

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE



1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK? Yes No Will you be in the area for more than 3 months? Yes No
(If 'No', please complete a temporary resident form)

Male * Female *

Date of birth * Address *

Title *

Surname *

Forenames *

Previous surname * Postcode *

Telephone #

Email address # Mobile #

the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system.

The following information can be found on your **current medical card**:

Community Health Index (CHI) number * NHS number *

The following information can be found on your **birth certificate**:

Town of birth * Country of birth *

Registered district of birth
(Scotland only) Mother's maiden name

2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP * Name and address of previous GP Practice in UK *

Postcode * Postcode *

If you are from abroad:

Date you first came to live in the UK * If previously resident in the UK, date of leaving *

Your most recent country of residence

If you have served in the British Armed Forces:

Enlistment date * Service Number

Are you a Reservist? Yes No If yes provide your address before enlisting *

Leaving date * Postcode *

Is this your first registration with a GP since leaving the armed forces? Yes No

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to www.organdonationscotland.org

4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "[How the NHS handles your personal health information](#)" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature

Date *

Representative's name (if applicable)

Relationship to patient (if applicable)

6. FOR PRACTICE USE

GP reference number

GP name

Practice code

Identification seen – do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert	Student ID card	Driving licence	Passport or HC2 cert	Home Office app reg card	Other / None
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I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature

Date *

7. FOR OFFICIAL USE ONLY

Input by

Checked by

Date

Practice stamp



Preferred Pharmacy

Please let us know where you would like to pick up any medication you are prescribed. This ensures you receive your medication without unnecessary delay.

Crawfords Pharmacy (Shotts Health Centre)	
Crawfords Pharmacy (19 Shottskirk Road, Shotts)	
Crawfords Pharmacy (Delivery Service)	
<i>Please ensure Crawfords are aware of this preference</i>	
Deans Pharmacy (Newmains Health Centre)	
Deans Pharmacy (88 Manse Road, Newmains)	
Deans Pharmacy (Coltness)	
Collect – Newmains Reception	
Collect – Shotts Reception	
Overtown Pharmacy	
Cleland Pharmacy	

Please allow **at least 48 hours** before collecting your medication from your preferred Pharmacy. This allows time for the prescription to be generated and transferred to the Pharmacy, then for them to prepare it before your arrival.



Burnbrae Online - Registration Consent Form

Our Online Prescription Service is supplied by Patient Services, an approved NHS website. It can be accessed via www.patient-services/co.uk.

To register for this services, you must receive a unique set of instructions from us which helps Patient Services identify your medical record.

Please fill out the table below. Be aware, you **must** have a personal email address **and** mobile number to access this service. Please read overleaf for additional information relating to this **before** proceeding.

Patient details	Please complete in BLOCK CAPITALS												
Forename													
Surname													
Date of birth	D	D	/	M	M	/	Y	Y	Y	Y			
Email address													
Mobile number													
Signature													
Date	D	D	/	M	M	/	Y	Y	Y	Y			
Completing the form on behalf of the patient?													
Print forename													
Print surname													
Relationship													
Signature													
Date	D	D	/	M	M	/	Y	Y	Y	Y			

Staff use only													
Patient ID seen													
Type of ID													
Staff name													
Date	D	D	/	M	M	/	Y	Y	Y	Y			

Additional Information

Before you proceed with this consent form, please read the following information.

Email addresses and Mobile Numbers

It is important you enter your own personal email address and mobile number, if you have these. This ensures your data is confidential and only you can access your medical information.

If you do not have a personal email address, or a mobile number, you are entitled to use someone else's email address with your and their permission. There are associated risks with this, including but not limited to:

- Emails can be circulated, forwarded and stored in paper and electronic files;
- Backup copies of emails may exist even after the sender or the recipient has deleted his/her copy;
- Emails and text can be received by unintended recipients;
- Emails text can be intercepted, altered, forwarded or used without authorisation or detection; and/or
- Emails can be used to introduce viruses into computer systems or smart phones.

We may ask for your permission to do this before proceeding with your registration.

If you are under the age of 16, you can have a parent/guardian register on your behalf using their details. When you turn 16 years old, we will contact you to update your details.

You can change your contact details, either via us or Patient Services, at any time after you have registered. Instructions on how to do this can be found on the Patient Services website.

For full Terms and Conditions, Privacy Notice and Cookie Notice, please visit www.patient-services.co.uk before proceeding with your registration.

Next Steps

Once you have completed this consent form, please hand it back into our Practice to our Patient Care Advisors. It is preferable for you to have a form of identification, just so we can confirm your details.

A member of our team will enter your contact details into your medical record and produce a document which will include our Practice ID, a Linkage Key and an Account Code, all of which is required when registering for this service. You will also be given an instruction pack to help you with the process.

If you have any questions, please get in touch via askmyGP (at www.burnbraemedicalpractice.co.uk) or via phone on 01501 822256 or 01698 384482 and we can see how best we can help.



Text Messaging Consent Form

Burnbrae Medical Practice wishes to expand its method of communicating with patients to include the use of text messages. The service will be used to send text messages about test results being available, practice news, health promotion and appointment reminders.

This form provides information about the risks of email and texts. Patient privacy is important to us, which means we need your consent.

Benefits

There are a number of advantages to contacting patients via text:

- Quick and easy communication without delays
- Reduced possibility of loss of communication through incorrect postal address

Risks

Communication by text has a number of risks which include, but are not limited to, the following:

- Texts can be circulated, forwarded and stored in paper and electronic files.
- Backup copies of texts may exist even after the sender or the recipient has deleted his/her copy.
- Text can be received by unintended recipients.
- Text can be intercepted, altered, forwarded or used without authorisation or detection.
- Text senders can easily type in the wrong email address or mobile number.
- Texts can be used to introduce viruses into computer systems or smart phones.

You must be at least 16 years old to sign up for this service and your mobile number must be your **personal** mobile number (and cannot be a landline). You cannot use a friend or relative's number. This will compromise your confidentiality and it is your responsibility to keep this up to date.

If you are happy to proceed please fill in your details. Please note, ALL boxes must be completed.

Patient details	Please complete in BLOCK CAPITALS																			
Forename																				
Surname																				
Date of birth	D	D	/	M	M	/	Y	Y	Y	Y										
Mobile number																				
Signature																				
Date	D	D	/	M	M	/	Y	Y	Y	Y										

I consent to the practice contacting me by text message for the purpose of:

(please tick as appropriate, if left blank, we will assume NO)

	Yes	No
Test Results Alert, inc. Normal Results		
Practice News		
Health Promotion		
Appointment Reminders		

Declaration *(please tick)*

- I will ensure that I keep the Practice informed of my up to date mobile number at all times.
- I understand that it is still my responsibility for attending appointments or cancelling them by contacting the Practice directly.
- I understand that if I don't receive any test results by text, it is my responsibility to contact the practice.
- I understand I can cancel the text message facility at any time.

Signature of Patient: _____ Date: _____

Additional Information

Before you proceed with this consent form, please read the following information.

Email addresses and Mobile Numbers

It is important you enter your own personal email address and mobile number, if you have these. This ensures your data is confidential and only you can access your medical information.

If you do not have a personal email address, or a mobile number, you are entitled to use someone else's email address with your and their permission. There are associated risks with this, including but not limited to:

- Emails can be circulated, forwarded and stored in paper and electronic files;
- Backup copies of emails may exist even after the sender or the recipient has deleted his/her copy;
- Emails and text can be received by unintended recipients;
- Emails text can be intercepted, altered, forwarded or used without authorisation or detection; and/or
- Emails can be used to introduce viruses into computer systems or smart phones.

We may ask for your permission to do this before proceeding with your registration.

You can change your contact details, either via us or through your askmyGP account, at any time after you have registered.

If you wish to contact us, but do not have an email address, or are under the age of 16, a family member can message us on your behalf.

Next Steps

Once you have completed this consent form, please hand it back into our Practice to our Patient Care Advisors. It is preferable for you to have a form of identification, just so we can confirm your details.