

A Personal details (We cannot process your application without this information)

 Mr Mrs Miss Ms Mx DR Other (please specify)

 Surname (Family name) First name (Given names)

 Previous Surname (Maiden name)

 Current Address
 Postcode

 Home Phone Mobile Phone

 E mail address

 Date of birth

 Gender Male Female Neutral

 NHS number

(This can be found on your NHS medical card or from your previous GP)

 Country of birth Date of arrival in the UK

 Ethnicity (This is important and often very relevant to inherited conditions) *Please tick one box only*
Asian Or Asian British

- Bangladeshi
-
-
- Indian
-
-
- Pakistani
-
-
- Other
-

 Please state if other
Mixed

- White & Asian
-
-
- White & Black African
-
-
- White & Black Caribbean
-
-
- Other Mixed
-

 Please state if other
Black Or Black British

- African
-
-
- Caribbean
-
-
- Other Black
-

 Please state if other
White

- British
-
-
- Irish
-
-
- Any Other
-

 Please state if other
Chinese

- Chinese
-

 I do not wish to state my ethnicity
B Next of Kin

 Name Relationship (i.e. Mother)

 Home Phone Mobile Phone

C Previous Medical Records

Previous GP name

GP address

Postcode

OR I have never been registered with a doctor in the UK before

D Some questions about you (ADULTS ONLY)

- Do you currently care for an elderly or ill friend/relative?
- Do you have a carer (someone whom you rely on for help?)
- Religion (please insert none or leave blank if you wish)
- What language do you speak?
- What language do you read?
- Do you need an interpreter for appointments? Yes No
- If you require any advice on contraception please tick here

E Alcohol (ADULTS ONLY)

If you never drink alcohol, please tick here and go to section F

- How often do you have eight or more drinks on one occasion?
Never Less Than Monthly Monthly Weekly Daily Almost Daily
 - How often during the last year have you been unable to remember what happened the night before because you had been drinking?
Never Less Than Monthly Monthly Weekly Daily Almost Daily
 - How often during the last year have you failed to do what was normally expected of you because of your drinking?
Never Less Than Monthly Monthly Weekly Daily Almost Daily
- Has a relative or friend, a doctor or other health worker been concerned about your drinking or suggested you cut down?
No Yes, but not in the last year Yes in the last year

F Smoking (PATIENTS AGED 15 OR OVER)

Never Smoked Occasional smoker

Current smoker Amount per day Ex smoker Date gave up Amount per day

Smoking can seriously damage your health and others around you.

If you would like help to give up smoking, please tick here

G Exercise

Do you do any regular exercise? Yes No

If yes, which type of exercise? How often?

H Serious Illness, Operations, Medication

(a) Have you ever had any of the following:

- Asthma
- COPD
- Diabetes
- High Blood Pressure
- Heart Disease
- Stroke
- Epilepsy
- Cancer
- Depression
- Thyroid problems
- HIV/Aids
- Osteoporosis

Yes No

If you have ticked yes, please tell us about it

Is there a family history of any of these conditions? Yes No If yes, please tell us

Please tell us if you currently prescribed regular medication

Please tell us if you have any allergies

I Female patients (FEMALE PATIENTS ONLY)

Smear Tests

Either:

I confirm that I have had a smear within the last three years.

The approximate date of my last smear was and it was Normal Abnormal

-Or -

I confirm that I do not wish to have my smear test and I will inform you if I wish to in the future

Have you ever had a Hysterectomy Yes No

If yes please give an approximate date

J Children (CHILDREN AGED 0-12 ONLY)

Do you have a red book showing immunisation details Yes No

If not, please give dates of immunisations in table below

DTP	<input type="checkbox"/>	<input type="text" value="DD/MM/YYYY"/>
Polio	<input type="checkbox"/>	<input type="text" value="DD/MM/YYYY"/>
HIB	<input type="checkbox"/>	<input type="text" value="DD/MM/YYYY"/>
Men	<input type="checkbox"/>	<input type="text" value="DD/MM/YYYY"/>
MMR	<input type="checkbox"/>	<input type="text" value="DD/MM/YYYY"/>
Hib Booster	<input type="checkbox"/>	<input type="text" value="DD/MM/YYYY"/>
Preschool Boosters	<input type="checkbox"/>	<input type="text" value="DD/MM/YYYY"/>
DTP and Polio	<input type="checkbox"/>	<input type="text" value="DD/MM/YYYY"/>
MMR	<input type="checkbox"/>	<input type="text" value="DD/MM/YYYY"/>
Men C	<input type="checkbox"/>	<input type="text" value="DD/MM/YYYY"/>

K Donor Registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

Any of my organs and tissue or

Kidneys Heart Liver Corneas Lungs Pancreas Any part of my body

Sign

Date

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick if you have given blood in the last 3 years

Sign

Date

L Confirmation (MUST BE COMPLETED TO REGISTER)

I confirm that the information on this form is correct and completed to the best of my knowledge and confirm that all information given is correct and completed to the best of my ability (For patients under 18, this form should be signed by the parent or legal guardian)

IMPORTANT – Patients arriving from countries outside the EU/EEA If you have recently arrived from a country outside the EEA, please be aware that your registration with a GP does not automatically mean you will be eligible to receive all services the NHS provides for free. If you require referral to a hospital, you may be asked to provide proof that you meet the hospital's eligibility criteria for free treatment.

Sign

Date

M Supplementary Questions

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges. More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment. The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me. Please tick one of the following boxes:

- I understand that I may need to pay for NHS treatment outside of the GP practice
- I understand that I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHC or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- I do not know my chargeable status

Sign

Date

Full name

Relationship (i.e. Mother)

On behalf of

Non-UK European Health Insurance Insurance Card (EHIC), Provisional Replacement Certificate (PRC) Details and S1 Form

Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

- I have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer or you live in the UK but work in another EEA member state. Please give your S1 form to the practice staff.
- I have a non-UK EHIC or PRC

Country Code	<input type="text"/>
Name	<input type="text"/>
Given Names	<input type="text"/>
Date of Birth	<input type="text"/>
Personal ID Number	<input type="text"/>
ID Number of the institution	<input type="text"/>
ID Number of the card	<input type="text"/>
PRC Valid From	<input type="text"/>



To

N Contact Consent

Due to the new changes to General Data Protection Regulation (GDPR), may we please ask you for the preferred method of contact:

Email

Landline Number

Mobile Phone

Post

O Patient's Summary Care Record

The Summary Care Record (SCR) contains key information about medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past. You may need to be treated by healthcare professionals who do not know your medical history.

Having the summary care record can help these professionals access vital information from your medical record and can make better and safer decisions about how to treat you.

Yes – I would like a Summary Care Record

- Express consent for medication, allergies and adverse reactions only.
 Express consent for medication, allergies, adverse reactions and additional information.

No – I would not like a Summary Care Record

- Express dissent for Summary Care Record (opt out).

P Patient Access

Would you like to have online patient access?

(If you would like access to your record in detail, for example results and consultations, please bring in Photo ID to reception)

Yes No

By signing this you are giving us consent for your method of contact, SCR and patient access.

Sign

Date

! OFFICE USE ONLY

Form received:

Date entered on EMIS:

New patient appointment:

HCA to complete

Urine Analysis Protein:

Weight:

Glucose:

Blood Pressure:

Blood:

BMI:

Height:

Notice for EHIC/PRC/S1 patients: By using your EHIC or PRC for NHS treatment costs your EHIC or PRC 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, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC)/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.