Whitehouse Centre - New Patient Registration Questionnaire

For Asylum Seekers

Thank you for registering at the Whitehouse Centre. The Whitehouse Centre is a GP surgery for patients who are either:

1. Homeless or in emergency accommodation
2. Seeking asylum
   AND
3. Living in Greater Huddersfield

You will initially be a patient at The Whitehouse Centre for one year. When your situation is deemed stable you may be required to register with a mainstream general practice.

We aim to give you the best care possible. The information you give us is confidential.

Patient and Practice Expectations

By registering here we expect that you will:

- Treat all staff with respect
- Attend appointments on time. If you are more than 10 minutes late you may not be seen
- Cancel any appointments you cannot attend or no longer need giving us as much notice as possible
- Give 48 hours' notice when requesting repeat prescriptions
- Not to drink alcohol, consume any illegal drugs, fight or be aggressive towards anyone within the surgery. Nor are you permitted to bring animals into the surgery.
- Ring or come into the surgery at 9.00am to book a same day appointment if needed.

In return, you can expect that we will:

- Treat you with dignity and respect
- Try to see you at the time of your appointment, though this is not always possible
- Provide interpreters if needed
- Enable you to speak to someone on the same day if you have an urgent health need
- Provide a range of services including a full health check on registration, advice and treatment for general health problems, vaccinations and immunisations, contraception advice, cervical screening services, smoking cessation, management of drug and alcohol misuse issues, health promotion and disease prevention, midwifery services and phlebotomy services.

Please note:

- This surgery does not normally offer home visits
- Our telephone lines are open: Monday – Friday 8am – 6pm

Have you been registered with our practice before? **Yes/No (please circle)**

First name: .....

Middle name(s): .....

Surname: ..... **DoB:** .....

Occupation: ..... **Marital Status:**.....

Email Address: .....

You agree to provide us your email address to receive messages, such as confirmation and reminders of appointments and for all other aspects of your healthcare.

Would like to register for online services: Yes/No

About Your Family: Please list other members of your family at this surgery:

Name:	Relationship:	DOB:
Name:	Relationship:	DOB:
Name:	Relationship:	DOB:
Name:	Relationship:	DOB:
Name:	Relationship:	DOB:

Please give details of your next of kin:

Name:	Address:	Relationship:

Country of Birth:

England	Ireland	Afghanistan	Albania	China	Congo	Ethiopia	Eritrea
Iran	Iraq	Nigeria	Pakistan	Somalia	Sudan	Syria	Zimbabwe

What is your First Language?

English		العربية		Français		كوردیی ناوەندی		كرمانجی	
English		Arabic		French		Kurdish (Sorani)		Kurdish (Kurmanji)	
普通话		ትግርኛ		አማርኛ		فارسی			
Mandarin		Tigrinya		Amharic		Farsi		Other, please state.	

Do you need an interpreter? **No** ☐ **Yes** ☐

Ethnic Group

We collect information on ethnic origin for the purpose of monitoring only. If you do not wish to disclose your ethnic origin please tick this box. ☐

What is your ethnic group? Choose ***ONE*** section from A to E, then tick the appropriate box to indicate your ethnic group.

A: White

British ☐
rish ☐
Any other White background (please write in) ☐
.....

B: Mixed

White and Black Caribbean ☐
White and Black African ☐
White and Asian ☐
Any other mixed background (please write in) ☐
.....

C: Asian or Asian British

Indian ☐
Pakistani ☐
Bangladeshi ☐
Any other Asian background (please write in)

D: Black or Black British ☐
Caribbean ☐
African ☐
Any other Black background (please write in)
.....

E: Other ethnic groups ☐
Chinese ☐
Arab ☐
Middle Eastern ☐
Iranian ☐
Kurdish
Any other (please state).....

What is your Religion?

		✝		☸		ॐ		✡	
None		Christian		Buddhist		Hindu		Jewish	
☪		☬							
Muslim		Sikh		Any Other				Not Stated	

Immigration Status (for those born outside of the UK only)

I am an Asylum Seeker ☐

I have leave to remain (Refugee) ☐

I am visiting from oversees ☐

I am a student here ☐

I have a visa to work here ☐

Other: Please sate .....

Health

Do you have any health problems?

.....

.....

Do you take any medication? ..... If yes, what is it?

.....

.....

Do you need an urgent appointment? .....

Smoking

Do you smoke? Yes no

If yes, how many a day?..... Cigarettes/roll ups/pipe?

Ex-smoker? Yes No If yes, when stopped?.....

Armed Forces

Have you been in the Armed Forces? Yes No

Consent for Communicating via SMS (Text) Messaging

We provide a text reminder system from the surgery. Please read the following terms and conditions and if you agree to them, provide your mobile phone number in the space provided. If you do not wish to use this service then you can choose that option.

- The service is free of charge
- It is your responsibility to maintain the safety of your phone to avoid anyone else being able to access the SMS Text sent to you.
- You agree to provide us your mobile number to receive SMS messages, such as confirmation and reminders of appointments and for all other aspects of your healthcare.
- If you change your number, your phone is lost or stolen, or no longer wish to use this service, it is your responsibility to inform us as soon as possible.

Please tick the appropriate box:

I have understood the above and agree to receive communications from the practice via SMS (text) messages. ☐

I do not wish to receive and SMS (Text) Messages ☐

Mobile number: ..... **Date:** .....

Full Name:. ..... **Date of Birth:** .....

Patient's Signature: .....

Electronic Patient Record and the Sharing of Information

Please read this information carefully. It will give you information about the sharing of your electronic patient record and the choices you need to make.

Today, electronic records are kept in all the places where you receive healthcare. These NHS Care Services can usually only share information from your records by letter, email, fax or phone. This means at times, this could slow down your treatment as the information is hard to access.

Your GP practice uses a computer system called SystmOne that allows the sharing of full electronic records across different NHS Care Services. We are telling you about this as a patient because you have a choice to make about how your information about your care from your electronic patient record is shared. This form is not about your Summary Care Record (SCR), it is asking your sharing preferences regarding your full electronic patient record. You can choose to share or not to share your electronic GP record with other NHS Care Services and vice versa.

Sharing Out

Can your GP full electronic patient record be shared with other NHS Care Services where you are treated?

Yes, share my record ☐

No, do not share my record ☐

Sharing In

Do you agree for us to view information you've agreed to share at other NHS Care Services?

Yes, you can view information from other NHS services ☐

No, I don't want you to view information from other NHS services ☐

Your Signature: .....

For office Use only:

Witnessed by: ..... Job Title: .....

Signature..... ..Date:.....

Whitehouse Centre GP Practice[1]

In colour.

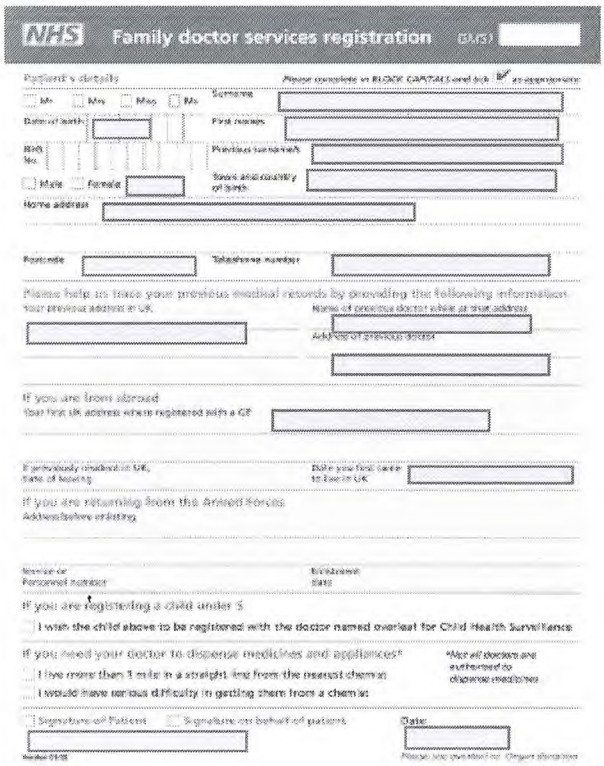
Guide to Registering for People who are Seeking Asylum[2]

There are 2 papers to fill in this registration pack.

We also need copies of documents with your name, date of birth and address.[3]

1. Fill in the GMS1 Form

   = Very important information


NHS Family doctor services registration (GMS1)

Patient's details

Please complete in BLOCK CAPITALS and tick ✓ as appropriate

Mr Mrs Miss Ms

Surname

Date of birth

First names

NHS No.

Previous surname(s)

Male 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

If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number

Enlistment date

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*

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

I would have serious difficulty in getting there from a chemist

*Not all doctors are authorised to dispense medicines

Signature of Patient

Signature on behalf of patient

Date

Please sign overleaf or Original signature

Version 01/08

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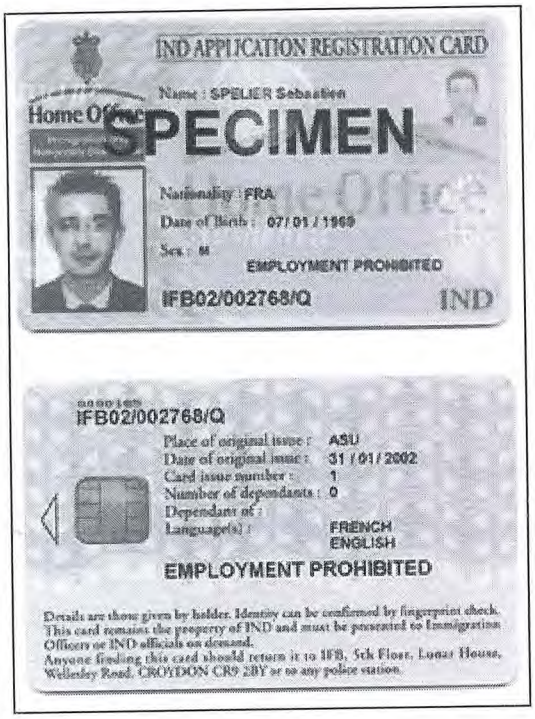
[1] Telephone number 03330436243

[2] We cannot register you if we do not have sufficient or clear information. If we receive an application and cannot process it we will telephone you with an interpreter to see if we can go forward with the application. If we cannot contact you by phone or we cannot resolve the information issue we will write to you to return the application. If you require urgent medical attention we will discuss a way forward with you.

[3] We can register people without documents but it really helps us if we have documents with correct names, dates of birth and addresses. We must be very careful that we do not create NHS records using incorrect information.

2. Fill in the Questionnaire attached to the purple form

3. Photocopy or photograph ID and any letters you have



Home Office
UK Border Agency

Port Ref: TN3/3133807
HO Ref: Y1084719

IS.96

Department 3
Home Office
PO Box 306
Liverpool
L2 0QN

IMMIGRATION ACT 1971 – NOTIFICATION OF TEMPORARY ADMISSION TO A PERSON WHO IS LIABLE TO BE DETAINED

To: [redacted]

Nationality: United States of America

X [redacted]

[redacted]

LIABILITY TO DETENTION

A You are a person who is liable to be detained[1]

TEMPORARY ADMISSION RESTRICTIONS

B I hereby authorise your (further) temporary admission to the United Kingdom subject to the following restrictions:[2]

- You must reside at the address shown at X above
- You must report to an immigration officer at:

  United Kingdom Border Agency
  1-2 Dallas Court
  South Langworthy Road
  Salford Quays
  Salford
  M50 2GF
  On 06 April 2010 at 09.00 hrs
  And then weekly on tuesday between 09:00 and 11:00 hrs

- You are NOT allowed to work or engage in any business unless you have been explicitly granted permission to do so.

Failure to comply with any of the above restrictions, without reasonable excuse, is a criminal offence.[3]

ANY CHANGE OF RESTRICTION

If these restrictions are to be changed, we will write to you.

- Although you have been temporarily admitted, you remain liable to be detained.
- This document Does Not confer a right to work and must not be accepted as such.
- You have NOT been given leave to enter the United Kingdom within the meaning of the Immigration Act 1971.

Date 26 March 2010

Immigration Officer/On behalf of the Secretary of State*

[1] Paragraph 16 of Schedule 2 to the Immigration Act 1971
[2] Paragraph 21 of Schedule 2 to the Immigration Act 1971
[3] Section 24(1)(a) of the Immigration Act 1971

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4. **Return the forms to the Whitehouse Centre by:**

A) POST to:

The Whitehouse Centre, Princess Royal Health Centre, Greenhead Road, Huddersfield, HD1 4EW

B) BRING the forms to us. You will not be able to seen by a doctor or nurse when you come in but you can tell reception if you have an urgent problem. (If Covid-19 restrictions are in place, it would be better to not come down in person.)

Google Princess Royal Healthcare Centre HD1 4EW

C. Or **EMAIL** the completed application to[4] LCP.locala-Whitehouse.Centre@nhs.net

Electronic versions of the paperwork can be found at

https://www.thewhitehousecentre.org.uk/new-patients.aspx?p=B85659

Checklist

1.	GMS1 form	yes	no
2.	Questionnaire	yes	no
3.	ID x 2		

Thank you. We look forward to meeting you. The Whitehouse Centre team.

[4] Please note this is not a secure email except from certain networks. Your information may not be secure.