

DR. R.J.G. STEWART
DR. D.O. COOPER
DR. N.C.R. GRANT
DR. D.J. WEARDEN
DR. C.G. BEATTIE
DR. J. GRAY
DR. B.U. OKPO
DR. S.A.M. BRUCE
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**OLD MACHAR MEDICAL
PRACTICE**

526 KING STREET
ABERDEEN
AB24 5RS
Tel 0345 337 0510
Fax 01224 661 670

JESMOND DRIVE
BRIDGE OF DON
ABERDEEN AB22 8UR
Tel 0345 337 0510
Fax 01224 661 670

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE
COMPLETING AND RETURNING YOUR REGISTRATION FORMS**

- Please **complete all sections of both forms.**
- It is important that you **include your previous address, previous GP and the town of birth** so that the Practitioner Service Division of NHS Grampian can correctly identify you and locate your previous medical records.
- If you have any problems completing the forms, please contact a member of the reception team who will be happy to help you.
- **ALL** patients are required to provide **TWO** types of identification at registration:
 1. **PHOTOGRAPHIC ID** – For example a Passport or Driving licence. If you are unable to provide photographic ID, a Birth Certificate is required.
 2. **PROOF OF ADDRESS** – For example a utility bill, lease agreement or bank statement.
- It is essential that everyone registering with the practice is present at registration. This also applies to any children registering.
- If you are taking regular medication(s) please provide your list of medications, preferably the right-hand side of your prescription from your previous practice. This should prevent any delays when you need to order further supplies.

We look forward to you joining Old Machar Medical Practice and hope that the above will assist in making the registration process as simple and quick as possible.

Please see the Practice website www.oldmachar.co.uk for further information about the practice and the services that we provide.

OLD MACHAR MEDICAL PRACTICE

PATIENT REGISTRATION QUESTIONNAIRE

Please complete this form using **BLOCK CAPITALS**

Please complete **ALL SECTIONS** of this form (if applicable)

REGISTRATION DETAILS

Sex Male Female

Title – *Mr, Mrs, Miss, Ms, Dr, Prof, Other*

First Name

Middle Name(s)

Surname

Date of Birth – *DD MM YYYY*

--	--	--	--	--	--	--	--	--	--

Place and Country of Birth

Current Address

Postcode

--	--	--	--	--	--	--	--

Home Telephone Number

--	--	--	--	--	--	--	--	--	--	--	--

Work Telephone Number

--	--	--	--	--	--	--	--	--	--	--	--

Mobile Telephone Number

--	--	--	--	--	--	--	--	--	--	--	--

E-mail Address

Name of Next of Kin

Relationship to you

Contact Telephone Number

Occupation

University/College Course (*if applicable*)

How long have you been, or will you be, doing this?

ETHNICITY

Scottish

Pakistani, Paskistani Scottish or Pakistani British

African, African Scottish or African British

Other British

Indian, Indian Scottish or Indian British

Carribbean, Carribean Scottish or Carribean British

Irish

Bangladeshi, Bangladeshi Scottish or Bangladeshi British

Black, Black Scottish or Black British

Gypsy/Traveller

Chinese, Chinese Scottish or Chinese British

Arab, Arab Scottish or Arab British

Polish

Other Asian Background

Other ethnic group – *please specify in box below*

Other White Ethnic Group

Interpreter needed – *specify language/sign language*

SOCIAL AND FAMILY DETAILS

Do you look after someone? Yes No

What is your relationship to them?

Does someone look after you? Yes No

What is your relationship to them?

MEDICAL HISTORY

Please list all current and previous illnesses, operation and accidents

Date	Problem	Date	Problem

MEDICATIONS

Please list all current medications or include a repeat medication list from your previous GP

Medication Name	Dosage	Frequency	Medication Name	Dosage	Frequency

ALLERGIES

Medication Name	Reaction	Medication Name	Reaction

LIFESTYLE

ALCOHOL

How many units of alcohol do you drink weekly? (1 unit = ½ pint of beer, small glass of wine or a small measure of spirit)

Non-drinker/Tee total

< 7 units

7-14

15-21 units

22-35 units

SMOKING

Never Smoked

Ex-smoker

Date stopped

Current smoker

Number Smoked Daily

If you would like help to stop smoking please speak to a GP or Nurse or phone the smoking advice service on 0500 600 332

EXERCISE

Exercise physically impossible

Avoid even trivial exercise

Enjoy light exercise

Enjoy moderate exercise

Enjoy heavy exercise

CONTRACEPTION

Pill (combined or progesterone only)

Name of Pill

Patch

Name of Patch

Implant (Implanon/Nexplanon)

Date Inserted

Coil (Mirena/Copper IUD)

Date Inserted

Female Sterilisation

Vasectomy (Male Sterilisation)

CERVICAL SMEAR

Date of last smear

Result of last smear

Last smear taken at: GP Surgery

Hospital

Family Planning Clinic

HEIGHT AND WEIGHT

Approximate Height

Approximate Weight

Patient Signature: _____

Date of form completion: _____

APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

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



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 *

Address *

Title *

Surname *

Forenames *

Previous surname *

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 *

Name and address of previous GP Practice in UK *

Postcode *

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

If yes provide your address before enlisting *

Leaving date *

Postcode *

Is this your first registration with a GP since leaving the armed forces?

Yes No

3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick the boxes that apply. Your consent to organ donation will be shared with NHS Blood and Transplant together with the information you have provided in Section 1, including your name, gender, date of birth, address and CHI number. For more information on being an organ donor or privacy, please ask for the leaflet on joining the NHS Organ Donor Register or visit www.organdonationscotland.org

Any of my organs and tissue

OR, my:

Kidneys Eyes Heart Lungs Liver Pancreas Small bowel Tissue

Notes on tissue – Heart valves and corneas come under the ‘heart’ and ‘eyes’ boxes respectively so the ‘tissue’ box covers donating other types of tissue, such as your tendons.

Patient signature

Date *

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

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ONLINE SERVICES PROVIDED BY THE PRACTICE

Book Routine GP appointments

Routine doctor's appointment can be booked online via your smartphone or home computer by using our Patient Access Service. To use this service, you will need a registration code and number. Please complete the Patient Access Application Form in the Registration Pack and return this together with your registration form. Alternatively, an application form can be found on the practice website at www.oldmachar.co.uk.

eConsults

If you need to consult your GP but do not physically need to see your GP, this is the ideal solution. You can use this service for the major of common health conditions and can submit photographs of skin conditions. You can also contact us for medication or administration queries and request sick lines using eConsult.

Attend Anywhere

If you need to consult your GP, then you can be seen by video consultation. You can use this service for many health conditions that would benefit from your GP being able to see the problem you are concerned about.

Order Repeat Medications

Repeat medications can be ordered online via your smartphone or home computer by using our Patient Access Service. To use this service, you will need a registration code and number. Please complete the Patient Access Application Form in the Registration Pack and return this together with your registration form. Alternatively, an application form can be found on the practice website at www.oldmachar.co.uk.

Social Media

Why not follow us on Facebook or Twitter and keep up to date with important announcement from the Practice. Links for our Facebook pages and twitter feeds can be found on our website.

Appointment Reminder Text Messages

This system sends you an appointment reminder 24 hours prior to your appointment and can also be used to cancel any unwanted appointments. To ensure you receive text message reminders, please ensure we have your correct mobile number and ensure that you have signed the consent form in the registration pack.

Please see the Practice website www.oldmachar.co.uk for further information about the practice and the services that we provide.



**Old Machar Medical Practice
Patient Access Application Form**

Please complete all the sections below clearly and in capitals and sign to confirm you have read the conditions of use. You will be required to attend the practice **IN PERSON** and **WITH SUITABLE PHOTOGRAPHIC IDENTIFICATION** to collect your registration details.

Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
Address	<input type="text"/>
Home Telephone	<input type="text"/>
Mobile Telephone	<input type="text"/>
Email Address	<input type="text"/>

Conditions of use

- You must ensure that your Patient Access log-in details remain confidential. Although presently the system can only book/cancel appointments and order repeat medication, in the future you may be able to view a summary of your medical records. We will not necessarily write to inform you of the changes to this service.
- Patient Access is a voluntary scheme. If you wish your account can be stopped should you no longer wish to continue. This will not affect your registration at the practice and appointments will remain available over the phone or in person at the practice.
- We retain the right to withdraw access to the service to those who seem to be abusing the service.
- Access will be withdrawn for those persons booking appointments to which they do not attend or frequently cancelling appointments just before the time of the appointment.
- We will endeavour to maintain the maximum access to the service but it is necessary for the service to be shut down overnight while our system back up occurs and there may be other times when the service is not active. Appointments made using the system can be checked and cancelled by phoning the surgery during our times of opening when the online system is unavailable.
- Nurse appointments cannot presently be booked online as they often require a specific member of staff and a longer appointment than a single slot. These options are not presently available with Patient Access.

Signature	<input type="text"/>
Date Completed	<input type="text"/>

Practice Use Only

ID Checked	<input type="text"/>	Registration letter printed	<input type="text"/>
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IMPORTANT INFO RE TEXT REMINDER SERVICE

As a practice we currently use the MJOG text message system to send appointment reminders and other health related information to patients. Appointment reminder messages are normally sent the evening prior to the appointment. MJOG also allows you to cancel appointments by text. Therefore, patients have the added advantage of being able to cancel appointments 24 hours per day.

With the recent change in data protection law (GDPR), Old Machar Medical Practice are required to get explicit consent to continue sending text reminders for appointments and to send you other clinical reminders (e.g. flu jabs, clinic cancellation messages).

If you wish to receive these text messages, please read the disclaimer below then complete and sign the slip. This should then be returned to the Medical Centre

If you DO NOT wish to continue receiving such messages please complete and sign the slip and return to reception or alternatively send an email with your name, date of birth, mobile number and a statement requesting to OPTOUT of messages to gram.oldmacharadmin@nhs.scot.

DISCLAIMER

I consent to Old Machar Medical Practice contacting me by text message and/or email for the purposes of health promotion, practice news and for appointment reminders.

I acknowledge that appointment reminders by text are an additional service and that these may not take place on all occasions, and that the responsibility of attending appointments or cancelling them still rests with me. I can cancel the text message facility at any time by contacting the practice directly.

Text messages are generated using a secure facility, but I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure. However, the practice will not transmit any information which would enable an individual patient to be identified.

Full Name

Date of Birth

Address

Home Telephone

Mobile Telephone

Email Address

Would you be happy to be contacted by text message and/or email Yes No

Signature

Date Completed

Please return Forms to: Old Machar Medical Practice
526 King Street Aberdeen AB24 5RS
Email: gram.oldmacharadmin@nhs.scot

Admin Code
OPT IN = 9NdP
OPT OUT = 9NdQ