

## Opening times

<b>DUFFIELD SURGERY</b>	<b>TEL: (01332) 842288</b>
Monday - Friday	8.00 am - 6.30 pm
Saturday	8.00 am - 11.00 am
Sunday	Closed
<b>Surgery telephone lines are open 8.00 am - 6.30 pm, Monday - Friday</b>	
(To avoid the busy morning peak periods please try to ring after 12.00 noon for routine or less urgent matters)	
You can also book appointments and order repeat prescriptions online at <a href="http://www.appletreemmedical.co.uk">www.appletreemmedical.co.uk</a>	
The surgery closes occasionally for staff training on a Wednesday afternoon. Forthcoming dates are listed on our website.	

<b>LITTLE EATON SURGERY</b>	<b>TEL: (01332) 842288</b>
Monday - Friday	8.00 am - 11.30 am
Saturday & Sunday	Closed

### EMERGENCY OUT OF HOURS

If you need urgent medical attention outside of the Surgery opening hours but it's not a 999 emergency, please dial:

**111**

You will be connected to the NHS 111 service, provided locally by Derbyshire Health United, who will direct you to the most appropriate point of care for your particular needs.

## Appletree Medical Practice



## New Patient Registration

Please complete ALL relevant pages

47a Town Street, Duffield, Belper, Derbyshire, DE56 4GG  
Branch Surgery: 10 The Town, Little Eaton, Derby, DE21 5DH

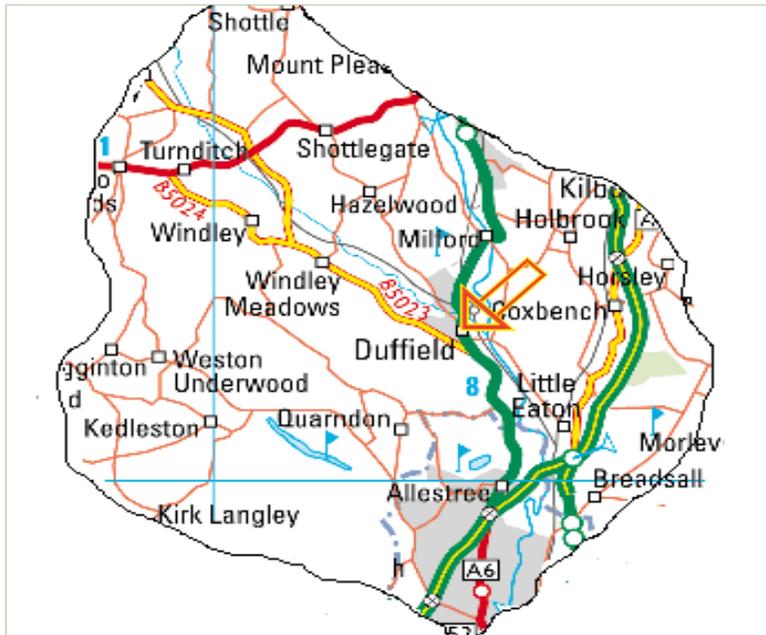
Tel: 01332 842288

Fax: 01332 843287

[www.appletreemmedical.co.uk](http://www.appletreemmedical.co.uk)

Mar 2018

## How to Register as a Patient at Appletree



This map shows the Practice boundaries incorporating Duffield and the surrounding villages. Please ensure your address is within this catchment area. We are not currently accepting applications to register from patients living out-of-area.

Allestree	Parts of	Blackbrook	Breadsall	Coxbench	Duffield
Darley Abbey	Hazelwood	Holbrook	Horsley	Idridgehay	Ireton Wood
Kedleston	Little Eaton	Makeney	Milford	Muggington	Quarndon
Shottle	Turnditch	Weston Underwood	Windley		

Staff use only:

Photo ID checked      Type and Number: \_\_\_\_\_  
 Address ID checked      Checked by \_\_\_\_\_

## Health Visitors / School Nurse - Under 16's

To be completed by patient:

Names	Date of Birth
Mother	
Father	
Child's name:	

Present Address	
Telephone Number	
Mobile Number	
Previous Address	
Previous GP	
Previous GP address	
Previous Health Visitor (if known)	
Previous School attended	
Proposed new School	

This information will be used by the Health Visitors & School Nurses to request your children's health record

## Identification

To register you will need to complete this booklet and return it to the surgery with two forms of personal identification, one from each list below:

- **Personal ID:** Current passport, photocard driving licence, citizen card or birth certificate.

### AND

- **Address ID:** Utility bill, bank statement or council tax, etc. (with your name, address and dated within the last 6 months)

We welcome patients to the Practice regardless of age, sex, or nationality. Nor do we exclude patients on the grounds of medical condition, sexual orientation, religious or philosophical beliefs.

PAGE INDEX		
PAGE	DESCRIPTION	TO BE COMPLETED BY
Page 4	Contact Details	ALL
Page 5	GMS 1	ALL
Page 6	GMS 1 - Organ Donation	Optional
Page 7	GMS 1	Not ordinarily resident in UK
Page 8	Blank	
Page 9	Health Questionnaire	ALL
Page 10	Health Questionnaire	Over 14's only
Page 11	Online Services - 16+	Over 16's only
Page 12	Online Services for under 11's	Under 11's only
Page 13	Summary Care Record Opt out	Optional
Page 14	Blank	
Page 15	Health Visitor / School nurse	Under 16's only

## Contact Details

TO BE COMPLETED BY ALL

By providing us with your email address and mobile number, we assume you have given informed consent for us to contact you by email / text. We will only use this facility in the context of your healthcare at Appletree.

Email Address (please print):	
Mobile Number:	
Home Telephone Number:	

## Sharing of your Medical Information

There are sharing options on GP's clinical systems where medical information is automatically shared out to other healthcare professionals. If you do not want your information shared, you will need to opt out. Please read our leaflet 'Sharing Medical Information', which can be downloaded from our website or picked up from reception.



## Welcome

Once you have completed the relevant forms and provided two forms of identification, we can then register you. You will be sent a welcome letter advising you of your accountable GP and password details for those who have requested online services.

If you are taking regular medication or have an existing medical condition, please make an appointment with a GP at your earliest convenience. Otherwise feel free to make an appointment with a nurse for a new patient health review.

Additional information can be found on our website [www.appletreemedical.co.uk](http://www.appletreemedical.co.uk), in our practice leaflet and our Patient Information Folders which can be found in the waiting areas.

## Summary Care Record Opt out

A Summary Care Record (SCR) includes important information about:

- Medicines you take
- Allergies and sensitivities

Summary  
Care  
Records

***In an emergency situation, your SCR can be a vital aid for the 111, ambulance, hospital staff etc. They will always ask your permission before they view your SCR.***

***We will activate your SCR unless you opt out below.***

I wish to <b>opt out</b> of having an SCR, please mark my records with Expressed dissent to SCR	
Print Name:	D.O. B:
Signature:	
If signing on behalf of a child, please confirm child's name:	

## The next step....

You can now choose to have additional information added to your SCR, including:

**Your long term health conditions** such as asthma, diabetes, heart problems or rare medical conditions.

**Your relevant medical history** – clinical procedures that you have had, why you need a particular medicine, the care you are currently receiving and clinical advice to support your future care.

**Your health care preferences** – you may have your own care preferences which will make caring for you more in line with your needs, such as special dietary requirements.

**Your personal preferences** – you may have personal preferences, such as religious beliefs or legal decisions that you would like to be known.

**Immunisations** – details of previous vaccinations, such as tetanus and routine childhood jabs.

If you would like this information adding to your SCR then please complete the following information and hand this form to the practice receptionist.

If you would like additional information adding to your SCR, please sign here:
Signature:

# Registering for Online Services - Under 16's



## Children aged UNDER 11 years old

For children under 11 years old, a parent/guardian will need to have their own Systmonline account, so that we can enable the proxy access to the child's records.

Yes, I can confirm my child is under 11 years old and I would like proxy access to my child's Systmonline account

No, I do not want a Systmonline account for my child.

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Parents/Guardians name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

## Children aged 11-15 years

From the age of 11 years proxy access is withdrawn as your child has a right to confidentiality; it is felt that from this age they may have aspects of their online account they would prefer to be kept private.

In order to enable you proxy access to your child's online account, the doctor will need to determine whether your child is Gillick Competent\*. In this instance Gillick Competency can be defined as being of sufficient maturity and intelligence to understand the implications of consenting to your continuing access by proxy to their medical records. Clearly age alone is not a reliable predictor of their competence to make such a decision. If they are assessed as being Gillick Competent they will be able to grant you proxy access to their Systmonline account and you can continue to manage their medical affairs as before. On the other hand if this is not the case we suggest you continue to phone for repeat prescriptions and to make appointments.

If you would like to pursue this option, you will need to make an appointment for your child with a GP, so that they can ascertain Gillick Competency.

At age 16 a Systmonline account is opened in their own right

\*Gillick competence is a term originating in England and is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge

**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 doctor while at that address \_\_\_\_\_

Address of previous doctor \_\_\_\_\_

**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 \_\_\_\_\_

**If you are returning from the Armed Forces**

Address before enlisting \_\_\_\_\_

Service or Personnel number \_\_\_\_\_ Enlistment date \_\_\_\_\_

**If you are registering a child under 5**

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

**If you need your doctor to dispense medicines and appliances\***

I live more than 1 mile 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 REGISTER

**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    Any part of my body

Signature confirming my agreement to organ/tissue donation \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For more information, please ask at reception for an information leaflet or visit the website [www.uktransplant.org.uk](http://www.uktransplant.org.uk), or call 0300 123 23 23.

**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 consent to inclusion on the NHS Blood Donor Register \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For more information, please ask for the leaflet on joining the NHS Blood Donor Register  
My preferred address for donation is: (only if different from above, e.g. your place of work) \_\_\_\_\_  
Postcode: \_\_\_\_\_

HA use only   Patient registered for    GMS    CHS    Dispensing    Rural Practice

### To be completed by the doctor

Doctors Name \_\_\_\_\_ HA Code \_\_\_\_\_

I have accepted this patient for general medical services    For the provision of contraceptive services  
 I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above \_\_\_\_\_ HA Code \_\_\_\_\_

I am on the HA CHS list and will provide Child Health Surveillance to this patient or  
 I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above \_\_\_\_\_ HA Code \_\_\_\_\_

I will dispense medicines/appliances to this patient subject to Health Authority's Approval  
 I am claiming rural practice payment for this patient.  
 Distance in miles between my patient's home address and my main surgery is \_\_\_\_\_

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Authorised Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Practice Stamp \_\_\_\_\_

## Registering for Online Services - 16yrs +



Online services allows you to:

- Book appointments
- Order repeat medication
- See future or past booked appointments
- View your Summary Care Record
- View your medical record (please ask at reception for further details)
- Change your contact details
- Plus more

All from home, work or on the move, at your convenience, day or night.

**Yes, I would like an Online account.**

**No, I do not want an Online account.**

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Your account details will be sent in the post in the next 7-10 days.

# SMOKING TO BE COMPLETED BY OVER 14'S

Non smoker	Never smoked tobacco		
Smoker	Cigarette smoker		Number per day
	Cigar smoker		Number per day
	Rolls own		oz. per week
	Pipe smoker		Number per day
If you smoke and would like to stop, please telephone 0800 0852299 for support, more information can be found at <a href="http://www.livelifebetterderbyshire.org.uk">www.livelifebetterderbyshire.org.uk</a>			
Ex-Smoker	Given up but used to smoke		Number per day
	Date Given up		Number of years that you smoked

# ALCOHOL

UNITS						How many alcohol units do you drink on average per week?
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## Fast Alcohol Screening Test (FAST)

Questions	Scoring system					Your Score
	0	1	2	3	4	
How often do you have 8 (men) / 6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

**Only answer the following questions if your score above is 2 or more**

	0	1	2	3	4	Your Score
How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative/friend/doctor/health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	

**TOTAL SCORE**

# EXERCISE

	Very Active		Moderately Active		Lightly Active		Inactive	
What type of exercise do you do?								

## If you are not ordinarily resident in the UK

### SUPPLEMENTARY QUESTIONS

#### 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 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><i>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.</i></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

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.

## New Patient Questionnaire

### PATIENT DETAILS

<b>First Names</b>			
<b>Surname</b>			
<b>DOB</b>		<b>Sex</b>	<b>M / F</b>
<b>Weight</b>		<b>Height</b>	

### SPECIFIC NEEDS

Please state any sensory impairment you have (eg. Speech, Hearing, Sight)	
Are you an 'Assistance Dog' user?	
Please state any Physical disability you have:	
Do you require the help of a translator/interpreter?	
Are you a carer? If so to whom?	
Have you got a Carer? If so, please supply their name and contact details:	

### EXISTING CONDITIONS / MEDICATION

	<b>YES</b>	<b>NO</b>
Do you have an existing medical condition?		
Are you on regular medication?		

**If you have answered yes to either of the questions above, please make an appointment with a GP. Otherwise, please make a routine appointment with a nurse for a Health Review.**

<b>Appletree staff only:</b>	Appointment made:		<b>Initials</b>	
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### ETHNICITY

British or mixed British		Irish		Other White background	
White & Black Caribbean		White & Black African		White & Asian	
Other mixed background		Indian or British Indian		Pakistani or British Pakistani	
Bangladeshi or British Bangladeshi		Other Asian background		Caribbean	
African		Chinese		Other, specify:	

### FIRST LANGUAGE

Please state your first language, e.g. English:	
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