



# BASSINGHAM SURGERY

Dr P Bridgwood  
Dr M Hargreaves  
Dr H Wilson  
Mrs Juliet Brewer Practice Manager  
01522 788250

**Dear New Patient**

## **WELCOME TO BASSINGHAM SURGERY**

In your registration pack you will find

- A new patient registration form for your baby/child
- A text messaging consent form, we use text messaging to confirm appointments have been booked and also to remind patients to attend their appointments
- A medication/Pharmacy form

You can find useful information on our website [www.bassinghamsurgery.co.uk](http://www.bassinghamsurgery.co.uk)

**Please complete the form relating to your medication.**

Thank you for your co-operation in completing the attached documentation.

We trust you will be happy with the services we provide.

Yours sincerely

**Juliet Brewer  
Practice Manager**

**IS THERE ANYTHING YOU THINK WE SHOULD KNOW ABOUT YOUR CHILD'S MEDICAL HISTORY?**  
IF SO PLEASE GIVE DETAILS eg. Operations, Serious Illness ie Hepatitis b, Hepatitis c, HIV or Aids or Allergies.

---

---

**PLEASE INDICATE YOUR ETHNIC ORIGIN BELOW**

WHITE	BRITISH/IRISH/OTHER _____
MIXED	WHITE AND BLACK CARIBBEAN/WHITE AND ASIAN/OTHER _____
ASIAN OR ASIAN BRITISH	INDIAN/PAKISTANI/BANGLADESHI/OTHER _____
BLACK OR BLACK BRITISH	CARIBBEAN/AFRICAN/WHITE AND ASIAN/OTHER _____
CHINESE OR OTHER ORIGIN	CHINESE/OTHER _____

**SystemOnline**

**If you would like to access your child's online record – to order repeat prescriptions, to link your NHS App or to view any available medical history, please speak to one of our Receptionists. (photo ID required)**



## TEXT MESSAGING CONSENT

Please fill in your details and read the policy below carefully before signing

<b>Name of patient</b>	<b>Date of birth</b>
<b>NHS number</b>	
<b>Mobile tel No</b>	
<b>Parent/guardian name if patient is under the age of 16. Please state relationship</b>	

I would like to receive text messages to the above mobile telephone from Bassingham Surgery and understand that the content will only relate to the medical record belonging to myself/my child. It may include confirmation of an appointment, a reminder alert or short messages from the Doctor/Surgery.

Should I wish to withdraw consent I accept that I must give at least 5 working days' notice in writing, quoting the above mobile number.

Text messages may be sent to a parent/guardian if the child is under 16 years of age.

I am aware that the NHS mail messaging service utilises the public telephone network and as such full security is not guaranteed.

I confirm that I understand the details above and that I am the patient listed above. I understand that it is my responsibility to advise Bassingham Surgery of any changes to my mobile telephone number.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Form must be signed by the named patient unless the patient is a child under the age of 16 years.**

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: DD/M/YYYY Discharge date: DD/M/YYYY (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\*

- 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

\*Not all doctors are authorised to dispense medicines

- 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](http://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](http://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

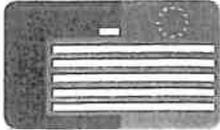
I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

Parent/guardian should complete the form on behalf of a child under 16.

<b>Signed:</b>		<b>Date:</b>	DD MM YY
<b>Print name:</b>		<b>Relationship to patient:</b>	
<b>On behalf of:</b>			

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**

<b>Do you have a non-UK EHIC or PRC?</b>	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	<b>If yes, please enter details from your EHIC or PRC below:</b>
 <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>	<b>Country Code:</b>	
	<b>3: Name</b>	
	<b>4: Given Names</b>	
	<b>5: Date of Birth</b>	DD MM YYYY
	<b>6: Personal Identification Number</b>	
	<b>7: Identification number of the Institution</b>	
	<b>8: Identification number of the card</b>	
	<b>9: Expiry Date</b>	DD MM YYYY
	<b>PRC validity period (a) From:</b>	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.