



## GP-PLUS NEW PATIENTS FORM

**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 more efficient and will help the doctor in decision-making about you and your health.

**(All information provided is strictly confidential)**

### ABOUT YOU

Title (please circle): Mr / Master / Mrs / Ms / Miss / They-Them / Sir / Lord / Lady / Prof / Dr

Other (please state): \_\_\_\_\_

First Name: \_\_\_\_\_

(Middle Name): \_\_\_\_\_

Surname: \_\_\_\_\_

Date of Birth:                    /                    /

Home address: \_\_\_\_\_

\_\_\_\_\_

Town: \_\_\_\_\_

Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_

Landline: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please confirm how you wish to receive your medical information via email from GP-Plus:

**email encrypted/protected**

**email NOT encrypted/NOT protected**

*(Your email address will not be used for marketing purposes and will not EVER be passed on to any third party, unless to do with your referrals or agreed care pathway)*

### NEXT OF KIN

*(we would be grateful if you could provide details in case of an emergency)*

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### NHS GP DETAILS

Your NHS GP/doctor name: \_\_\_\_\_

Your NHS practice/surgery name: \_\_\_\_\_

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

## ABOUT YOUR HEALTH

Have you had any serious illnesses/operations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give basic details
Do you have, or have you ever had:	diabetes <input type="checkbox"/> stroke <input type="checkbox"/> cancer <input type="checkbox"/>	heart problems <input type="checkbox"/> high blood pressure <input type="checkbox"/> asthma <input type="checkbox"/>
Do you smoke/Vape?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how many/how much per day?
Do you have any allergies? (Including drugs such as Penicillin)	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details
Do you take regular/daily prescribed or other medication? Those on multiple NHS repeat medications are kindly asked to <b>bring along a copy of their repeat prescription slip</b> (readily provided by your surgery or normal pharmacy) which will be scanned and added to your file here, as per your wishes.	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? Have you been vaccinated for SARS COV-2?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details
Have you already received a regular medical check-up? (e.g., BUPA or Nuffield) If yes, give details (when, where/important findings etc)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

### For those to whom this applies:

Do you take the contraceptive pill/HRT/other hormones?	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?	Date:	

**PLEASE TAKE A MOMENT TO READ THE FOLLOWING SECTION**

- **Please post/email a copy of a recent NHS repeat prescription list to reception**, to have it understood by one of our GP-Plus doctors. If you don't know how to get hold of this, please ask reception for advice.
- Blood samples taken after 3pm may incur an additional courier charge of **£20** 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.
- Invoices must be paid within 30-days (to avoid debt collection processes and added costs)  
(All information about our services and charges can be found on our website [www.gppplus.com](http://www.gppplus.com) or please contact the reception team on **0345 119 6049** for any enquiry).

**CONSENT** (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).

**CONTRACT OF SERVICE PROVISION:**

Our consultation charges are made clear at the time of appointment booking and are clearly listed on our website ([gppplus.com](http://gppplus.com)) and within the building itself. Please do not proceed with the appointment until you are aware of these. The GP who sees you will remind you of this before the appointment begins **and ensure you have signed this page** and have agreed to the standard operational terms and conditions.

***'I have been informed of the standard service (consultation) charges and that these are exclusive of additional costs such as referrals, casework, blood tests, vaccinations, additional casework needed for more complex situations such as medical records provided or obtained on my behalf and other warranted investigations. Any necessary added casework will be discussed with me at the time of the appointment or as soon as possible thereafter'***

For those individuals who are not the bill payers, and it turns out that more testing (and unforeseen additional cost) is required than had been anticipated we urge you to ask the GP to hold off whilst you contact that person to explain the situation. That may be during the consultation if preferred or else the session is terminated until further clarification is sought and agreement is provided.

**These terms and conditions, together with any notification of schedule of costs, constitute the whole agreement between us. If you are now clear about that we ask you to sign and date this document and bring it with you to your appointment. This page will be checked at reception and again by the GP before the consultation commences. It is only the actions of a very tiny minority which has made this a necessary step in our standard operational procedures.**

**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.gppplus.com](http://www.gppplus.com) for copy of PRIVACY NOTICE 2018