

KINGUSSIE MEDICAL PRACTICE

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TEMPORARY RESIDENT / EMERGENCY TREATMENT FORM

PLEASE CONTACT YOUR CURRENT MEDICAL PROVIDER

In order to treat you safely, we require all temporary patients to contact their current medical practitioner and request a medical summary to be sent to our practice. ***It is your responsibility to contact your current medical practitioner*** to ask that they send a full summary including any medication prescribed to our secure generic email address:

nhsh.gp55930-admin@nhs.scot

On receipt of this information we may need to contact your current medical practitioner to discuss your medical history, or treatments that you have been receiving. *Please tick the following box to confirm you consent to us contacting your current medical practitioner which may result in further disclosure of information held in your medical records.*

In order for one of the Doctors at the Kingussie Medical Practice to assist you, we need you to fill out the following information to register you on our system. Please enter your information as clearly as possible.	
Have you been seen at the Kingussie Medical Practice in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>	
How long are you staying in the area? Under 16 Days <input type="checkbox"/> Up to 3 Months <input type="checkbox"/>	
Surname	Date of birth
First name	
Address (In the Area)	
Postcode	
Email address	Contact number

Permanent Registered Address (Home)
Postcode
Home number

Usual Medical Practice Name and Address
Postcode

FOR OFFICE USE: Coded in Vision #9115.12 (TR Reg.) #912F (TR Reg. Exp.)

Appointment Date: _____ Appointment Time: _____