9Nd0	YES – include additional data set 9Ndn
2.	My Care Record Used locally across Buckinghamshire and the immediate surrounding area	YES 93C0	NO 93C1	

Please be aware that your information can not be accessed by any health professionals outside of this surgery, even in an emergency, if you indicate that you do not wish to have a Summary Care Record or participate in My Care Record.

If you have previously told us that you wish to opt out of sharing your data and then change your mind, please let us know by circling Yes above.

Thank you.

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: | | / | | / | |

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) understand that I may need to pay for NHS treatment outside of the GP practice
- b) 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) 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: NO: If yes, please enter details from your EHIC or PRC below:



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.

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.