

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 *

Title *

Surname *

Forenames *

Previous surname *

Email address #

Address *

Postcode *

Telephone #

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 *

Postcode *

Name and address of previous GP Practice in UK *

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:

Service Number

Enlistment date *

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 Home Office Other / None
HC2 cert app reg card

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

Ethnicity 2008 Scottish Census Classification	Preferred codes (note all capital S)	
A White		
Scottish	.9S13	White Scottish
English	.9i20	English – ethnic category 2001 census
Welsh	.9i22	Welsh – ethnic category 2001 census
Northern Irish	.9i24	Northern Irish – ethnic category 2001 census
British	.9S10	White British
Irish	.9S11	White Irish
Gypsy/Traveller	.9i2E	Gypsy/Romany-ethnic category 2001 census
Polish	.9i2F	Polish – ethnic category 2001 census
Any other white ethnic group	.9S12	Other white ethnic group
B Mixed or multiple ethnic groups		
Any mixed or multiple ethnic group	.9SB	Other ethnic, mixed origin
C Asian, Asian Scottish or Asian British		
Pakistani, Pakistani Scottish or Pakistani British	.9S7	Pakistani
Indian, Indian Scottish or Indian British	.9S6	Indian
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	.9S8	Bangladeshi
Chinese, Chinese Scottish or Chinese British	.9S9	Chinese
Any other Asian background	.9SH	Other Asian ethnic group
D African, Caribbean or Black		
African, African Scottish or African British	.9S3	Black African
Caribbean, Caribbean Scottish or Caribbean British	.9S2	Black Caribbean
Black, Black Scottish or Black British	.9S41	Black British
Other black background	.9S4	Black, other, non mixed origin
E Other ethnic group		
Arab		
Other	.9SJ	Other ethnic Group
Ethnic group not given – patient refused	.9SD	Ethnic group not given – patient refused
Interpreter needs		
Interpreter needed – (language)	.9NU%	All codes under this hierarchy
(Language) interpreter needed	.9Nm%	All codes under this hierarchy
(Language) interpreter needed	.9Nn%	All codes under this hierarchy
Sign language - BSL	.9NUw	Interpreter needed – British Sign language
Sign Language – Makaton (used for special)	.9NUx	Interpreter needed – makaton sign

Were you, any parent or grandparent, born, or have lived for more than 3 months, in any country outwith UK or Europe. Yes/No (Please circle as appropriate)

CASTLE DOUGLAS MEDICAL GROUP

ADDITIONAL INFORMATION

Name:

Mobile Phone Number:

Work Number:

NEXT OF KIN:

Name:

Address:

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Contact Number:

Are you a carer or does someone care for you: **YES/NO**

If so, can you please provide details:

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Please remember when bringing in your registration form that you are required to show some form of identification. We accept passports, birth certificates or other photo ID.

If you do not bring ID, we may not be able to accept your registration.