

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*

*Not all doctors are
authorised to
dispense medicines

☐ 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

☐ 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

☐ 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, 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

Name

Date ____/____/____

Practice Stamp

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>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

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.

**Opening Times****Mon: 07.00 – 6.30****Tues: 07.00 – 6.30****Wed: 08.00 – 6.30****Thurs: 08.00 – 6.30****Fri 07.00 – 6.30****Reception Phone Lines open 8.00 – 6.00****Administration/Medical secretaries phone lines****08.30 – 5.00****Doors close at 6.15****We do not close during the lunchtime period.****Telephone Numbers;****Appointments/Visits: 01798 872815 option 1****Emergency Medical Attention****Call 999****Outside Surgery Hours – Non Emergency Medical****Attention****Call 111****Health Visitor: 01273 696011 ext 4872****District Nurses (via One Call): 01903 254789****www.pmgdoctors.co.uk****Medical Services**

We offer all core General Medical Services plus the following enhanced medical services:

Physiotherapy, Cryotherapy, Dermatology, Yellow Fever Vaccination Centre, Minor Surgery, Bereavement Support Group, Podiatry, Osteopathy, Dietician, Weight Management, Child Health, Psychiatry, Ear Wax Removal, Non Scalpel Vasectomy, Travel Vaccinations

Appointment System

All consultations at the surgery are by appointment only. Appointments can be made by telephone the surgery or calling in at reception in person or using SystmOne Online. We do not accept appointment requests via contact forms or email.

Please remember that our Telephone and Reception teams have demanding roles. Please be patient and help them to help you.

Cancelling & rescheduling appointments

If you cannot attend your given appointment please call us on 01798 872815 option 1 to cancel or reschedule.

Out of Hours

If you have a non urgent medical problem that you would like advice on when the surgery is closed, please telephone the NHS Helpline on 111. Please note that when you telephone them, your call will be recorded. **ANY EMERGENCY MEDICAL ISSUE, PLEASE DIAL 999.**

Surgery Access for Disabled Patients

The surgery is fully accessible for patients with disabilities with suitable toilet facilities. A wheelchair is available for patient use when visiting the practice. Please advise the receptionist if you require the wheelchair or help, when you book your appointment. There are 2 disabled parking bays in the staff parking area.

Home Visits

Home visits are only arranged for patients who are unable to come to the surgery because of serious illness or infirmity. These should be requested before 10.00am if possible, as rounds have to be planned. You will be asked for a reason for the Home Visit so we can judge the urgency of the call. The Doctor may phone before visiting to assess the urgency of the visit.

Chaperones

All patients are entitled to have a chaperon present for any consultation. Please request this at the time of booking or speak to your GP.

Carers

Carer Support Service on 0300 028 8888.

Non NHS Examinations

Some medical examinations, for example, fitness to travel, hackney carriage licenses, firearms licenses, are not covered by NHS agreements. These examinations are done by special arrangement and a fee is payable. A price list is available on request.

Freedom of Information Policy

The Freedom of Information Act requires every public authority to adopt and maintain a publication scheme which has been approved by the Information Commissioner, and to publish information in accordance with the scheme. Requests should be directed to the Practice Manager.

Practice Complaints Procedure

If you have a complaint or concern about the service you have received from the Doctors or any of the staff working in this Practice, please let us know.

We hope that problems can be sorted out easily and efficiently, often at the time they arise and with the person concerned. If your problem cannot be sorted out this way and you wish to make a complete, please let us know as soon as possible as this will enable us to establish what happened more easily.

If it is within 12 months of the incident or of becoming aware of the matter, please direct your complaint to the Practice Manager, Mrs Liz Eades or to Coastal West Sussex Commissioning Care Group, The Causeway, Goring-by-Sea, BN12 6BT

Data Protection Act

The practice is computerised and patients' details are held on computer. We are therefore registered under the Data Protection Act 1988. We give highest priority to confidentiality. Medical records are not disclosed to anyone outside of the NHS and this practice without your explicit consent. All members of the team are bound by strict rules of confidentiality.

New Patient Check Form – Please Complete fully and return to the Practice

Thank you for taking the time to complete this form in as much detail as possible. However, please note that some of the information is being requested by the Department of Health so that we can provide you with a better Primary Care Service.

NAME:		DOB:	
Home Tel No:		Mobile:	Alternate:
Email:			
<i>*Note: by entering your home, mobile and/or email, you are granting us permission to use these in order to contact you. These details will not be passed to any third party without your permission and will be for PMG's use only</i>			
Main Language Spoken:		Ethnic Origin:	
Has a Carer: YES / NO	Carers Name:		Tel No:
Is a Carer: YES / NO	Name:		Tel No:
	Relationship:		
Nominated Next of Kin Name:	Relationship:		Tel No:
Next of Kin Address:			
Are you a Military Veteran? A veteran is someone who has served in the active military, naval or air service:	YES / NO (please circle as appropriate)		Force Served in and Dates:

Height:	Weight:	Blood Pressure:	Waist (cm):
Exercise Levels:	Inactive	Moderately Inactive	Moderately Active Active

Family History	Maternal (Mother)	Paternal (Father)
Heart Disease Under 60	YES / NO	YES / NO
Heart Disease Over 60	YES / NO	YES / NO
Diabetes	YES / NO	YES / NO
Cancer (Please state)	YES / NO	YES / NO
Other (Please state)		

Your Past Medical History: (Operations/Illnesses etc)

MEDICATIONS

If you require any repeat, regular medications – please ATTACH A CURRENT PRESCRIPTION SLIP from your current GP Practice showing the medication and dosage you are currently taking so that these may be added to your records.

Do you have any Drug Allergies or other Sensitivities?

How Many Units of Alcohol do you usually drink per week?

Single Shot of spirit – 1 unit Small 125ml glass of wine – 1.5 units Medium 175ml glass of wine – 2.1 units Large 250ml glass of wine – 3 units Bottle of lager/beer/cider – 1.7 units Can of lager/beer/cider – 2.4 units Pint of lower strength lager/beer/cider – 2 units Pint of higher strength lager/beer/cider – 3 units	TOTAL
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SMOKING

Current Smoker: YES / NO	How many do you smoke per day?
Ex Smoker – Quit Date:	How many did you smoke per day
Never Smoked Tobacco: YES / NO	E-Cigarette Smoker: YES / NO

DO YOU HAVE A POWER OF ATTORNEY FOR HEALTH AND WELFARE? IF YES, PLEASE PROVIDE A COPY.

DO YOU HAVE AN ADVANCED DECISION TO REFUSE TREATEMENT IN PLACE? IF YES, PLEASE PROVIDE A COPY.

PATIENT CARE CO-ORDINATORS/RECEPTION TEAM - Please circle ID used to verify patients details;

Passport	Driving Licence	Birth Certificate	Bank or Building Society Statement	Tenancy Agreement
Mortgage Document	Council Tax Bill	Utility Bill (NOT mobile phone bill)	Wage Slip	Other (please state)

Receptionists Name: _____ Date: _____



SystemOnline – Patient Application Form

SystemOnline is a website and app provided by TPP which allows patients to view their electronic medical record as well as providing other features such as appointment management or ordering repeat prescriptions

To register, please complete this form and return it to reception along with some photographic proof of ID (i.e. Passport or Driving Licence).. To ensure confidentiality we are only able to accept registrations in person – i.e. you cannot give your details to anyone else to register for you.

We are unable to give access to SystmOne Online for patients under the age of 16.

Name of person for the online access (Please print)	
Date of Birth	Age

Patient Disclaimer 1 (application in person over 16 yrs)

I have understood and will adhere to the Pulborough Medical Group Practice Guidance notes which I have been given for the use of SystmOne Online. It is my responsibility to keep my account secure by keeping my log in details confidential. I understand that I can terminate my account at any time by contacting the surgery, or change my log in details by re-registering, and that this form will be kept on my electronic records.

Signed Date

Please tick if you would like access to your full medical record. ☐

Electronic Prescription Service



The Electronic Prescription Service (EPS) sends electronic prescriptions from GP Practices to Pharmacies automatically, so that patients can order their prescription online and then just collect the prescription direct from the selected pharmacy without having to collect a paper prescription from the GP Surgery. To Register, please complete the form below, ensuring your name and DOB is clearly written at the top of this form;

I am the patient named above/carers of the patient name above and would like my prescriptions to be sent automatically to;

PLEASE CIRCLE NAME OF PHARMACY BELOW:		
Cordens/Kamsons - Pulborough	Lloyds - Storrington	Boots – Storrington
Arun Valley – Billingshurst	Lloyds – Billingshurst	Ashington Pharmacy – Ashington
Lloyds – Arundel	Boots – Southwater	Tesco – Broadbridge Heath
Lloyds – Petworth	OTHER (Please state).....	



PULBOROUGH MEDICAL GROUP

Patient consent for Text Messaging and Email Contact

Pulborough Medical group would like to make increased use of new technologies to communicate with patients. We currently use text messaging for appointments reminders, reminders for clinics (i.e. Covid or flu vaccinations), general wellbeing surveys (i.e smoking) and results. Emails are used to send care plans and other documents (i.e. Asthma or diabetic Care Plans).

We will not transmit any information that would enable a patient to be identified by text/email to anyone under the age of 16.

If you are happy to consent or which to dissent to the above, please complete the form below and hand it in at Reception.

Full Name		Consent Given (Please tick relevant boxes)
Date of Birth		
Mobile Number		YES <input type="checkbox"/> NO <input type="checkbox"/>
Home Telephone Number		YES <input type="checkbox"/> NO <input type="checkbox"/>
Email Address		YES <input type="checkbox"/> NO <input type="checkbox"/>
Please note that it is your responsibility to inform us of any changes to your contact details		
Signature	Date	

Disclaimer

If you agree to the practice contacting you via your mobile phone or fixed land line number, we agree to adhere to the following:

1. The mobile phone number or fixed land line number will only be used by the practice in relation to the healthcare services offered by the practice. You will not be contacted in relation to any other types of products or service and your information will not be passed to any other parties.
2. If at any time you would like to opt out of either of the above services, please make a personal request to the practice and you will be opted out of the service within 48 hours. You may also like to include your reason for opting out, to help us review and improve the service in future.

E-Mails will only be sent by the practice staff and e-mail addresses will not be passed on to any other parties.

Consent for leaving verbal telephone messages

Please let us know if you **DO NOT** consent to us leaving a telephone voice message on your mobile or landline number if we cannot reach you when we telephone by ticking the appropriate box.

MOBILE: ☐

LANDLINE: ☐

NHS Summary Care Record with Additional Information



If you are registered with a GP in England, you will have a Summary Care Record (SCR) unless you have previously chosen not to have one. SCRs are widely used across NHS urgent and emergency care, such as NHS 111, 999 and Accident & Emergency Departments

An SCR is a copy of key information from your GP record. It provides authorised care professionals with faster, secure access to essential information about you when you need care. It contains important information about any medicines you are taking, any allergies you suffer from and any bad reactions to medicines that you have previously experienced. This will help all care staff involved in your care make better and safer decisions about how best to treat you, especially if you are unwell or have complex care needs. Healthcare staff will ask your permission when they need to look at your Summary Care Record.

Additionally you can also choose to add 'additional information' to your Summary Care Record. This will include significant medical history and details about immunisations, your information and / or communication needs and your personal preferences. This will only happen if both you and your GP agree to do this – and you should discuss your wishes with your GP practice.

If you are a carer, and you think that the person you care for could benefit from having additional information in their Summary Care Record, then please support them to discuss this with their GP practice, or, if appropriate, contact their GP practice on their behalf.

What to do next

If you would like additional information added to your Summary Care Record, then please complete this form and return it to the GP Surgery:

Name of Patient (*print*):.....

DOB:.....

Postcode:.....

Signature:.....

Date:.....

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; YOU sign the form above and provide your details below:

Name:.....

Capacity:

Parent

Legal Guardian

Lasting Power of Attorney

(Please circle one)

Health and Welfare

For more information, please visit <https://digital.nhs.uk/summary-care-records>

For Practice Use: Select Summary Care Record from bottom of clinical tree. Select Spine logo with green tick, Select 'Express Consent for medication, allergies, adverse reactions and additional information



NATIONAL DATA OPT OUT

The National Data Opt-Out is a service that allows patients to opt out of their confidential patient information being used for research and planning.

The national data opt-out was introduced on 25 May 2018, enabling patients to opt out from the use of their data for research or planning purposes, in line with the recommendations of the National Data Guardian in her Review of Data Security, Consent and Opt-Outs:

<https://www.gov.uk/government/publications/review-of-data-security-consent-and-opt-outs>

Patients can view or change their national data opt-out choice at any time by using the online service at www.nhs.uk/your-nhs-data-matters or by clicking on "Your Health" in the NHS App, and selecting "Choose if data from your health records is shared for research and planning"

YOUR CHOICE

You can stop your confidential patient information being used for research and planning. Find out how to make your choice.

If you are happy with your confidential patient information being used for research and planning you do not need to do anything.

ANY CHOICE YOU MAKE WILL NOT IMPACT YOUR INDIVIDUAL CARE.

Go To: <https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/>

Email: enquiries@nhsdigital.nhs.uk

Postal address;

National Data Opt Out
Contact Centre
NHS Digital
HM Government
7 and 8 Wellington Place
Leeds
LS1 4AP

Tel: 0300 303 5678 (open Monday to Friday, 9am to 5pm (excluding Bank Holidays))

Vaccinations and Immunisations

Do you know if your vaccination history is up to date and complete?

Yes

☐

No

☐

THE UK IMMUNISATION SCHEDULE

2 Months (8 Weeks)

- 6-in-1 first dose (protects against diphtheria, tetanus, pertussis (whooping cough), polio, Hib disease and hepatitis B)
- Rotavirus Vaccine first dose (protects against rotavirus)
- MenB vaccine first dose (protects against type B Meningococcal disease)

3 Months (12 weeks)

- 6-in-1 second dose (protects against diphtheria, tetanus, pertussis (whooping cough), polio, Hib disease and hepatitis B)
- Rotavirus Vaccine second dose (protects against rotavirus)
- Pneumococcal conjugate vaccine (PCV) first dose (protects against pneumococcal disease)

4 Months (16 weeks)

- 6-in-1 third dose (protects against diphtheria, tetanus, pertussis (whooping cough), polio, Hib disease and hepatitis B)
- MenB vaccine second dose (protects against type B Meningococcal disease)

12 to 13 months

- Hib/Men C vaccine (boosts protection against Hib disease and protects against type C Meningococcal disease. *Haemophilus influenzae* type b (Hib) is a bacterium which can cause a range of very serious diseases, particularly in children under the age of 5)
- MMR Vaccine first dose (protects against measles, mumps and rubella)
- PCV Booster (protects against pneumococcal disease)
- MenB Booster (protects against type B Meningococcal disease)

2 years up to school year 6

- Nasal Flu vaccine (an annual vaccine that protects against seasonal flu)

3 years and 4 months

- MMR booster (protects against measles, mumps and rubella)
- Pre-School Booster 4 in 1 vaccine (protects against diphtheria, tetanus, pertussis (whooping cough) and polio)

Teenage

- HPV Vaccine (12-13 year old boys and girls (2 doses to protect against HPV, the main cause of cervical cancer))
- Teenage Booster (protects against tetanus, diphtheria and polio)
- MenACWY vaccine (protects against four different types of meningococcal disease.)

Adult

- Older adults and risk groups – (inactivated influenza vaccine annually which protects against flu)
- Shingles vaccine at age 70 (protects against shingles)
- Pneumococcal polysaccharide vaccine (PVC) protects against pneumococcal disease