

Dear Patient

REGISTRATION WITH OUR PRACTICE

WELCOME

Thank you for choosing the St James Medical Centre Partnership. Your official registration is with the Practice as a whole but you will be allocated a named 'Usual GP' immediately upon completion of the registration paperwork. The Practice operates from two sites:-

Main Surgery

St James Medical Centre, Coal Orchard, Taunton. TA1 1JP

Branch Surgery

Orchard Medical Centre, Norton Mills, Morse Road, Norton Fitzwarren. TA2 6DG

Patients can choose to be seen at either site subject to appointment availability. Please note that for urgent care you may have to be seen at our main site.

Download our practice booklet direct from our website at www.stjamesmedicalcentre.co.uk

ELIGIBILITY

To be eligible for registration with us you must:-

- Live at an address within our catchment area
- Be entitled to receive NHS treatment in the UK
- Complete all the necessary forms

FORMS TO COMPLETE

As a minimum, you will need to complete :-

- NHS form GMS1 – Family Doctor Services Registration
- New Patient Information Form

There are two matters relating to your records that you need to review:-

a. Summary Care Record

If you do nothing, you automatically opt-in. Please complete the relevant form if you wish to opt-out. We encourage you remain 'opted-in'

b. GP Online

We strongly encourage all patients with online access to sign up for this service. Please see the leaflet enclosed. Please note this service is unavailable for patients aged between 11 and 14.

CHECKLIST

To complete your registration request please ensure you have all the items listed below.

a) Compulsory

- GMS1 Form – Family Doctor Services Registration
- New Patient Information Form

b) Optional but strongly encourage

Ask our Patient Services Assistant about registering for GP Online



THANK YOU

REGISTRATION - PATIENT HEALTH QUESTIONNAIRE (CHILDREN UNDER 15)

Please complete this form on behalf of your child as fully as possible, as we are unable to complete your registration without this information

Surname Forename(s)
Previous Surname(s) (if any) NHS No:
Date of Birth Sex
Address.....
..... Post Code
Email.....Telephone Number

Is English your child's first language? YES/NO
If no, what is their first language?

Ethnic Groups (please specify)

(If you are unhappy to provide this information, we will just note your record to indicate that it was declined.)

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Sharing Information from your Medical Record

Your Summary Care Record allows other health care professionals to access your high level medical records with your permission. You are automatically opted in. Please tick ONE box below to indicate your preference in connection with your child's medical record:

Yes, I do want a Summary Care Record No, I do not want a Summary Care Record

If this section is left blank a Summary Care Record will be completed for your child.

Accessible Information

Do you or your child have any special communication needs?

- | | |
|--|--|
| <input type="checkbox"/> Yes I do | <input type="checkbox"/> No I don't |
| <input type="checkbox"/> Yes my child does | <input type="checkbox"/> No my child doesn't |
| If yes: <input type="checkbox"/> Sign Language | <input type="checkbox"/> Large Print |

Other

Is your child registered disabled? Yes/No If yes, please give details of their disability

Is your child allergic to any medicines and if so which?
Any other allergies (please give details)?.....

Child's HeightChild's Weight

Family History

Please state any serious illness, in particular heart disease, strokes, or diabetes in the family:

.....
.....
.....

Immunisations

Please provide a copy of the child's immunisation history. This will enable us to ensure that the vaccination schedule is up to date.

Prescriptions

If your child receives repeat medication, please provide us with a copy of the prescription. Which pharmacy would you like to collect your child's prescription from?.....

SignedDate

(Parent/Guardian)

Revised – February 2017

FOR OFFICE USE ONLY – Please complete all boxes

EMIS Number.....

	Yes/ No	Initials
Patient advised of named GP and medical record coded accordingly = 9NN60 and 67DJ		
If applicable, Summary Care Record opt-out coded (9Nd0 on EMIS web – Registrations – Sharing Consent – SCR – Express Dissent)		
If under 18, SMS text message facility (EMIS Web – patient messaging – opt out – Yes)		
Patient Access sign-up completed (guardian) <ul style="list-style-type: none"> • 1 x photo identification • 1 x utility bill or other invoice including the patient's address 		
Residential coding (EMIS Web – Primary Care – Residential Coding)		
Accessible Information (special communication needs) <ul style="list-style-type: none"> • Coded • Alert added to system • Label added to notes 		
Health Visitor Movement Form (for 5's and under) <ul style="list-style-type: none"> • In envelope, for attention of Health Visitors and internal post to OMC 		

To be completed for ALL children aged 5 or under

Health Visitor Form

The following patient has registered at St James Medical Centre/Orchard Medical Centre:

Child's details

First Name.....Surname.....

Date.....NHS Number.....

Mother's details

First Name.....Surname.....

Date.....NHS Number.....

Previous Surname.....Contact Tel No.....

Previous Address

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.....
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Present Address

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.....
.....

Previous GP

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Present GP

.....



ONLINE ACCESS TO THE PRACTICE

Patient Access allows you 24 hour access to:-

- Checking, booking and cancelling appointments.
- Ordering repeat medication and checking your medication.
- Updating your contact information, including mobile phone number and email address.
- Viewing aspects of Medical Records.

If you have online access, please don't delay; sign up today whilst you have proof of your identity. Simply ask at Reception and one of our Patient Services Assistants will provide the registration document required.

We encourage all patients with online access to use this service as it is quick and convenient.

Please note, we are unable to offer Patient Access for children aged between 11 and 14.