

To be completed by new attendees or those not seen at GP-Plus for more than 2 years.

NOTE: This of course does **not** replace any NHS GP registration you may already have. Any information given about yourself will make your GP-PLUS consultation (GP or Occupational Health) more efficient and will help the doctor in decision-making about you and your health.
(All information provided is strictly confidential)

ABOUT YOU

Mr/Mrs/Miss/Ms/Sir/Lady/Dr/Other (please circle)

Surname: _____ First and Middle Name: _____

Date of Birth: _____

Address (home): _____

_____ Postcode: _____

Telephone: _____ Mobile: _____ E-mail: _____

NEXT OF KIN

First Name: _____ Surname: _____

We would be grateful if you could provide details in case of an emergency

Relationship: _____ Contact: _____

If you have a NHS GP, please provide contact details (or other usual family doctor): _____

(Information passed to them by GP-PLUS will only be done so **with your consent**, see overleaf)

When did you last see your GP and why?

ABOUT YOUR HEALTH

Have you had any serious illnesses/operations? (Can continue on reverse of page 2)

Do you have, or have you ever had:	heart problems high blood pressure asthma diabetes stroke cancer	
Do you smoke/Vape?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how many/how much per day?
Do you have any <u>allergies</u> ? (including <u>drugs</u> such as Penicillin)	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details
Do you take regular/daily prescribed or other medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details
Are there any illnesses which run in your family?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details
Have you had any immunisations/vaccinations in the past 5 years – e.g. tetanus/polio/flu/travel jabs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details

MISCELLANEOUS HEALTH INFORMATION

Do you already receive a regular medical check-up (eg BUPA or Nuffield) If yes, give details (when, where/important findings etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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WOMEN ONLY

Do you take the contraceptive pill/HRT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, give details:
When did you last have a cervical smear? Has it ever been abnormal, and treatment needed?			

PLEASE TAKE A MOMENT TO READ THE FOLLOWING SECTION:

We are continually striving to improve our services to you. We are very happy to use email as a form of follow-up communication particularly if there are tests performed. Please let the doctor know if this is suitable and if you have a business card with your email address then this can be passed over at the end of the consultation. We appreciate that not everyone is familiar with this procedure or has ready access to these facilities. You (and we) may also choose not to have certain problems and conditions communicated in this way for professional and security reasons. We MUST inform you that this would be an un-encrypted email. Please let us know if email is an acceptable form of communication for you.

(Your email address will not be used for marketing purposes and will not be passed on to any third party).

I am happy to be contacted by email with medical information relating to my consultation **Yes** **No**

I am happy for a report to be sent to my NHS/Private GP **Yes** **No**

You should have been made aware of consultation charges before you see the GP, preferably at the time of booking your appointment. Please ensure that you speak to Reception as soon as possible if that is not the case. All information about our services and charges can be found on our website www.gpplus.com.

Blood samples taken after 3pm may incur an additional courier charge if they are to be processed same day. Some samples can be kept overnight in the fridge and sent with future collections the next day (except Fridays). The doctor may still recommend immediate courier of samples if urgent results are deemed to be necessary for your management.

CONSENT (also to be upgraded for existing patients/clients returning; as per the GDPR 2018)

'I consent to GP-Plus processing information about me/my child for the purpose of providing me/my child with Medical Services.' ** All data is of course strictly confidential but is always accessible to you within the provisions of the **GDPR 2018** (replacing the previous Data Protection Act: DPA) and Access to Medical Reports Act. (Including this completed registration form). Please see appended GDPR information/or ask reception.

'I have been informed of the service charges and that these are exclusive of additional costs such as referrals, casework, blood tests and other investigations.'

Signed:..... Date:

Thank you for the time you have spent completing this registration form. We strive to provide you with a first-class service. All GPs fully subscribe to the principles and recommendation of 'Good Medical Practice' published by the UK General Medical Council.

GP-Plus is registered with the Data Protection Authority (No. PZ7618902)
Please see website www.gpplus.com for copy of **PRIVACY NOTICE 2018**



We look forward to your visit at GP Plus. Please complete the short questionnaire and email it back to reception within 24 hours of your anticipated appointment (info@gpplus.com). If your appointment is on a Monday please send to peter@gpplus.com and copy it to reception as well.

We are committed to endorsing sensible and practical national guidance and to do our best to protect the well-being of both visitors and support staff alike.

We would respectfully ask that you wash your hands with an alcohol-based hand rub prior to entering the building and to again use the alcohol hand wash available on the premises before approaching the reception desk.

1. Please confirm your adherence with currently applicable infection control recommendations which includes hand hygiene/social distancing and the appropriate use of a mask or face covering.

I confirm I do not confirm

2. Please confirm that you are not currently suffering from the following and that if any of these symptoms arise prior to the appointment that you will make contact with reception at the earliest opportunity to seek appropriate advice on how to proceed.

New fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>
New dry cough	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sore throat/chest tightness	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Loss of sense of smell	Yes <input type="checkbox"/>	No <input type="checkbox"/>
New shortness of breath	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. Please confirm that you have not been in contact with anyone who has since tested positive for SARS COV2 in the past five days and that you have been aware of this happening.

I have had contact I have not had contact

4. Please confirm that you have not been contacted by a track and trace system either in the UK or elsewhere in the past seven days.

I have been contacted I have not been contacted

5. If you have been abroad within the past 14 day period, please list those countries visited, the actual location of where you stayed and whether or not you are cooperating with current quarantine measures having returned to the UK.

I have been abroad I have not been abroad

Please provide details as requested: _____

Signed: _____

Date: _____

Print Name: _____

Date of Birth: _____