



Dear Colleague

UPDATED APPLICATION FORM (GPR) TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

Summary

1 This Circular introduces an updated version of the GP Registration form. As from **14 June 2010** the new form must be completed for all permanent patient registrations. A copy is attached for information.

Information

2. The current GPR form was previously available from R R Donnelley. The updated form will now only be available online and can be downloaded from the SHOW website at: <http://www.show.scot.nhs.uk/sehd/publications/PatientsRegistrationForm.pdf>. A PDF version also accompanies this letter.

Action

3. NHS Boards are asked to:
- Destroy all stocks of the previous version of the GPR form by 14th June to ensure that it is not used in place of the updated version;
 - Issue the revised GPR form to GPs on request; and
 - Circulate this letter and the PDF version of the updated form urgently to all GPs in their area.
4. GPs are asked to destroy all copies of the previous version of the GP Registration form held at their practices by 14 June and ensure that all new permanent registrations of patients from 14 June are completed using the updated GP Registration form.

Yours sincerely

Frank Strang
Deputy Director, Primary Care Division

18 May 2010

Addresses

For Action

Chief Executives NHS Boards

Director of Practitioner Services
Division, NHS National Services
Scotland

GP Practices

For Information

Scottish General Practitioners
Committee

Primary Care Leads

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ARE YOU RETURNING / HAVE YOU ARRIVED FROM ABROAD OR HM FORCES? *

YES NO

DATE OF DEPARTURE FROM UK

D	D	M	M	Y	Y
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DATE OF ENTRY/RETURN TO UK

D	D	M	M	Y	Y
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IF RETURNING FROM H M FORCES DATE ENLISTED

D	D	M	M	Y	Y
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SERVICE/PERSONNEL NO.

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COUNTER FRAUD 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 the Common Services Agency to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, I consent to the disclosure of relevant information from this form including to and by the NHS Business Services Authority, the Common Services Agency, UK Border Agency, Identity and Passport Service, the Department for Work & Pensions, HM Revenue and Customs, the General Register Office and Local Authorities.

PATIENT OR REPRESENTATIVE SIGNATURE _____

DATE

D	D	M	M	Y	Y
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IF SIGNING AS A REPRESENTATIVE, PLEASE STATE:

YOUR NAME

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YOUR RELATIONSHIP TO THE PATIENT

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VOLUNTARY CONSENT TO ORGAN DONATION

I authorise the donation of (Please tick the boxes that apply)

A. any of my organs and tissue or my
B. kidneys heart liver small bowel
eyes lungs pancreas tissue

for transplantation after my death

D	D	M	M	Y	Y
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PATIENT SIGNATURE _____

DATE

PRACTICE ACCEPTANCE AGREEMENT – for GP Practice use only

PRACTICE CODE

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GP NAME

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GP REFERENCE NUMBER

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IDENTIFICATION SEEN

MEDICAL CARD BIRTH CERTIFICATE PASSPORT OTHER - SPECIFY

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I accept this patient onto the practice list and declare that, to the best of my knowledge the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be made to my Practice, which will be subject to Payment Verification. Where Common Services Agency is unable to obtain authentication, I acknowledge that the onus is on my Practice to provide documentary evidence to support this application.

GP SIGNATURE _____

DATE

D	D	M	M	Y	Y
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OFFICIAL USE ONLY		
Input By:	Date:	Checked By: