

# ORCHARD HOUSE SURGERY

Fred Archer Way, Newmarket, Suffolk, CB8 8NU

Telephone: 01638 666887

[www.orchardhousesurgery.co.uk](http://www.orchardhousesurgery.co.uk)

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Associates:  
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GP Registrars:  
Dr Stephen Rose  
Dr Victoria Clifton

## Welcome to Orchard House Surgery (Child)

Thank you for registering with Orchard House Surgery. Please complete the attached paperwork which enables us to gather important health information about you, we hope the following check list helps you return the information we require to process your registration.

- GMS1 Registration Form (2 pages – highlighted with compulsory information, separate attachment)
- Ethnic and Language Category Form
- NHS Summary Care Record, consent for further information to be added (optional)
- Birth Certificate

Unfortunately there could be a delay in your registration and arranging repeat medication without this information. We do not routinely offer new patient medicals but will require an up-to-date height, weight and blood pressure, which can be recorded by a receptionist if registration forms are brought in to the surgery.

Our registration process takes 3 - 4 working days. If you need to be seen urgently in the meantime, please let our receptionist know and we may be able to register you as Immediate & Necessary, unless you are already registered with another local practice, in which case you will be required to see them for your urgent appointment until your registration is completed at Orchard House.

If you have any queries regarding our registration process, please do not hesitate to speak to one of our reception team members.

Thank you

**Megan Quinlan**  
**Practice Manager**

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## Ethnic and Language Category

In order to enable practices and Primary Care Trusts to assess the needs of their population and to address inequalities in access and health outcomes for Black Minority Ethnic patients, the government is expecting GP practices to record the ethnicity and first language of all patients on their list.

For this reason, we would kindly ask you to:

- Look at the list of ethnic category codes on the next page and tick the code that describes the category your child belongs to; and
- Look at the list of language classification codes on the next page and tick the code that describes your child's first language.

Please record your results ensuring you have ticked both ethnic and language categories and complete the form below:

<b>Child's Name:</b>
<b>Address:</b>
<b>Postcode:</b>
<b>Date of Birth:</b>

Tick Box Part One	ETHNIC CATEGORY
<input type="checkbox"/>	<b>WHITE:</b>
<input type="checkbox"/>	British
<input type="checkbox"/>	Irish
<input type="checkbox"/>	Any other white background
	<b>MIXED:</b>
<input type="checkbox"/>	White & Black Caribbean
<input type="checkbox"/>	White & Black African
<input type="checkbox"/>	White & Asian
<input type="checkbox"/>	Any other mixed background
	<b>ASIAN OR ASIAN BRITISH:</b>
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other Asian background
	<b>BLACK OR BLACK BRITISH:</b>
<input type="checkbox"/>	Caribbean
<input type="checkbox"/>	African
<input type="checkbox"/>	Any other black background
	<b>OTHER ETHNIC GROUPS:</b>
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	All other ethnic group
<input type="checkbox"/>	Not stated
<input type="checkbox"/>	I do not wish to give this information

Tick Box Part Two	LANGUAGE CATEGORY
<input type="checkbox"/>	Akan (Ashanti)
<input type="checkbox"/>	Albanian
<input type="checkbox"/>	Amharic
<input type="checkbox"/>	Arabic
<input type="checkbox"/>	Bengali & Sylheti
<input type="checkbox"/>	Brawa & Somali
<input type="checkbox"/>	British Signing Language
<input type="checkbox"/>	Cantonese
<input type="checkbox"/>	Cantonese & Vietnamese
<input type="checkbox"/>	Creole
<input type="checkbox"/>	Dutch
<input type="checkbox"/>	English
<input type="checkbox"/>	Ethiopian
<input type="checkbox"/>	Farsi (Persian)
<input type="checkbox"/>	Finnish
<input type="checkbox"/>	Flemish
<input type="checkbox"/>	French

Tick Box Part Two	LANGUAGE CATEGORY (continued)
<input type="checkbox"/>	French Creole
<input type="checkbox"/>	Gaelic
<input type="checkbox"/>	German
<input type="checkbox"/>	Greek
<input type="checkbox"/>	Gujarant
<input type="checkbox"/>	Hakka
<input type="checkbox"/>	Hausa
<input type="checkbox"/>	Hebrew
<input type="checkbox"/>	Hindu
<input type="checkbox"/>	Igbo (Ibo)
<input type="checkbox"/>	Italian
<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Korean
<input type="checkbox"/>	Kurdish
<input type="checkbox"/>	Lingala
<input type="checkbox"/>	Luganda
<input type="checkbox"/>	Makaton (sign language)
<input type="checkbox"/>	Malayalam
<input type="checkbox"/>	Mandarin
<input type="checkbox"/>	Norwegian
<input type="checkbox"/>	Pashto (Pushtoo)
<input type="checkbox"/>	Patois
<input type="checkbox"/>	Polish
<input type="checkbox"/>	Portuguese
<input type="checkbox"/>	Punjabi
<input type="checkbox"/>	Russian
<input type="checkbox"/>	Serbian/Croatian
<input type="checkbox"/>	Sinhala
<input type="checkbox"/>	Somali
<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Swahili
<input type="checkbox"/>	Swedish
<input type="checkbox"/>	Sylheti
<input type="checkbox"/>	Tagalog (Filipino)
<input type="checkbox"/>	Tamil
<input type="checkbox"/>	Thai
<input type="checkbox"/>	Tigrinya
<input type="checkbox"/>	Turkish
<input type="checkbox"/>	Urdu
<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Welsh
<input type="checkbox"/>	Yoruba
<input type="checkbox"/>	Other
<input type="checkbox"/>	I do not wish to give this information

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## NHS Summary Care Record

If you are registered with a GP practice in England you will have a Summary Care Record (SCR), unless you have previously chosen not to have one. It includes important information about your health:

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

You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs. Having a SCR means that when you need healthcare you can be helped to recall vital information.

SCRs can help the staff involved in your care make better and safer decisions about how best to treat you.

**You can choose** to have additional information included in your SCR, which can enhance the care you receive. This information includes:

- Your illnesses and health problems
- Operations and vaccinations you have had in the past
- How you would like to be treated – such as where you would prefer to receive care
- What support you might need
- Who should be contacted for more information about you

### What to do next:

If you would like this information adding to your SCR, then please complete this form and return to Orchard House Surgery.

<b>Name of patient:</b>	
<b>Date of birth:</b>	<b>Postcode:</b>
<b>Surgery Name: Orchard House Surgery</b>	<b>Surgery Location: Newmarket</b>
<b>NHS number (if known):</b>	
<b>Signature:</b>	<b>Date:</b>
If you are filling out this form on behalf of another person, please ensure that you fill out their details above, you sign the form above and provide your details below:	
<b>Name:</b>	
<b>Capacity: (circle as appropriate) Parent / Legal Guardian / Lasting power of attorney</b>	

For practice use: To update the patients consent status to 'express consent for medication, allergies, adverse reactions and additional information' use the SCR consent preference dialogue box or add Read code CTV3 code XaXbZ for Orchard House Surgery.

## 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

*\*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*

Authorised Signature

Name

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Practice Stamp

**SUPPLEMENTARY QUESTIONS 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 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 <b>non-UK</b> 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 The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.