

ADULT REGISTRATION FORM

You will need to supply TWO forms of identification with the completed form, a photographic form of ID (such as a PASSPORT or DRIVING LICENCE) and proof of address (such as a recent BANK STATEMENT or UTILITY BILL)

Many thanks for your application. To give you the best possible care we would like to gather some information about you and ask that you fill in the following questionnaire.

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes. Please ensure you **SIGN** and **DATE** your form.

****YOU ARE REQUIRED TO FILL IN THE FIELDS MARKED WITH AN ASTERISK (*), FAILURE TO DO SO MAY DELAY YOUR REGISTRATION****

*Title:	*Surname:
*Any previous surname(s) (if applicable):	
* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intermediate <input type="checkbox"/> Unspecified	
*Town and country of birth:	
*Home telephone No.:	
Work telephone No.:	
*Mobile No. (if you have one):	

*First names:
*Date of Birth: DD / MM / YYYY
NHS No. <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"/>
*Home address:
*Postcode:
Email address:

Please help us trace your previous medical records by providing the following information

*Previous address in the UK (if applicable):
Postcode:

*Name of previous doctor:
*Address of previous doctor:

If you are from abroad

*Your first UK address where you registered with a GP if you were previously living abroad:
Postcode:

*If previously a resident in the UK, date of leaving:
*Date you first came to live in the UK (if applicable):

If you are returning from the Armed Forces

Address before enlisting:
Postcode:

Service or Personnel No:
Enlistment date: Date left Armed Forces:-

Additional details about you

***What is your ethnic group?**

- White British Irish Other White (please specify):
- Black Caribbean African Other Black (please specify):
- Asian Indian Pakistani Chinese Other Asian (please specify):
- Mixed White + Black Caribbean White + African White + Asian Other mixed:

***Main spoken language (E.g. English, British Sign Language (BSL)):**

.....

***If you need help with reading/writing please indicate what support you require:**

.....
.....
.....
.....

***Next Of Kin / Emergency contact**

Name / Relationship to you / Telephone No. / Address (if different to yours)

1

Name / Relationship to you / Telephone No. / Address (if different to yours)

2

Carers Information

A carer is a friend / family member who gives their time to support a person in their home, to an extent that the person could not remain at home if this care was not being provided. A carer can receive Carers Allowance (but not a wage) and the care they are giving will significantly affect their own life.

Do you have a carer? Yes No

If yes, what is their name and contact number?

Do you consent for your carer to be informed about your medical care? Yes No

***Do you take any regular medication?** Yes No (if yes please specify)

Please state name and dose (including contraceptive pill)

***Are you allergic to any medicines?** Yes No (if yes please specify)

***List other allergies / intolerances (i.e pollen, animal hair or certain foods. Please mark “none” if you have no other allergies that you know of) :**

Do you have any disabilities, illnesses or accessibility needs? I.e. needing to be seen in ground floor consulting rooms or use of a specific communication device such as a hearing aid? If yes, please tell us how we can support your needs:

List any serious illnesses / operations / accidents / disabilities (women: any pregnancy related problems) & the year they took place:

Medical Details

Have you ever had any of the following conditions:

Epilepsy	Yes/No	Rhematoid Arthritis	Yes/No
High Blood Pressure	Yes/No	Mental Illness (inc depression)	Yes/No
Heart Attack	Yes/No	Diabetes (Type 1 Or Type 2)	Yes/No
Angina (stable/ Unstable)	Yes/No	Stroke	Yes/No
Transient Ischaemic attack	Yes/No	COPD or Empysema	Yes/No
Cancer	Yes/No	Osteoporosis/bone Fractures	Yes/No
Peripheral Vascular Disease	Yes/No		

Do you have Family History of any of the following?

High Blood Pressure	Yes/No	Who	DVT/Pulmonary Embolism	Yes/no	Who
Ischaemic Heart Disease (diagnosed >60 yrs)	Yes/No	Who	Breast Cancer	Yes/No	Who
Ischaemic Heart Disease (diagnosed < 60 yrs)	Yes/No	Who	Any cancer: (please specify)	Yes/No	Who
Raised Cholesterol	Yes/No	Who	Thyroid Disorder	Yes/No	Who
Stroke/CVA	Yes/No	Who	Epilepsy	Yes/No	Who
Asthma	Yes/No	Who	Osteoporosis	Yes/No	Who
Diabetes	Yes/No	Who	Other (please specify)	Yes/No	Who

Please tell us about your smoking habits

*Do you smoke? Yes/ No
If Yes, what do you primarily smoke:

Cigarettes / Cigar / Pipe / Vape (please circle)

How many do you smoke a day?

Would you like advice on quitting Yes/No

Are you an ex-smoker Yes/No
When did you quit?

How many did you used to smoke a day?

<p>Height M</p> <p>Weight KG</p>	<p>For women only) Have you had a cervical smear? Yes/No – Please state where, when and the result if possible</p>
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Please tell us about your alcohol consumption.

1 Unit = Normal half pint beer (284ml) 4% or Single shot spirit (25ml) 40%. 1.5 Units = Small glass of wine (125ml) 12.5% or Alcopop (275ml) 5.5%.
 2 Units = Strong half pint beer (284ml) 6.5% or Medium glass of wine (175ml) 12.5% or Normal large bottle/can beer (440ml) 4.5%
 3 Units = Strong bottle/can beer (440ml) 6.5% or Bottle of wine (750ml) 12.5% or Bottle spirits (750ml) 40% or Large glass of wine (250ml) 12.5%

Questions (please circle your answers in the boxes below) Unit scoring system

	0	1	2		
3	4				
How often do you have a drink containing Alcohol?	Never	Monthly or less	2-4 times per month	2-4 times per week	4+ times per week
How many units of alcohol do you drink on a typical day when you are drinking	1-2	3-4	5-6	7-9	10+
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Do you exercise regularly? Yes/ No

If yes, what exercise do you take and how often:

If you are a student

MENINGITIS ACWY IMMUNISATION
 NHS England strongly recommends anyone who is starting university aged between 18-24yrs have an ACWY booster if you haven't already done so.

Yes, I would like a booster (if you tick this please talk to your university or call us to book an appointment)

No, I would not like a booster

I have already had a Men ACWY booster on (date):.....

***Communication Preferences**

We may want to contact you by email, send appointment reminders to your mobile and leave messages on your answering machine, if you have one. **Tick these boxes if you DO wish to be contacted in this way:**

Email SMS Answering machine Letter Post

Please tell us which method of contact listed above is preferred:

.....

Data Sharing

Summary Care Record

We would like to recommend that you take advantage of the Summary Care Record (SCR). The Core SCR includes important information about your health: Medicines you are taking, allergies you suffer from and any bad reactions to medicines.

You can also choose to have additional information included in your SCR, which can improve the care you receive. This information includes: Your illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated – such as where you would prefer to receive care; what support you might need and who should be contacted for more information about you

You may need to be treated by health and care professionals outside of the practice who do not know your medical history. Having the additional information SCR can help the staff involved in your care access information more quickly, allowing them to make informed decisions about your healthcare. More information can be found by visiting www.nhscarerecords.nhs.uk

Tick this box if you wish to opt-in to the **Core SCR**

Tick this box if you wish to opt-in to the **Core and Additional SCR**

Tick this box if you wish to opt-out from the **SCR**

Medical Interoperability Gateway (MIG)

Whilst the SCR mentioned above shares a very small portion of your medical record across the whole NHS, the MIG shares a much broader view of their records but only with local NHS providers – and only when you give explicit consent at the point of care.

For more information please visit <https://healthcaregateway.co.uk/>

The Accessible Information Standard (AIS)

Please use this space to tell us about any specific communication needs you have. i.e. needing information in large print or deafblind telephone contact. For further information please visit

<https://www.england.nhs.uk/ourwork/accessibleinfo/>

Electronic Prescription Service (EPS)

You will be able to nominate a pharmacy to collect your prescriptions from. EPS enables prescribers, such as GP's and practice nurses, to send prescriptions electronically to a pharmacy of the patient's choice. This makes the prescribing and dispensing process more efficient and convenient for patients and staff. If you have already nominated a pharmacy, please tell us which pharmacy you have chosen. For further information about this service please talk to your pharmacist of choice.

*Signed

*Date

DD / MM / YYYY

Online Patient Access

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number
Would you like to receive future notifications via SMS text message?	Yes/No
Are you completing this form for yourself?	Yes/No
If NO then you need to complete a different form, please ask for the form at the surgery reception	

***Signed**

***Date**

DD / MM / YYYY

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.

Please tick one of the following boxes:

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



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.

A parent/guardian should complete the form on behalf of a child under 16.

*Signed:		*Date:	DD / MM / YYYY
*Print name:		*Relationship to patient:	
*On behalf of:			

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.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

<p>Do you have a <u>non-UK</u> EHIC or PRC?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please enter details from your EHIC or PRC below:	
 <p><i>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.</i></p>	Country Code: 		
	3: Name		
	4: Given Names		
	5: Date of Birth	DD / MM / YYYY	
	6: Personal Identification Number		
	7: Identification number of the institution		
8: Identification number of the card			
9: Expiry Date	DD / MM / YYYY		
PRC validity period From: (a)	DD / MM / YYYY	(b) To:	DD / MM / YYYY
<p>Please tick <input type="checkbox"/> if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.</p>			
<p>How will your EHIC/PRC/S1 data be used? 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.</p>			