

GP Partners

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Main Surgery

2 Church Avenue,
Sidcup, Kent, DA14 6BU
Tel: 020 8302 1114
sidcupmedical@nhs.net

Branch Surgery

231 Burnt Oak Lane,
Sidcup, Kent, DA15 9BQ

Branch Surgery

63 Thanet Road
Bexley, Kent, DA5 1AP

Branch Surgery

19 Crook Log
Bexleyheath, Kent, DA6 8DZ

Dear Patient

Everyone is welcome in general practice. You do not need to provide proof of ID, address, immigration status or an NHS number in order to receive care or see a GP.

Please see below guidance on registering at Sidcup Medical Centre. You can register online via our website www.sidcupmedicalcentre.co.uk, 'Find a GP' on NHS.uk, or with a paper registration form (PRF1).

Please;

- complete the registration forms with as much detail as possible
- provide a copy of your repeat slip if you have repeat medications

We recommend using the 'NHS App' to order repeat prescriptions. You can register, verify your Identity, and access your medical records all within the app.

If you do not have a smartphone, or are unable to register via the NHS app, online services registration forms are available in this registration pack, at reception or on our website. Please return online registration forms to reception in person with a valid form of photo ID, for example a Drivers Licence or Passport.

If you are registering on behalf of a person with a Lasting Power of Attorney, or a Court of Protection Order please provide copies of these documents.

Welcome to Sidcup Medical Centre.

STAFF USE ONLY:

Receptionist Name	Photo ID Type seen (Passport, Drivers licence etc)

How to register with a GP surgery

To register yourself or someone else with a GP surgery, fill in this form and give it to the surgery you want to register with.

You should:

- use a 'tick' or 'x' for boxes where necessary
- complete all sections that apply to you or the person you are registering
- provide as much information as possible
- use BLOCK CAPITALS
- if you cannot answer a question or it does not apply write 'Not applicable' or 'N/A'
- only use black or blue ink
- ask at the reception desk of the surgery you want to register with if you need help completing this form

Which sections should be completed?

- Part A - all sections that apply.
- Part B - this section is optional, but will help the GP provide the best care.
- Part C - only complete these sections if you do not normally live in the UK.

You may be contacted by the GP surgery if you do not complete all the relevant sections.

Register online

It is quick and secure to register with a new GP surgery online. Check the website of the surgery you want to register with for a link for the 'Register to a GP surgery' service.

PART A

Try to provide as much information as possible. If a question does not apply to you or the person you are registering write 'Not applicable' or 'N/A'.

Section 1 - Who is registering?

1 Are you registering
<input type="checkbox"/> Yourself (Go to Section 2 - Patient details) <input type="checkbox"/> Someone else

Only provide your details if you are registering someone else.

2 Your name <input type="text"/>	4 Your contact phone number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3 Your relationship to the person you are registering <input type="text"/>	



You can help save lives as a blood or organ donor. Become someone's lifeline. Visit www.nhsbt.nhs.uk/lifeline or call us on 0300 123 23 23.

Section 3 - Patients under 18 years

For children under 12 months only

1 Where were they born?

- England Northern Ireland Wales
 Isle of Man Scotland Outside the UK

2 Where was the mother living when the baby was born?

Postcode

For patients under 18 years

1 Do you attend any of the following?

- School Nursery Home school
 None of these

2 Address

Postcode

3 Are any of these involved in your care?

- Hospital specialist Health worker
 Social worker None of these

4 Have you had all your routine vaccinations?

- Yes No Don't know

5 Did you get your routine vaccinations in the UK?

- Yes No Don't know

Section 4 - Additional information

1 What is your ethnic group?

Choose one section from A to E, then tick one box to best describe your ethnic group or background.

(A) White

- English, Welsh, Scottish, Northern Irish or British
 Irish Gypsy or Irish Traveller

Any other White background

--

(B) Mixed or multiple ethnic groups

- White and Black Caribbean
 White and Black African
 White and Asian

Any other Mixed or Multiple ethnic background

--

(C) Asian or Asian British

- Indian Pakistani Bangladeshi
 Chinese

Any other Asian background

--

(D) Black/African/Caribbean/British

- African Caribbean

Any other Black, African or Caribbean background

--

(E) Other ethnic group

- Arab

Any other ethnic group

--

- Prefer not to say

PART B

You do not have to complete this section. But any information you do give will help the GP give you the best care.

Section 5 - Patient health

<p>1 Have you ever had any of these conditions?</p> <p><input type="checkbox"/> Alzheimer's disease or dementia</p> <p><input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart disease</p> <p><input type="checkbox"/> High blood pressure (hypertension)</p> <p><input type="checkbox"/> Stroke <input type="checkbox"/> Thyroid disease</p>	<p>10 Allergies</p> <div style="border: 1px solid black; height: 400px;"></div>
<p>2 What best describes you?</p> <p><input type="checkbox"/> I smoke <input type="checkbox"/> I used to smoke</p> <p><input type="checkbox"/> I have never smoked <input type="checkbox"/> Prefer not to say</p>	
<p>3 On average, how many cigarettes do you smoke a day?</p> <input type="text"/>	
<p>4 What date did you stop smoking? DD MM YYYY</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<p>5 How often do you drink alcohol?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Monthly or less</p> <p><input type="checkbox"/> 2 to 4 times a month <input type="checkbox"/> 2 to 3 times a week</p> <p><input type="checkbox"/> 4 or more times a week <input type="checkbox"/> Prefer not to say</p>	
<p>6 How many units of alcohol do you drink on a typical day when you are drinking?</p> <p>1 pint of 4% beer is 2.5 units. a small 125ml glass of wine is 1.5 units and a 25ml shot of spirits is 1 unit.</p> <input type="text"/>	
<p>7 How often have you had six or more units of alcohol on a single occasion in the last year?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Less than monthly</p> <p><input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily</p> <p><input type="checkbox"/> Prefer not to say</p>	
<p>8 What is your weight?</p> <input type="text"/> Kilograms Or <input type="text"/> Stone <input type="text"/> Pounds	
<p>9 What is your height?</p> <input type="text"/> Centimetres Or <input type="text"/> Foot <input type="text"/> Inches	
	<p>11 Mental health conditions</p> <div style="border: 1px solid black; height: 400px;"></div>

Section 5 - Patient health (continued)

12 Disabilities

13 Other medical conditions

14 Give details of any medication you are taking

Are any of these repeat prescriptions?

Yes No

15 Do you or your carer need to be communicated in an accessible format?

For example, braille, audio, large format or EasyRead.

Tell us what you need

16 Do you or your carer need any reasonable adjustments to make your visit to the GP surgery accessible?

For example, an audible or visual alert in the waiting room, access to a hearing loop or the support of a note taker.

Tell us what you need

PART C

Section 6 - Patients from abroad

Complete this section if you are:

- visiting the UK and do not normally live here.
- currently living in the UK, but do not think of it as your permanent country of residence. For example, you are studying here or have come to the UK as part of your job.
- a permanent resident in the UK and receive a pension or benefit from a European country.

Information on eligibility to free care outside the GP practice

Anyone can register with a GP practice and receive free medical care from that practice. However, should you be referred for treatment outside the practice or need unplanned care, for example at a hospital, charges may apply if you are a visitor or temporary resident.

Some groups of visitors or temporary residents are eligible to receive this care free of charge. Documentation may be required to demonstrate eligibility.

Examples of those eligible include:

- refugees, asylum seekers, those receiving certain forms of state support
- suspected or confirmed victims of modern slavery and human trafficking
- temporary residents with a valid visa of over 6 months. You may have paid the immigration health surcharge with your visa application. Note that assisted conception services remain chargeable to this group
- visitors from the EEA will need to provide their EHIC (European Health Insurance Card), which covers immediately necessary unplanned treatment, or a S2 form which covers planned treatment.

Additionally, some services are free of charge to all visitors, including diagnosis and treatment for infectious diseases and sexually transmitted infections.

Immediate necessary care, maternity care and other urgent care that cannot wait until a chargeable visitor's departure from the UK will not be withheld or delayed due to charges. But non-urgent treatment will not be given until full payment is received.

More information can be found in the patient leaflet available from the GP practice.

Select the statement that applies to you

I understand I may have to pay for NHS treatment outside of the GP practice.

I do not have to pay for NHS treatment outside of the GP practice and have documents to prove this.

I do not know if I have to pay for treatment.

PART C

Section 6 - Patients from abroad (continued)

Giving us this information means that if you need NHS care outside the GP practice and you are entitled to that care without charge, it will be easier for you to demonstrate this entitlement.

We'll use the information to establish your chargeable status in order to recover NHS costs from countries responsible for your healthcare where applicable. This will not impact your entitlement to register with the GP practice or to receive free GP services.

1 Tick one of the following

<input type="checkbox"/> I have an S1 form issued by an EU or EEA member state	<input type="checkbox"/> I am in receipt of a European pension or benefit
<input type="checkbox"/> I am entitled to an EHIC card, but I do not have one	<input type="checkbox"/> I am in the UK as part of my employment
<input type="checkbox"/> I have an EHIC card issued by an EU or EEA member state	<input type="checkbox"/> None of these

Enter details from your EHIC

1 Country code <input type="text"/>	5 Personal identification number <input type="text"/>
2 Name <input type="text"/>	6 Identification number of the institution <input type="text"/>
3 Given name <input type="text"/>	7 Identification number of the card <input type="text"/>
4 Date of birth DD MM YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8 Expiry date DD MM YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

How will your EHIC and S1 data be used?

By using your EHIC for NHS treatment costs your EHIC 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 or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.

Please also complete this page if registration is for a Child under 16 years old

Please bring child's **Birth Certificate**, Adoption Order, or other Proof of Parental responsibility when registering. Please also bring child's '**Red book**' if they are under 6 years old.

We will photocopy the Immunisations page of red book and return the red book to you while you wait.

PERSON WITH PARENTAL RESPONSIBILITY 1:			
SURNAME		FORENAME	
ADDRESS			
POSTCODE			
HOME TELEPHONE	MOBILE	WORK	
RELATION TO CHILD			

PERSON WITH PARENTAL RESPONSIBILITY 2 (if applicable):			
SURNAME		FORENAME	
ADDRESS			
POSTCODE			
HOME TELEPHONE	MOBILE	WORK	
RELATION TO CHILD			

IMMUNISATION HISTORY

Please provide previous immunisations and dates they were completed:

Immunisation	Date completed
Eight Weeks DTaP/IPV/Hib/Hep B Pneumococcal Conjugate Vaccine (PVC) Men B Rotavirus	
Twelve Weeks DTaP/IPV/Hib/Hep B Rotavirus	
Sixteen Weeks DTaP/IPV/Hib/Hep B PCV Men B	
One Year Hib/Men C PCV MMR Men B Booster	
Three years four months old (Preschool booster) DTaP/IPV MMR	
12-13 years old (not in red book) HPV (two doses 6-24 months apart)	
14 years old (not in red book) Td/IPV Men ACWY	

Sidcup Medical Centre Online Services Registration Form

SECTION A – THE PATIENT

Patients aged 16 years and older can register for full online services by completing the form below and returning it to reception in person, along with a valid form of photo ID.

If you are applying for proxy access to a patient with a **Lasting power of Attorney (LPA)** or, **Court of Protection Order (COP3)** please complete 'Section A' with the patients details, and 'Section B' with your (the Attorney / Deputies) details.

Please return the completed form to reception, along with your photo ID and a copy of the LPA, or COP3.

The Patient's Details

The patient has an active LPA or COP3

Surname		Date of Birth	
First name		NHS Number	
Address			
Email address (unique, must not be shared by any other user)	(optional if also completing Section B)		
Telephone		Mobile	

I wish to have access to the following online services (please tick all that apply):

1	View past and Future Appointments		<input type="checkbox"/>
2	Request repeat prescriptions		<input type="checkbox"/>
3	Demographic Information (View and Update Contact Details held by the practice)		<input type="checkbox"/>
Access to medical records; (please tick all that apply)			
4a	Core Summary Care Record (View Medication and Allergy records)		<input type="checkbox"/>
4b	Detailed Coded Records	From Date Of Online Services Registration	Including Freetext
	Laboratory / Imaging Test Results	<input type="checkbox"/>	<input type="checkbox"/>
	Documents	<input type="checkbox"/>	<input type="checkbox"/>
	Immunisations	<input type="checkbox"/>	<input type="checkbox"/>
	Problems	<input type="checkbox"/>	<input type="checkbox"/>
	Consultations	<input type="checkbox"/>	<input type="checkbox"/>
OR:			
X	No Care Record Access		<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick)

1	I have read and understood the information leaflet provided by the practice		<input type="checkbox"/>
2	I will be responsible for the security of the information that I see or download		<input type="checkbox"/>
3	If I choose to share my information with anyone else, this is at my own risk		<input type="checkbox"/>
4	If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible		<input type="checkbox"/>
5	If I see information in my record that is not about me or is inaccurate, I will complete an ' Individual's Rights ' form (also available at reception) and contact the practice as soon as possible		<input type="checkbox"/>
6	If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible		<input type="checkbox"/>

Signature	Date
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For practice use only

Patient Identity verified by;	Date		Patient	Representative (If needed for Section B)
Method	Photo ID	Current signed passport	<input type="checkbox"/>	<input type="checkbox"/>
		EEA member state identity card	<input type="checkbox"/>	<input type="checkbox"/>
		Current UK or EEA photocard driving licence	<input type="checkbox"/>	<input type="checkbox"/>
		HM Armed Forces Identity Card	<input type="checkbox"/>	<input type="checkbox"/>
		Police Warrant Card	<input type="checkbox"/>	<input type="checkbox"/>
		Residence permit (issued by the Home Office to EEA nationals on sight of own country passport)	<input type="checkbox"/>	<input type="checkbox"/>
		National identity card bearing a photograph of the applicant	<input type="checkbox"/>	<input type="checkbox"/>
		Vouch	ID Card Carrying 'PASS' accreditation logo	<input type="checkbox"/>
		Patient known to Practice / Staff member	<input type="checkbox"/>	<input type="checkbox"/>
		Information Confirmation	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION B – PATIENT’S REPRESENTATIVE
FOR DONATING PROXY ACCESS**

Section A must also be completed

Patients 16 years and older may also allow (one or more) relatives, carers, or other representatives (18 years and older) to act on their behalf by completing section B.

I,..... ('The Patient' as named in section A), give permission to Sidcup Medical Centre to give ('The / My Representative') proxy access to the online services as indicated below;

Please allow my representative to have access to the following online services on my behalf;

1	View past and Future Appointments	<input type="checkbox"/>	
2	Request repeat prescriptions	<input type="checkbox"/>	
3	Demographic Information (View and Update Contact Details held by the practice)	<input type="checkbox"/>	
Access to medical records; (please tick all that apply)			
4a	Core Summary Care Record (View Medication and Allergy records)	<input type="checkbox"/>	
4b	Detailed Coded Records	From Date Of Online Services Registration	Including Freetext
	Laboratory / Imaging Test Results	<input type="checkbox"/>	<input type="checkbox"/>
	Documents	<input type="checkbox"/>	<input type="checkbox"/>
	Immunisations	<input type="checkbox"/>	<input type="checkbox"/>
	Problems	<input type="checkbox"/>	<input type="checkbox"/>
	Consultations	<input type="checkbox"/>	<input type="checkbox"/>
OR:			
X	No Care Record Access	<input type="checkbox"/>	

I reserve the right to reverse any decision I make in granting proxy access at any time. I understand the risks of allowing someone else to have access to my health records and have read and understand the information leaflet provided by the practice.

Patients Signature	Date
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The Representative

Surname	Date of Birth
First name	NHS Number
Address	
Postcode	
Representatives Email (unique, must not be shared by any other user)	
Telephone	Mobile

1	I have read and understood the information leaflet provided by the practice and agree that I will treat the patients information as confidential	<input type="checkbox"/>
2	I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3	If I suspect that my account has been accessed by someone without my / the patients agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
4	If I see information in the record that is not about the patient, or is inaccurate, I will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	<input type="checkbox"/>
5	If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible	<input type="checkbox"/>

Representatives Signature	Date
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For practice use only

Please add "Proxy has online access to patient record" (EMISNQP487, Snomed: 1980711000006103) into patient notes, recording level of access provided to Patient's Representative.

SECTION C – REQUESTING PROXY ACCESS FOR CHILDREN

Section A must also be completed

Parents / Guardians may request proxy access to their Childs medical records if the child is **10 years old, or younger.**

Patients aged 11-15 cannot have a representative with proxy access in line with the Royal College of General Practitioners Guidance.¹

Please discuss with the practice if you believe there are exceptional circumstances that would require you to retain proxy access after your child's 11th birthday.

I,..... ('The Patient' as named in section A), request Sidcup Medical Centre to give me proxy access to my dependants online services as indicated below;

Dependant 1

Surname		Date of Birth	
First name		NHS Number	

Dependant 2

Surname		Date of Birth	
First name		NHS Number	

Dependant 3

Surname		Date of Birth	
First name		NHS Number	

Dependant 4

Surname		Date of Birth	
First name		NHS Number	

1	I am the Parent / Guardian of the above named 'Dependant(s)'	<input type="checkbox"/>
2	The above named 'Dependant(s)' are under 11 years of age	<input type="checkbox"/>
3	I have read and understood the information leaflet provided by the practice and agree that I will treat the patients information as confidential	<input type="checkbox"/>
4	I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
5	If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
6	If I see information in the record that is not about the patient, or is inaccurate, I will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	<input type="checkbox"/>
7	If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible	<input type="checkbox"/>
8	I am aware that my proxy access to my dependants records will be rescinded upon, or shortly before my dependants 11 th Birthday.	

Representatives Signature	Date
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For practice use only

Please add "Proxy has online access to patient record" (EMISNQPR487, Snomed: 1980711000006103) into dependants notes.

¹ "Up until a child's 11th birthday, the parents of the child will usually control access to their child's record and online services. Access to the detailed care record should be switched off automatically when the child reaches the age of 11. This avoids the possibility of:

1. Sudden withdrawal of proxy access by the practice alerting the parents to the possibility that the child or young person has been to the practice about something that they wish to remain private, an example may be family planning advice, or
2. The young person being deterred from coming to the practice for help."

<https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/-/media/AB9C8ED1A836432FA5A0FC5E892F3F85.ashx>

HOW CAN YOU CONTACT THE SURGERY?

The clinicians, reception staff and our administrative team at Sidcup Medical Centre believe that we can offer patients a better more efficient service if we use a Total Triage system for all requests whether it be for an appointment or any other type of request both clinical and administrative. The exceptions to this are appointments with the Practice Nurse.

What is Total Triage?

It means that your requests received via Accurx, both clinical and administrative will be assessed and a decision will be taken to the most appropriate course of action, for instance an appointment arranged, an investigation organised or an administrative task carried out.

What is Accurx Patient Triage?

It's an online form that you complete to detail your request both clinical and administrative. It can also be completed on your smartphone via the NHS App

We have been using online consultation for some time now so many of our patients will be familiar with this style of system already. In future **all** requests will need to be made using Accurx. You can find the link on the home page of our website:

www.sidcupmedicalcentre.co.uk

For anyone in our patient population that is unable to use or complete an Accurx Patient Triage Sidcup Medical Centre staff will be able to complete the triage form on their behalf, please contact the surgery and this will be arranged for you.

What are the benefits of using Accurx Patient Triage and a total triage system being used for all my requests both clinical and administrative?

Saves you time:

- save a trip to the surgery – your query may be resolved with a phone call, video consultation or text.

User Friendly:

- you can access Accurx Patient Triage at home, at work, on holiday or on the move.
- you can access it via a PC, laptop, tablet or smartphone. It is also available via the NHS App, which we strongly urge you to download to use. Please see our website for more information.
- you complete an Accurx Patient Triage form at a pace that suits you. There are fewer questions than previous total triage system. You can also add pictures if appropriate.
- you can complete an Accurx Patient Triage for a child of any age, once they are registered at Sidcup Medical Centre.

Examples of where Accurx Patient Triage can make your life easier:

- requests for letters and sick notes
- advice about treatment without the need for a face to face appointment
- opportunity for you and your doctor to plan investigations before seeing a GP – meaning one appointment rather than two.
- when you are planning a trip and want advice on travel health and vaccinations

Supports self-care:

- NHS self-help advice regarding your condition is available via Accurx Patient Triage at any time.

NHS Approved and digitally safe:

- Accurx is an NHS Digital approved supplier as well as being specifically an NHS Digital approved supplier for video consultations.
- Accurx Patient Triage is compliant with NHS Data Security and Protection Toolkit
- Accurx is fully compliant with DCB0129, which is for manufacturers of health IT software such as Accurx, and has been assured by NHS Digital against this standard.
- Accurx data is encrypted when it is sent and when it is stored.

Why Accurx Patient Triage is great for the Sidcup Medical Centre team?

- knowing a patients symptoms upfront helps the practice get you the help you need from the right person
- gathering information helps doctors address patient needs efficiently
- admin queries get filtered direct to the team that handles them

Why Accurx Patient Triage is great for our patients?

- Total Triage ensures that your query is directed and dealt with appropriately making this a better and more efficient experience for you!