NHS
Greater Glasgow and Clyde

Application for Payment of Primary Medical Fees under Collaborative Arrangements

Patient Details

Name of Patient
CHI number
Date of service

Type of Request (tick as appropriate)

Blue Badge
Case conference (full)
Case conference (short)
Adult Support & Protection
Full exam, report & opinion
Report & opinion

Form BP1
Form BP1 recertification
Form BP1 (home)
Form BP1 recertification (home)

Adoption & Fostering
Initial exam
Subsequent exam
Freedom from infection

Full development assessment
Form AH
Form AH2
Form IHA
Form M/B

PSD Use Only

Declaration of claiming GP Practice

I declare that the information I have give on this form is complete and correct.

Practice number
Name of GP
Signature
Date

Practice stamp

Details of Local Authority/Agency requesting Assessment.Medical/Attendance etc

Name
Date requested
Telephone
Organisation/Dept.
Address

Authorising Signature (Adoption & Fostering)

CHCP/CHP Use Only

Signature of Certifying Officer
Name of Office
Designation of Officer
Date

PMS C/A1