

Hopwood Medical Centre
1-3 Walton Street
Hopwood
Heywood
Lancashire
OL10 2BS
Tel: 01706 603420

Thank you for registering your child at Hopwood Medical Centre.

Our aim is to provide all registered patients at the practice the highest quality of primary health care within the NHS.

Within this pack you will find the following:

- GMS1 Registration Form
- Ethnicity Monitoring Form
- Patient Questionnaire

The above forms will need to be completed and returned to the practice as soon as possible to ensure the registration process is complete.

If your child is currently taking medication an appointment will be required to see a GP. We ask that you bring some form of confirmation i.e. a counterfoil from your last prescription.

Within Heywood Middleton & Rochdale you may find the below services useful:

Paediatric Community Nurses

Children suffering from the below conditions are now seen by the Community Paediatric Nurses. Clinics are available at various locations throughout Heywood Middleton and Rochdale. If your child is suffering from:

Asthma Coughs & Colds	Sore Throats	High Temperature
Ear Ache	Rashes	Vomiting
Tummy Pain	Mild Skin Conditions	Diarrhoea
	General Illness	

Please telephone: 01706 676777 for an appointment. Clinics in Heywood are on a Tuesday & Wednesday at the Phoenix Centre.

SEVEN DAY ACCESS

Appointments are available to see a GP or nurse at evening and weekends. GP's are available 6.30pm to 9pm weekdays. Saturday's GP's and Nurses are available 8am to 6pm and 10am to 1pm on a Sundays. To book an appointment please telephone 0161 763 8292.

OPTICIANS - MINOR EYE CONDITIONS SERVICE

If your child is suffering from the following a red, sore, uncomfortable eye or sudden disturbances of your vision please contact any of the below Opticians and they will be able to help:

- DG Opticians – 7 Hornby Street, Heywood. Tel: 01706 369525
- JH Fisher Optometrist – 2 Market Place, Heywood. Tel: 01706 369658

DENTAL SERVICES PLEASE CONTACT

Urgent dental care if you don't have a dentist

If you don't have a dentist, you can follow these steps to access urgent dental care.

1. **If it's between 8am-10pm**, ring 0333 332 3800.
2. **If it's between 10pm-8am**, ring 111 instead.
3. You'll receive advice over the phone and if needed, you'll be offered a same day or next day appointment.
4. If you're offered an appointment:
 - You can choose from one of 10 locations across Greater Manchester.
 - The appointment will be 20 minutes long.
 - It will be between 9am-9pm Mondays-Fridays or 9am-1pm on weekends and bank holidays.

HEALTH VISITORS

Health Visitors are available at the Children Centres in Heywood to check times of clinics please contact:

- Woodlands Children's Centre on 0845 601 9107
- Derby Street Children's Centre: 01706 369889

Regards

Adele Hardacre
Practice Manager

Your Summary Care Record

Care professionals in England use an electronic record called the Summary Care Record (SCR). This can provide those involved in your care with faster secure access to key information from your GP record.

What is a SCR?

If you are registered with a GP practice in England, you will already have an SCR unless you have previously chosen not to have one.

It includes the following basic information:

- Medicines you are taking
- Allergies you suffer from
- Any bad reactions to medicines.

It also includes your name, address, date of birth and unique NHS Number which helps to identify you correctly.

What choices do you have?

You can now choose to include more information in your SCR, such as significant medical history (past and present), information about management of long term conditions, immunisations and patient preferences such as end of life care information, particular care needs and communication preferences.

If you would like to do this, talk to your GP practice as it can only be added with your permission.

Remember, you can change your mind about your SCR at any time. Talk to your GP practice if you want to discuss your option to add more information or decide you no longer want an SCR.

Vulnerable patients and carers

Having an SCR that includes extra information can be of particular benefit to patients with detailed and complex health problems. If you are a carer for someone and believe that this may benefit them, you could discuss it with them and their GP practice.

Who can see my SCR?

Only authorised care professional staff in England who are involved in your direct care can have access to your SCR. Your SCR will not be used for any other purposes.

These staff:

- Need to have a Smartcard with a chip and passcode
- Will only see the information they need to do their job
- Will have their details recorded every time they look at your record.

Care professionals will ask for your permission if they need to look at your SCR. If they cannot ask you because you are unconscious or otherwise unable to communicate, they may decide to look at your record because doing so is in your best interest. This access is recorded and checked to ensure that it is appropriate.

SCRs for children

If you are the parent or guardian of a child under 16, and feel they are able to understand this information you should show it to them. You can then support them to come to a decision about having an SCR and whether to include additional information.

Confidentiality

For information on how the NHS will collect, store and allow access to your electronic records visit NHS Choices at www.nhs.uk/records.

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 MM YY Discharge date: DD MM YY (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

Signature of Patient Signature on behalf of patient

Date: / /

*Not all doctors are authorised to dispense medicines

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

White: British Irish Irish Traveller Traveller Gypsy/Romany Polish

Any other white background (please write in):

Mixed: White and Black Caribbean White and Black African White and Asian

Any other Mixed background (please write in):

Asian or Asian British: Indian Pakistani Bangladeshi

Any other Asian background (please write in):

Black or Black British: Caribbean African Somali Nigerian

Any other Black background (please write in):

Other ethnic group: Chinese Filipino

Any other ethnic group (please write in):

Not stated:

Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

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

Authorised Signature

Name

Date

____/____/____

Practice Stamp

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.

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 an EU 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><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>	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 Business Service Authority for the purpose of recovering your NHS costs from your home country.

PATIENT ETHNIC ORIGIN QUESTIONNAIRE

This questionnaire follows the recommendations of the Commission for Racial Equality and complies with the Race Relations Act.

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.

Name.....**Date of Birth**.....

A White

	British
	Irish
	Any other white background please write in below

B Mixed

	White and Black Caribbean
	White and Black African
	White and Asian
	Any other mixed background please write below

C Asian or Asian British

	Indian
	Pakistani
	Bangladeshi
	Any other Asian background please write below

D Black or Black British

	Caribbean
	African
	Any other black background please write below

E Chinese or other ethnic group

	Chinese
	Any other please write below
	Declined

First language

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HOPWOOD MEDICAL CENTRE - NEW PATIENT REGISTRATION FORM

CHILDREN AGED UP TO 16 YEARS

SURNAME:	FIRST NAME:
DATE OF BIRTH:	MIDDLE NAME:
ADDRESS:	POST CODE:
TEL NO: Home	Work/Mobile of parent/guardian:
E-mail Address:	
NAME OF PARENT/GUARDIAN:	1.
NAME OF PERSON WITH LEGAL RESPONSIBILITY	2.
PLEASE LIST ALL PERSONS LIVING AT THE ABOVE ADDRESS:	
ADDRESS OF PARENT/GUARDIAN IF DIFFERENT FROM: (STATE RELATIONSHIP TO CHILD)	
NAME OF SCHOOL/NURSING ATTENDING:	
or	
NAME OF HEALTH VISITOR:	
NAME OF SOCIAL WORKER IF APPLICABLE:	

Does your child suffer from any on-going illness:

<i>Please list</i>	YES	NO
On medication		
On medication		
On medication		

Is your child currently taking any medication? Please give details:

Is your children allergic to any medication?: Please give details:

Is your child currently receiving hospital treatment ?- Please give details:

Are there any illnesses that run in the family? – Please give details:

As far as you know – is your child up to date with his / her vaccinations:

Vaccine	Age	Tick	Date Given
Diphtheria/Tetanus/Pertussis , Hib, Polio and Meningitis C	1st Dose - 2 months		
Diphtheria/Tetanus/Pertussis , Hib, Polio and Meningitis C	2nd Dose - 3 months		
Diphtheria/Tetanus/Pertussis , Hib, Polio and Meningitis C	3rd Dose - 4 months		
MMR (Measles/Mumps/Rubella) – first dose	12 - 15 months		
Booster Diphtheria/Tetanus and Polio/ Whooping cough (pre-school)	3 - 5 years		
MMR (Measles/Mumps/Rubella) - second dose	3 - 5 years		
BCG (against tuberculosis)	10 - 14 years and sometimes shortly after birth		
Booster Diphtheria/Tetanus and Polio	13 - 18 years		

OR

PLEASE BRING YOUR RED BOOK AND A COPY CAN BE TAKEN

IS YOUR CHILD LOOKING AFTER SOMEONE? (Frail, disabled or someone who has mental health and/or emotional support needs, or substance misuse problems)	YES () NO ()
IS SOMEONE LOOKING AFTER YOUR CHILD? (Let us know if a family member, friend or neighbour looks after your child) Carers Name Address Telephone Number	YES () NO ()

DOES YOUR CHILD REQUIRE HELP WITH MOBILITY/HEARING/SPEAKING	YES () NO () Please List:
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HAS YOUR CHILD ASYLUM STATUS	YES () NO ()
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Signature: Date:.....
Parent/Guardian

The receptionist will now advise you whether you need an appointment with the doctor.
