

























# PLEASE TEAR AND RETAIN FOR YOUR RECORD

<p><b>Bangholm Medical Centre</b> </p> <p>21-25 Bangholm Loan Edinburgh EH5 3AH</p>	<p><b>Opening Hours</b> </p> <p>Monday-Friday 8:00 – 18:00</p>	<p><b>Contact Details</b> </p> <p>Tel.- 0131 552 7676 Fax- 0131 552 8145 Out of Hours- 111</p>	<p><b>Test Results</b> </p> <p>Please call after 2pm to receive test results.</p>
<p><b>Caring, Approachable and Friendly</b> </p> <p>is our motto and that is what we aim to be. We are constantly striving to improve our services for our patients and welcome constructive suggestions on any improvements.</p>		<p><b>Our Website</b> </p> <p><a href="http://www.bangholmmedicalcentre.scot.nhs.uk">www.bangholmmedicalcentre.scot.nhs.uk</a></p> <ul style="list-style-type: none"> <li>- Request Sicklines</li> <li>- Request Prescriptions</li> <li>- Self-Referrals</li> <li>- Send in Images</li> <li>- Health Advice</li> <li>- Anxiety Screening</li> </ul>	
<p><b>Change of Details</b> </p> <p>Please notify us of any change of name / address / contact numbers. This can be done via our website too.</p>		<p><b>Online Reviews</b></p> <ul style="list-style-type: none"> <li>- Asthma</li> <li>- Diabetes</li> <li>- Contraception</li> <li>- Epilepsy</li> </ul>	
<p><b>Prescriptions</b></p> <p>Requests take 48 hours and can be made:</p> <ul style="list-style-type: none"> <li>-Via our Website</li> <li>-In Person</li> <li>-By Emailing: <a href="mailto:prescription.s70272@nhs.scot">prescription.s70272@nhs.scot</a></li> </ul>		<p><b>Home Visits</b> </p> <p>If a home visit is required, please request this before 11am where possible.</p>	
<p><b>Appointments</b> </p> <p>Appointments can be arranged by calling our reception team or visiting the surgery. Appointments can be booked up to six weeks in advance, and an urgent triage service is in place.</p> <p>If you need to cancel your appointment, please do so at least 1 hour prior to your appointment.</p>		<p><b>Doctors</b> </p> <p>Dr Steve Allan Dr Claire Ewles Dr Maria Curtin Dr Rosie Falconer Dr Darran Hill Dr Luke Mead Dr Nicola Shaw Dr Iona MacCallum</p>	
<p><b>Our Services</b> </p> <p>We provide a range of services here at Bangholm including:</p> <ul style="list-style-type: none"> <li>-Minor Surgery</li> <li>-Joint Injections</li> <li>-Dementia Support</li> <li>-Cervical Smears</li> <li>- Coil Insertion/Removal</li> <li>- Menopause Clinics</li> <li>- Hypertension Support</li> <li>- Asthma/ COPD Clinics</li> </ul> <p>Please visit our website for more details</p>		<p><b>Physician's Associate</b></p> <p>Peju Adeyemo</p>	
<p><b>Community Link Worker</b> </p> <p>Danny, our Community Link Worker can help you with a variety of issues, such as benefits issues, housing problems, loneliness or mental health conditions.</p>		<p><b>Teaching Practice</b> </p> <p>We are a teaching practice and regularly have Trainee GPs. Please indicate to reception staff if you would prefer not to have a student present during your consultation.</p>	
<p><b>Practice Manager</b> </p> <p>Eilidh Wilkie</p>		<p><b>Nurse Practitioners</b></p> <p>Lyndsay Harrison Lorraine Flynn</p>	
<p><b>Assistant Practice Manager</b> </p> <p>Nikki Darling</p>		<p><b>Practice Nurse</b></p> <p>Fiona Black</p>	
<p><b>Healthcare Assistant</b> </p> <p>Gill Orr</p>		<p><b>Assistant Practitioner</b></p> <p>Shelly Denzey</p>	



<p><b><u>Community Treatment Centres (CTACs)</u></b> </p> <p>CTACs provide additional services, such as wound care, suture removal and ear syringing. Our local CTACs are located at Leith Community Treatment Centre, Stockbridge Health Centre and Pennywell All Care Centre.</p> <p>CTAC Contact: 0300 790 6296</p>	<p><b><u>Vaccinations</u></b> </p> <p>The way we receive vaccines has now changed. NHS Lothian's community vaccination team will be administering vaccines to all of our patients. To find out more information regarding vaccines, please visit our website.</p> <p>Vaccination Team - 0300 790 6296</p>
<p><b><u>Health Visiting Team</u></b> </p> <p>Our Health Visitors offer support and advice regarding the wellbeing of your child until they start school.</p> <p>Direct Line- 0131 551 4555</p>	<p><b><u>District Nurses</u></b> </p> <p>Our District support patients who are either temporarily physically unable to make it to the practice or permanently housebound.</p> <p>Direct Line- 0131 551 5062</p>
<p><b><u>Freedom of Information</u></b></p> <p>This practice is associated with the BMA General Practice Publication Scheme. Your personal health information will be used for your benefit by healthcare professionals at the practice. It will also, where appropriate, be forwarded to other healthcare professionals involved in your care. Anonymised data is used for audit and research purposes.</p> <p>If you require a copy of your own information, please get in touch or visit the surgery to complete the required forms.</p>	<p></p>
<p><b><u>Your Rights</u></b> </p> <ul style="list-style-type: none"> <li>- Receive treatment from a GP</li> <li>- Receive information on health services</li> <li>- Have your treatment explained to you</li> <li>- Refuse to be treated in front of students or to be involved in medical trials</li> <li>- Have a relative/friend with you</li> <li>- Have access to an interpreter or signer</li> <li>- Confidentiality at all times</li> <li>- Have access to emergency medical care</li> <li>- Complain without discrimination</li> <li>- Have access to contraceptive &amp; maternity services</li> <li>- Receive treatment regardless of race, gender, age, social class, sexual orientation, appearance, disability or medical condition</li> </ul>	<p><b><u>Your Responsibilities</u></b> </p> <ul style="list-style-type: none"> <li>- Be on time</li> <li>- Inform the surgery if you cannot attend</li> <li>- Inform us if you change address or telephone number</li> <li>- Use emergency services responsibly</li> <li>- Treat healthcare staff politely</li> <li>- Pass on your comments to healthcare staff</li> <li>- Take care with medicines. Do not use medicines which are out of date – your Pharmacist can safely dispose of them for you.</li> <li>- A GP can remove you from their practice list at any time. You will be notified of this and a reason will be given. This is rare and usually only happens if a patient is abusive or violent to GPs, their staff or other patients on the premises. You may also be removed from the practice list if you have moved out of the practice area or if you often miss appointments. You will be given a warning before this happens.</li> </ul>
<p><b><u>Confidentiality</u></b> </p> <p>Bangholm Medical Centre adheres to a stringent code of patient confidentiality. We are a fully computerised practice and we are fully registered under the Data Protection Act.</p>	



**APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE**  
**ALL FIELDS MARKED \* ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE**



**1. PERSONAL DETAILS**

Is this your first registration with a GP Practice in the UK? Yes  No

Will you be in the area for more than 3 months? Yes  No

*(If 'No', please complete a temporary resident form)*

Male \*  Female \*

Date of birth \*

Address \*

Title \*

Surname \*

Forenames \*

Previous surname \*

Postcode \*

Telephone #

Email address #

Mobile #

# the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system.

The following information can be found on your current medical card:

Community Health Index (CHI) number \*

NHS number \*

The following information can be found on your birth certificate:

Town of birth \*

Country of birth \*

Registered district of birth  
*(Scotland only)*

Mother's maiden name

**2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION**

Address in UK when you were last registered with a GP \*

Name and address of previous GP Practice in UK \*

Postcode \*

Postcode \*

**If you are from abroad:**

Date you first came to live in the UK \*

If previously resident in the UK, date of leaving \*

Your most recent country of residence

**If you have served in the British Armed Forces:**

Enlistment date \*

Service Number

Are you a Reservist?

Yes  No

If yes provide your address before enlisting \*

Leaving date \*

Postcode \*

Is this your first registration with a GP since leaving the armed forces?

Yes  No



### 3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to [www.organdonationscotland.org](http://www.organdonationscotland.org)

### 4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "[How the NHS handles your personal health information](#)" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

### 5. PATIENT 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 NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature

Date \*

Representative's name (if applicable)

Relationship to patient (if applicable)

### 6. FOR PRACTICE USE

GP reference number

GP name

Practice code

### Identification seen – do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert

Student ID card

Driving licence

Passport or HC2 cert

Home Office app reg card

Other / None

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature

Date \*

### 7. FOR OFFICIAL USE ONLY

Input by

Checked by

Date

Practice stamp



# CHILDREN'S QUESTIONNAIRE

**PLEASE COMPLETE ALL INFORMATION ON THIS FORM**

Full Name	
Date of Birth	

## PARENTS/GUARDIANS DETAILS

Mother's Name		Contact Number
Father's Name		Contact Number
Legal Guardian (if other than parents)		
Name:		Contact Number

## HEALTH INFORMATION

Please provide us with information if any of the following is relevant:	
Serious Illnesses or Hospital Admissions (with dates if possible)	
Any Operations (with dates if possible)	
Medications	
Allergies	

## PHARMACY DETAILS

Please let us know the preferred pharmacy:
<i>Please note, if pharmacy given above, all future prescriptions will be sent to your preferred pharmacy automatically and any medications will be ready to collect from your pharmacy team</i>

For HV use only: Are Immunisations up-to-date?	YES / NO
Social Worker (if relevant):	