WELCOME TO CAIRNSMORE MEDICAL PRACTICE

We are a friendly team of doctors working with medical/paramedical and nursing colleagues plus support staff to provide a high standard of care for about 4000 people in Newton Stewart and the surrounding area. We hope you enjoy living in this beautiful part of Scotland.

PLEASE NOTE

In order to complete your registration with ourselves and to ensure a continuity of care, we ask that all patients who wish to join our practice contact their current medical practice and request a brief patient summary including any medications to be emailed to our reception team at:

dg.cairnsmore@nhs.scot

Without this information, your application to join the practice may be delayed and you will have to contact your current registered practice with regards to any requests for regular or repeat medications.

Before returning your registration forms to our practice for consideration, please ensure that you have signed the registration application and that you bring ID with you for our team to confirm.

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PERMANENT PATIENT REGISTRATION

Please confirm that you are going to be here for a period of **3 months or more** ☐
(Your medical records will be requested from your current GP practice)

We are a 'paper light' Practice, so we need a certain amount of information to put onto our system to allow medical staff to review. Please fill in the following form as completely as you can. There are some checks that will require to be made before your registration can be completed. We will let you know if any problems come to light during this process.

Have you been to this practice before? YES ☐ NO ☐

If you have answered yes, then some of your details will already be on our system. Please let the receptionist know that this is the case and she will check what information requires to be updated rather than you continuing to complete all of this form.

PATIENT DETAILS:-

MR ☐ MRS ☐ MISS ☐ MS ☐ THER ☐

SURNAME

FIRST NAME(s)

DATE of BIRTH / /

MARITAL STATUS

NEXT of KIN NAME

CONTACT NUMBER

PERMANENT ADDRESS:-

HOUSE NAME/No:

STREET:

TOWN:

POSTCODE:

TELEPHONE NUMBER (home)

(mobile)

Email Address

CURRENT GP DETAILS:-

PRACTICE NAME

PRACTICE ADDRESS

STREET:

TOWN:

POSTCODE:

PRACTICE TEL No

MEDICATIONS:-

Please provide the Practice with a copy of the right-hand side of your current prescription. If you do not have this, please list all of the medications that you are currently prescribed:-

NAME:	STRENGTH:	DAILY DOSE:

Please list any allergies:-

HEALTH STATUS:-

Height: Weight:

Smoking Habit:- Current Smoker Ex Smoker Never Smoked

If you are a smoker, the practice strongly suggests that you try to stop. If you would like help with this you can contact the specialised support service Smoking Matters on : ***0845 602 6861 phone or text -07736 955 211*** *or, alternatively, you can speak to your local pharmacist.*

Alcohol Consumptions (units per week):

Family History:

Do you have any immediate family members with history of any of the illnesses below? *Please tick all that apply*

Heart Disease CVA/Stroke Cancer

High Blood Pressure Diabetes Asthma

Exercise:

How often do you exercise?

What form of exercise do you do?

Additional:

Are you a Carer? Yes ☐ No ☐

A carer is defined as someone who voluntarily looks after a friend or relative or looks after a physically or mentally disabled child who needs support to live at home.

Which surgery do you wish to be registered at? Newton Stewart ☐

Creetown ☐

Patient Access:

Cairnsmore Medical Practice provides an online service to our patients for the purpose of appointment booking and prescription ordering. Once your registration is confirmed complete, please ask the receptionist for the relevant information to allow you to access this service should you wish to use it.

Further information on surgery times etc is available in our Practice Information Leaflet.

Office Use Only:-

Previously Registered: YES ☐ NO ☐ EMIS REG No: ☐

Patient Summary/ RH Script Obtained: ☐ Date: ☐

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

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

NHS SCOTLAND

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 *

Address *

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 *

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 ☐

Leaving date *

If yes provide your address before enlisting *

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

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