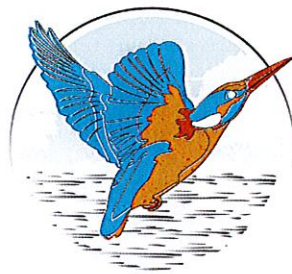


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FAX: (01387) 811595
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LOCHMABEN, LOCKERBIE
DG11 1NH



LOCHMABEN
MEDICAL GROUP

DR. FM JEFFORD
DR. NJ BROWN
DR. ME MILLER
DR. J CALLANDER
MR. RB DENSTON

APPLICATION TO REGISTER PERMANENTLY

Personal Details – all fields marked * are mandatory and must be completed

Have you been previously been registered with a GP in the UK?* **YES** **NO**

Will you be in the area for more than 3 months?* **YES** **NO**

***Marital status:** Single / married / co-habiting / separated / divorced / widowed

***Male** ___ ***Female** ___

Title* _____ **Date of Birth*** ___ / ___ / ___

Surname* _____ **Forename*** _____

Previous surname* _____

Address* _____ **Tel*** _____

Mobile* _____

Postcode* _____

Email address* _____

Town of birth* _____ **Country of birth*** _____

CHI number (Community Health Index) (if known) _____

NHS number (National Health) (if known) _____

Previous UK address
inc postcode*

Previous UK GP Practice
inc postcode*

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How we use your information

The information you have provided will be used by the GP Practice to carry out various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, inc your name, gender, date of birth and address, will be passed to NHS 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 cards, medical exemption certificates and entitlement cards.

NHS Nations Services Scotland share information about you within NHS Scotland to assist in the provision and improvement of NHS Services and the health of the public. When we do this, we make sure that the information which identifies you as a person and your health information are separated or anonymised. Health conditions and treatment information which could identify you will not be used for research purposes by the NHS unless you have consented to this.

For more information please visit – www.nhsnss.org or if you have any queries or concerns please visit – www.hris.org.uk , alternatively ask a member of staff at the surgery.

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.

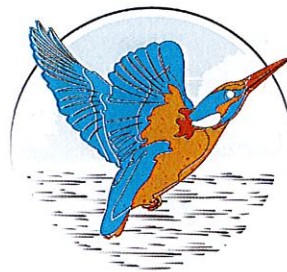
To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection and investigation of crime, relevant information from this form will be disclosed to the NHS Business Service Authority, NHS National Services Scotland, The Home Office, Identity and Passport and Customs, the General Register Office and Local Authorities.

Patient/Patient's representative signature

Representative's name and relationship to patient (if applicable)

Date - __ / __ / __

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Practice Use only

GP name and Reference number _____

GP signature _____

Identification seen – DO NOT TAKE OR RETAIN PHOTOCOPIES

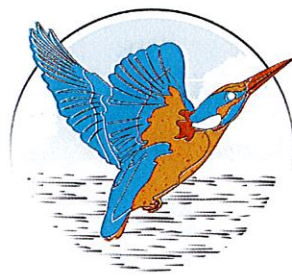
Birth Cert _____ Student ID card _____ Driving Licence _____

Passport or HC2 Cert _____ Home Office App Reg Card _____

Other (specify) _____

Input by: _____ **Checked by:** _____ **Date:** __/__/__

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HEALTH QUESTIONNAIRE

Relationship status: Single / married / co-habiting / separated / divorced / widowed

Next of kin: _____

Emergency contact number: _____

Do you suffer from any of the following: (please circle)

Asthma / Diabetes / Cancer / Mental Health / Stroke / Depression

Hypothyroidism / Chronic Heart Disease / Chronic Obstructive Pulmonary Disease

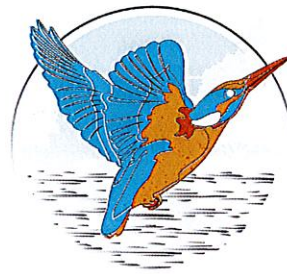
Hypertension / Epilepsy / Osteoporosis / Rheumatoid Arthritis

Any other significant illness, disabilities or significant operations (including date)

Are you currently taking prescribed medication? (Attach medication order slip)

Do you have any allergies? **YES** (please list) **NO**

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Have you had your blood pressure checked in the last 5 years? **YES NO**

Do you take regular exercise? **YES NO**

Do you (without payment) provide help and support to a partner, child, relative, friend or neighbour, who could not manage without your help? – *this could be due to age, physical or mental illness, addiction or disability.*

YES NO

Smoking status (please circle)

Current smoker / Ex smoker / electronic cigarette / Never smoked

Alcohol status (please circle)

Teetotal / Never / Occasionally / Monthly / Weekly / Daily

MEN – How often do you have 8 or more drinks on one occasion?

WOMAN - How often do you have 6 or more drinks on one occasion?

1 drink = ½ pint of beer, 1 small glass of wine or 1 single spirit measure

FEMALE PATIENTS ONLY

I currently have a coil / implant **YES NO**

I currently take the oral contraceptive pill / use the Depo injection **YES NO**

I have had a cervical smear (patients aged 20 – 60 years only) **YES NO**

I have had a hysterectomy **YES NO**

I am currently taking Hormone Replacement Therapy **YES NO**

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ETHNIC ORIGIN

Please choose one of the following which best describes your ethnic group or background:

White >

Scottish
British
Irish
Other

Mixed >

Other

Asian, Asian Scottish, Asian British >

Indian
Pakistani
Bangladeshi
Chinese
Other

Black, Black Scottish, Black British >

African
Caribbean
Other

Other ethnic background >

Other

If you not wish to give this information, please tick here _____

Do you need interpreter Communication Support?

YES NO

If yes, please state what support you require and, if application, what language you speak

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Internet Appointment Booking Facility

Lochmaben Medical Group has introduced online Patient Access, giving patients the opportunity to book a doctor's appointment online as well as requesting repeat prescriptions. If you are interested in registering for this new service, please inform a member of the reception team who will provide you with the Registration information letter that you will require to set up your account.

Once you have been provided with the instructions on how to register you only have **14 days** from the date printed on the letter until the registration details expire.

Once you have registered your account you will be able to book your own appointments and order any repeat prescriptions. Please note that the practice will still require **48 hours** to process prescription request. In the event that you forget your User ID or password, you can use the Forgotten Password and Forgotten User ID features to help recover your details. However, the Practice will require having an up to date email address and mobile telephone number.

If you are interested in signing up for this new service, please complete the boxes below. Once you have handed this letter back to a member of the reception team, they will provide you with the Registration Letter that you will require to set up an account.

<u>Name & Address</u>	<u>Date of Birth</u>
<u>Email Address</u>	<u>Mobile Telephone Number</u>

**** One email address per patient ****