



NEW PATIENT REGISTRATION PACK



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Tel: 01422 330860

www.planetreesgrouppractice.nhs.uk



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Follow us on Twitter [@PlanetreesGP](https://twitter.com/PlanetreesGP)

PLEASE READ AND KEEP PAGES 1 – 5 FOR YOUR REFERENCE. COMPLETE AND SIGN PAGES 6 – 12 AND PRESENT ALONG WITH 1 FORM OF PHOTOGRAPHIC ID AND 1 PROOF OF ADDRESS FROM THE LIST DETAILED ON PAGE 2. If REGISTERING A CHILD UNDER 5 YOU MUST BRING YOUR RED BOOK DETAILING IMMUNISATIONS GIVEN.

THE PRACTICE WILL THEN PROCESS YOUR REQUEST. PLEASE CONTACT US AFTER TWO FULL WORKING DAYS TO CONFIRM YOUR REGISTRATION. THANK YOU



PLANE TREES GROUP PRACTICE

New Patient Registration - Reference Guide for Patients

If you live within our practice boundary, you can register with the practice, when our list is open. We may consider requests from patients living outside our designated boundary under the new Out of Area arrangements (see further information below). You can find out more about our practice before registering by going to www.planetreesgrouppractice.nhs.uk. You can also go to www.nhs.uk and navigate to "services near you"/GP putting in your post code to find us.

In order to register with us all patients will be asked to provide proof of identity and address to enable us to assess you as 'ordinarily resident'. Please see below for acceptable documents, and bring them with you when you return the registration pack.

*ONLY **ONE** FROM EACH SECTION IS REQUIRED

PHOTOGRAPHIC ID, e.g. a current passport, driving licence, a current EU national identity card, Blue disabled parking permit (photo version only), police warrant card or armed forces ID card,

PROOF OF ADDRESS, e.g. P.A.Y.E coding notice form HMRC, benefit letter/Pension letter (this must be for the current tax year), a current valid driving licence (if not already produced as identification), a utility bill dated within the last 3 months (NOT MOBILE PHONE), a council tax bill for the current tax year.

Please note: if you have a UK photo card driving licence this will count as **both** photo ID and proof of address verification. If you are registering someone under the age of 16 and born in the UK, or over 16 with no available photographic ID, please provide a birth certificate. This will mean that you will not be able to have full online access to medical records.

Repeat Medication: Please ensure that you have an adequate supply of your repeat medications from your last GP, as you may not be able to order them from us at short notice whilst we are processing your application. (You can order medication or book appointments with your previous GP for up to 30 days after leaving the area to give you time to get registered elsewhere.) Please bring with you when you return the registration pack, a current GP prescription counterfoil, or GP letter or recent hospital discharge letter showing your repeat medication, or labelled packets of your medicines.

If REGISTERING A CHILD UNDER 5 YOU MUST BRING YOUR RED BOOK DETAILING IMMUNISATIONS GIVEN.

Temporary Patients: If you need to see a Doctor, but are only in the area temporarily (less than 3 months) or you are unsure how long you will be here, you may be able to register as a Temporary Patient, enabling you to be seen by one of our clinicians without leaving your permanent GP. For example, you may be staying with a relative who is registered with us. (If you are staying with someone who is registered with another GP in the area, we would advise you to contact that GP practice in the first instance.) If you are visiting the area from another country you may be registered as a Temporary Patient if your country has a reciprocal agreement (ask the patient advisor to check for you if you don't know). Otherwise, you can be seen as a Private Patient (please ask for details and charges before proceeding). Please present your European Health Insurance Card (EHIC), or if appropriate, your Application Registration Card (ARC) from the Home Office if you have applied for asylum. (Asylum seekers are exempt from private charges).

If you need medical attention urgently, but we are unable to register you either permanently or temporarily, or if you will be in the area for less than 24 hours, the GP on-call will assess you and if appropriate offer you "Immediately Necessary" treatment.



PLANE TREES GROUP PRACTICE

Out of Area Patient Registrations: New arrangements introduced from January 2015 give people greater choice when choosing a GP practice. Patients may now approach this surgery to register, even if they live outside our practice area, to see if they will be accepted on to the patient list. GP practices have always had the ability to accept patients who live outside their practice area. Regardless of distance from the practice, the practice would still provide a home visit if clinically necessary. The new arrangements mean GP practices now have the option to register patients who live outside the practice area but without any obligation to provide home visits.

Plane Trees Group Practice has signed up to this service. If your application is considered, the practice we will only register you without home visits **if it is clinically appropriate and practical in your individual case**. To do this we may:

- Ask you or the practice you are currently registered with questions about your health to help decide whether to register you in this way
- Ask you questions about why it is practical for you to attend this practice (for example, how many days during the week you would normally be able to attend).

If accepted, you will attend the practice and receive the full range of services provided at the surgery. If you have an urgent care need and the surgery cannot help you at home we may ask you to call NHS 111 and they will put you in touch with a local service (this may be a face-to-face appointment with a local healthcare professional or a home visit where necessary). We may decide that it is not in your best interests or practical for you to be registered in this way. In these circumstances we may offer you registration with home visits if you live just outside the practice area or we may not register you and advise you should seek to register (or remain registered) with a more local practice. If accepted but your health needs change, we may review your registration to see if it would be more appropriate for you to be registered with a GP practice closer to your home. This new arrangement only applies to GP practices and patients who live in England. For further information please ask at reception or visit the NHS Choices website: www.nhs.uk

New Patient Registration Checks: New patients are entitled to a health check. This helps us to assess and review your health care needs and record clinical data such as height, weight, blood pressure etc. This will also offer you the opportunity to discuss particular health issues you may have. The appointment will enable you to familiarise yourself with the Practice and the services we provide. You will also be directed to our website and/or provided with literature which outlines how the Practice operates.

Once your registration is complete, you will be called in for an appointment by telephone or letter.

- If you are on regular medications you should see one of our Practice Nurses for a combined New Patient Health Check/ medication review.
- If you are not on any medication, you should see our health care Assistant for a New Patient Health Check.

The nurse or health care assistant will ask about:

- current and past illnesses including any that run in the family (Family History) and operations
- medication and allergies
- any screening tests, such as cervical smears and immunisations such as tetanus.

They will check your blood pressure, height, weight and test a sample of your urine. You are also offered advice on: healthy eating, exercise, sensible limits for alcohol, how to stop smoking (if appropriate). They will also assess your risk of heart disease and can arrange a cholesterol check, if needed.



PLANE TREES GROUP PRACTICE

Named GP: Plane Trees Group Practice will ensure that each patient on our practice list is assigned a named, accountable GP. You will be advised of this when your registration is accepted or at your next available appointment. We will add this information to your medical record. This requirement is part of GP practice regulations.

Your named GP will **not** take on 24 hour responsibility for you as a patient or make a change to their working hours. The requirement does not imply personal availability for GPs throughout the working week. This GP cannot be the only Doctor to care for you as a patient. You can still see any GP you want to.

You do not need to take any further action, but if you have any questions, or wish to discuss this further with us, please contact us on: 01422 330860 or email at: planetrees.practice@nhs.net

SERVICES FOR PATIENTS

Online Services: Patients can now book/cancel appointments, order/track repeat prescription requests and view elements of medical records online. You can register via our website. User IDs and passwords can be reset online if you have forgotten your details. You will need to visit the practice to verify ID before full access can be activated. Please complete the form attached to request access to these services.

Text Messages; Appointment reminders will automatically be sent to you by text message if we have your mobile number (unless you have opted out of this service).

Test Results: If you have any tests the GP will assess them to see if any follow up action is required. We may contact you by telephone or send you information about your results by letter or text message (unless you have opted out of the text service).

Please note, it remains your responsibility to ensure that you have received your test results and taken any necessary action, e.g. make an appointment, collect prescription, etc. Please telephone reception for this 7 to 10 days after your test if you have not by then received your results by other means.

PLEASE MAKE SURE WE HAVE YOUR UP TO DATE MOBILE NUMBER. LET US KNOW IF IT CHANGES.

You can visit our website for further information: www.planetreesgrouppractice.nhs.uk



PLANE TREES GROUP PRACTICE

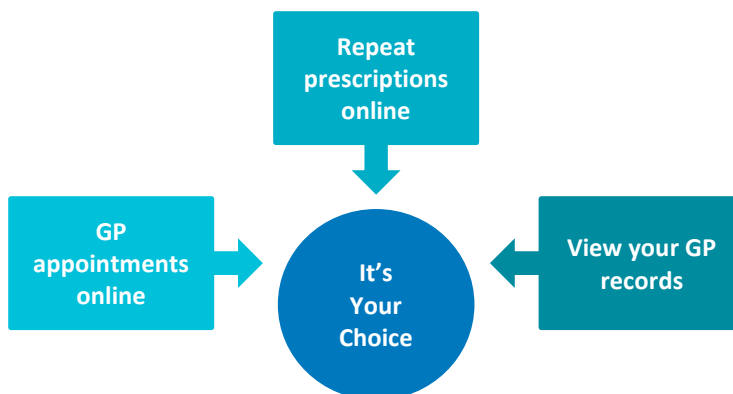
Online Services Records Access Patient information leaflet 'It's your choice'

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

The practice has the right to remove online access to services for anyone who doesn't use them responsibly.



It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

Before you apply for online access to your record, there are some other things to consider. Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Things to consider

Forgotten history: There may be something you have forgotten about in your record that you might find upsetting.
Abnormal results or bad news: If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.
Choosing to share your information with someone: It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.
Coercion: If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.
Misunderstood information: Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.
Information about someone else: If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society: *Keeping your online health and social care records safe and secure*
<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>



PLANE TREES GROUP PRACTICE

Patient's details (Please complete in BLOCK CAPITALS and delete/tick as appropriate)

Mr / Mrs / Miss / Ms Surname First names

Date of birth / / Place of birth:

Previous surname (if appropriate)

NHS No / / / / / / / /

Which of the following best describes how you think of yourself:

Female (incl Trans Women) Male (incl Trans Men) Non-binary Other _____

Which of the following best describes you:

Heterosexual/Straight Homosexual/Gay or Lesbian Bisexual
 Any other way _____ I do not wish to disclose

Home address
..... Postcode

Telephone number Mobile Number
Email address

Please tick if you **DO NOT** wish to receive appointments, reminders or test results by text
(leave blank if happy to receive texts).

How would you like us to contact you (you can change this at any time) Phone E-mail Letter

Please tick here if you **DO NOT** wish to be contacted via email *(leave blank if happy to receive emails).*

If you are registering a child under 5: I wish the child above to be registered with the doctor and agree to engage with the Childhood Vaccination Programme vaccination against communicable diseases. **Please ask for further information on this programme if you do not understand the question.**

Your previous address in UK: Name and Practice/address of previous doctor
.....
.....

Postcode Postcode
We may use this information to contact your previous surgery to confirm that the information you have provided is correct.

If you are from abroad (Your first UK address where registered with a GP)

Address
..... Postcode

If previously resident in UK, date of leaving: / / Date you first came to live in UK: / /

If you are returning from the Armed Forces please provide your address before enlisting:

Address
..... Postcode

Service or personnel number Enlistment date / /



PLANE TREES GROUP PRACTICE

SUPPLEMENTARY QUESTIONS

PATIENT DECLARATION for all patients who are no 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 EHIS, 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.
- d)


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:	
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?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	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 hospital.</i></p>	Country Code	
	3: Name	
	4: Given Names	
	5: Date of Birth	
	6: Personal Identification Number of the card	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry date	
	PRC validity period (a) form:	

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 and recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared The Department of Work and Pensions for the purpose of recovering costs from your home country.



PLANE TREES GROUP PRACTICE

Ethnicity: The collection of this data is in accordance with the legislation contained in the Race Relations Act and follows the recommendations of the Commission for Racial Equality (CRE). The categories of race origin listed below follow the recommended categories for public bodies in England and Wales, and are consistent with the presentation and collection of ethnicity detail within the 2011 Census. Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions. **Choose ONE section from A to E, and then tick ONE box to indicate your background.**

White British Asian _____ West Indian _____ Other _____
 Other White _____ Mixed Asian _____ Other black _____

Do you speak English? Yes No
Do you require an interpreter? Yes No
What is your first language if it is not English?

Do you have special communication needs No Yes _____

Regrettably, we don't provide Braille or a hearing loop

NHS Organ Donor Registration: I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death.

PLEASE TICK AS APPROPRIATE: kidneys heart Liver Corneas Lungs Pancreas Any part of my body

Signature confirming consent to organ donation Date / /

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:

Preferred address for donation: (only if different from above, for example, your place of work)
..... Postcode

For more information please visit: www.organdonation.nhs.uk and www.blood.co.uk

Contract of Care

The GPs, Nurses and Staff aim to provide the highest possible care to our patients. The aim of this Contract of Care is to ensure that you understand the practice policies, why such policies are in place and then follow them. We particularly recommend that you read closely the details relating to our Appointment, Repeat Prescribing and Behaviour policies. By signing the registration form you agree to be bound by them.

Your responsibilities:	Practice responsibilities:
Comply with recommended treatment	Offer access to quality medical services
Participate in appropriate practice, national and local screening and prevention programmes	Provide access to a wide range of practice, national and local screening and prevention programmes
Commit to a healthy lifestyle with support from the Practice if required	Offer support from trained healthcare professionals to help you to maintain a healthy lifestyle
Attend booked appointments or contact the practice in plenty of time if unable to do so	Enable you to pre-book relevant appointments and provide you with an appointment with a GP or appropriate healthcare professional
Treat GPs and staff with dignity and respect at all times and adhere to the NHS zero tolerance policy.	Treat you with dignity and respect at all times.

Information about all the services we provide and the policies are detailed on our website www.planetreesgrouppractice.nhs.uk If you do not have access to the internet please ask at reception for a practice booklet. Before deciding that you wish to join the Practice we ask that you review this information in order to decide whether you can follow the policies presented by the Practice in line with the new General Medical Services GP contract.



PLANE TREES GROUP PRACTICE

ACCESS, CARERS AND PRESCRIPTIONS

- A** Is the Practice accessible to you? Yes No
- B** Do you have any additional needs the practice should be aware of when communicating with you?
Yes No
- If Yes, please give details.....
- C** Are you a carer? (does not apply to professional carers) Yes No
- D** Do you have a carer? Yes No

If you have answered Yes to B or C, please ask for a Carers identification form to complete, and a Carers' pack.

- E** Are you on repeat medication? Yes No
- If you are on repeat medication, please provide us with your repeat prescription counterfoil from your previous practice, a GP or hospital letter containing details of your current medication, or labelled packets of your current medication, to enable us to dispense your medication. We operate a Practice Formulary, which is a list of drugs that we are prepared to prescribe so that we prescribe drugs that we are confident in and familiar with. Certain treatments may not be prescribed by the Practice.

DETAILS OF OUR FULL RANGE OF SERVICES CAN BE FOUND ON OUR WEBSITE:

www.planetreesgrouppractice.nhs.uk

All the information I have given above is correct to my knowledge.

Signed: Print Name: Date: / /

TO BE COMPLETED BY THE PRACTICE STAFF

OUT OF AREA: YES/NO (please indicate) IF YES PASS TO MANAGEMENT FOR AUTHORISATION.

RECEIVED BY: CHECKED BY:,.....

DATE: / / DATE: / /

PLEASE NOW PASS TO MANAGEMENT FOR AUTHORISATION AUTHORISED BY:.....DATE.../.../.....



PLANE TREES GROUP PRACTICE

Patient Health Questionnaire

Smoking – please tick:

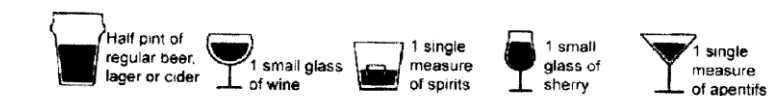
- Ex-Smoker Date or year stopped..... Never Smoked
 Smoker - cigarettes Number of cigarettes a day 1-9 10-19 20 or more
 Smoker – e-cigarettes Smoker – cigars/pipe _____

We have a Smoking Cessation Service to help smokers quit. If you smoke would you consider help to stop smoking?

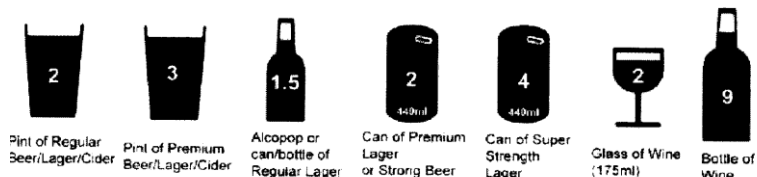
- Yes, I am happy for you to contact me I shall make an appointment No, I don't want to stop at present

Alcohol

This is one unit of alcohol...



...and each of these is more than one unit



Please tick your answers:

1) How often do you have a drink containing alcohol?

NEVER	MONTHLY OR LESS	2-4 TIMES PER MONTH	2-3 TIMES PER WEEK	4+ TIMES PER WEEK

2) How many units of alcohol do you drink on a typical day when you are drinking (see diagram above)?

1-2	3-4	5-6	7-9	10+

3) How often have you had 6 or more units (females) or 8 or more units (males) on a single occasion in the last year?

NEVER	LESS THAN MONTHLY	MONTHLY	WEEKLY	DAILY OR ALMOST EVERY DAY

Allergies if known: Reaction such as all over rash, (not just tummy upset or loose motions)
 Penicillin..... Aspirin..... Other.....

HAVE YOU HAD ANY OF THE CONDITIONS BELOW?

CONDITION	YES/NO	APPROX DATE OF DIAGNOSIS	CURRENTLY ACTIVE/BEING TREATED?
HARD OF HEARING			
VISUALLY IMPAIRED			
DIABETES			
HIGH BLOOD PRESSURE (HYPERTENSION)			
CORONARY/CHRONIC HEART DISEASE			
ATRIAL FIBRILLATION			
STROKE			
ASTHMA			
CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)			



PLANE TREES GROUP PRACTICE

EPILEPSY			
UNDERACTIVE THYROID			
OVERACTIVE THYROID			
ANXIETY/DEPRESSION			
OTHER MENTAL HEALTH CONDITION, PLEASE SPECIFY			
PREVIOUS ATTEMPTED SUICIDE			
INFECTION RISK, SUCH AS HEPATITIS B, HIV, etc.			
RHEUMATOID ARTHRITIS			
CANCER, PLEASE SPECIFY			
SUBSTANCE MISUSE			
CONTRACEPTIVE COIL			
CONTRACEPTIVE IMPLANT			
ALLERGY			

Significant family history: Do you have a first degree relative (Brother, Sister, Mother or Father) who has suffered from the following? Include only men suffering first before age 55 and women who suffered first below 65.

FAMILY HISTORY FIRST DEGREE RELATIVE AGED UNDER 60:	WHICH RELATIVE AND APPROX AGE AT START OF EVENT
HEART DISEASE/ANGINA, HEART ATTACK, BYPASS SURGERY	
STROKE	
HIGH BLOOD PRESSURE	
TYPE 1 DIABETES	
TYPE 2 DIABETES	

Children Under 16

Does the child live with someone other than a parent? Yes No

If Yes, please give details of person/authority with parental responsibility including contact details:

Relationship to child:.....

Is there is an allocated social worker Yes No

If yes please give details including contact number/email address:

Any other significant information we should be aware of:

.....

.....

.....

.....



Application for Online Access to Medical Records

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

Signature	Date
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PLEASE COMPLETE THIS FORM AND RETURN IT TO THE SURGERY WITH ONE PIECE OF PHOTGRAPHIC ID AND ONE PROOF OF ADDRESS FROM THE LIST DETAILED.

For practice use only:

Patient NHS number	EMIS number
Identity verified by (initials)	Date
Method (from approved list): Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	
Authorised by: Signed:	Date
Date account created	Record coded: EMISNQON23 <input type="checkbox"/>
Date passphrase sent	Major alert added <input type="checkbox"/>
Level of record access enabled Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Detailed coded <input type="checkbox"/>	Notes/explanation