

Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms				Surname			
Date of birth				First names			
NHS No.				Previous surname/s			
<input type="checkbox"/> Male <input type="checkbox"/> Female				Town and country of birth			
Home address							
Postcode				Telephone number			

Please help us trace your previous medical records by providing the following information

Your previous address in UK				Name of previous doctor while at that address			
				Address of previous doctor			

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving				Date you first came to live in UK			
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If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number				Enlistment date			
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If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

**Not all doctors are authorised to dispense medicines*

I live more than 1 mile in a straight line from the nearest chemist

I would have serious difficulty in getting them from a chemist

Signature of Patient Signature on behalf of patient Date _____ / _____ / _____

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

Any of my organs and tissue or

Kidneys Heart Liver Corneas Lungs Pancreas Any part of my body

Signature confirming my agreement to organ/tissue donation Date _____ / _____ / _____

For more information, please ask at reception for an information leaflet or visit the website www.uktransplant.org.uk, or call 0300 123 23 23.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register Date _____ / _____ / _____

*For more information, please ask for the leaflet on joining the NHS Blood Donor Register
My preferred address for donation is: (only if different from above, e.g. your place of work)*

Postcode: _____

HA use only Patient registered for GMS CHS Dispensing Rural Practice

To be completed by the doctor

Doctors Name HA Code

- I have accepted this patient for general medical services For the provision of contraceptive services
 I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above HA Code

- I am on the HA CHS list and will provide Child Health Surveillance to this patient or
 I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above HA Code

- I will dispense medicines/appliances to this patient subject to Health Authority's Approval
 I am claiming rural practice payment for this patient.
 Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Practice Stamp

Authorised Signature

Name Date ____/____/____

SUPPLEMENTARY QUESTIONS

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a) I understand that I may need to pay for NHS treatment outside of the GP practice
 b) I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
 c) I do not know my chargeable status



I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signed:		Date:	DD MM YY
Print name:		Relationship to patient:	
On behalf of:			

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.</i></p>	Country Code: 	
	3: Name	
	4: Given Names	
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	DD MM YYYY
	PRC validity period (a) From:	DD MM YYYY

Please tick if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). **Please give your S1 form to the practice staff.**

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

WEST DERBY MEDICAL CENTRE

Child (0-15) REGISTRATION PACK

In order for you to register at this practice, you must provide your birth certificate and a proof of your address within our practice area (L12).

For everyone aged under 15, we must see a birth certificate in order to register you.

LIST 1 (Personal Photographic)

- Birth Certificate

LIST 2 (Proof of Address)

- Recent utility bill (within the last 3 months)
- Local authority tax bill (valid for current year)
- Bank, building society or credit union statement (dated within the last 3 months)
- Recent original mortgage statement from a recognised lender
- Current local council/housing association rent card or tenancy agreement

**WEST DERBY MEDICAL CENTRE
3 WINTERBURN CRESCENT
LIVERPOOL
L12 8TQ**

ENQUIRIES: 0151 228 3768 or 0151 259 2900

FAX: 0151 259 7008

EMAIL: westderby.mc@nhs.net

General Practitioners

There are 10 doctors in the practice:

Dr D R Eccles, Dr C D Welsh, Dr M A Edwards, Dr A Doddridge, Dr D G Edwards, Dr M Tyagi, Dr M Ahmed, Dr R Graham, Dr A Cox, Dr R Milligan, Dr K Jones & Dr W Guest

We are a training practice, so we usually also have trainee doctors doing clinics. If you would prefer not to see a trainee doctor, please let the receptionist know when you call.

Practice Staff

Practice Manager – **Miss Holly Tofield**

Deputy Practice Manager – **Mrs Kelly Hughes**

Reception Manager – **Mr Richard Fowler**

Practice Nurses – **Steven O'Brien & Vicky Peak**

Primary Health Care Assistant – **Mrs M Barrett**

The practice is fully supported by a full reception and administration team.

Opening Times

Monday	7:00 – 18:30
Tuesday	7:00 – 19:30
Wednesday	7:00 – 18:30
Thursday	8:00 – 18:30
Friday	8:00 – 18:30

There is a member of staff available, either via the telephone or face to face at the surgery between the times above. You can call either **0151 228 3768** or **0151 259 2900** for both enquiries and to make an appointment.

Accessing Your Medical Records

The practice is registered under and conforms to General Data Protection Regulation and patients can gain access, and obtain copies of (if required) their records in accordance with current legislation. Please ask at reception for an access form.

All patients have been allocated a named GP and you can find out the name of the GP by either asking at reception or speaking to either the GP or practice nurse when you have an appointment. You can still book an appointment with any GP.

Making an Appointment

All consultations are by appointment only. There are several ways to book an appointment. They are:

- At the surgery
- Over the telephone
- On our automated phone service (call 0151 259 2900)
- On Patient Online Services (please see the form included in this registration pack)

We book a select number of GP appointments up to 2 weeks in advance. The majority of GP appointments are released on a daily basis from 8:00am. These appointments are available via the means listed above. If you require an appointment with the Practice Nurse, please contact the surgery over the telephone. We also offer early morning appointments on a Monday, Tuesday and Wednesday and late appointments on a Tuesday evening, however these slots are always quick to go!

Telephone consultations are also available with all GP's in certain circumstances, such as to receive test results, medication reviews, earache, head lice, water infections and sick notes. Please inform the receptionist you would like a telephone consultation when booking.

If you cannot attend an appointment you have made, please ring and cancel it in advance as continued failure to do so will result in you being removed from the practice list.

Home Visits

It is practice policy to visit only housebound or terminally ill patients. Home visits will NOT be made for children. Requests for home visits should be made **BEFORE 10:30am** via the telephone. A GP will ring you back before a visit is made.

Repeat Prescriptions

Patients must either tick the items they require on the right hand tear off side of the repeat prescription or fill in a prescription request form in the surgery and put it in the prescription box in reception, giving **TWO FULL WORKING DAYS NOTICE**. You can also request a repeat prescription online (please see the registration form in this pack).

You can also post your request to us, enclosing a stamped addressed envelope giving **FOUR FULL WORKING DAYS NOTICE**.

As of 29th August 2018, pharmacy's are no longer able to order prescriptions on a patients behalf. You must request your own prescription via one of the means mentioned above.

IT IS YOUR RESPONSIBILITY TO MAKE SURE YOUR MEDICATION IS ORDERED IN TIME.

Complaints or Suggestions

The practice endeavours to provide a high standard of health care, but occasionally things do not go as smoothly as they should. If you have any cause for complaint or any suggestions to make, please either put it in writing to the surgery or ask to make an appointment to see either the Reception Manager, Deputy Practice Manager or Practice Manager.

All patients have the right to be registered with a GP, to be offered a health check, to receive emergency care at any time and receive appropriate drugs and medications, to be referred for a specialist opinion (where appropriate) and to choose whether or not to take part in medical research or student training. Patients have a responsibility to, where possible, use our service within the resources available, to cancel a pre-booked appointment, not to be violent or display abusive behaviour and to maintain good relations with the practice.

THE PRACTICE WILL NOT TOLERATE VERBAL AND/OR THREATENING BEHAVIOUR TO ITS STAFF AND TO OTHER PATIENTS.

THIS PRACTICE CAN ONLY ACCEPT PATIENTS LIVING IN AN L12 POSTCODE.

News

For the latest surgery news, follow us on social media!

Our Website	http://westderbymc.nhs.uk/	
	Search 'West Derby Medical Centre'	
	@westderbymc	
	https://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?id=44528	