

Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Surname
Date of birth	First names
NHS No.	Previous surname/s
<input type="checkbox"/> Male <input type="checkbox"/> Female	Town and country of birth
Home address	
Postcode	Telephone number

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

Your previous address in UK	Name of previous GP practice while at that address
	Address of previous GP practice

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving	Date you first came to live in UK
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Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: Regular Reservist Veteran Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting:

Postcode

Service or Personnel number: Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

<input type="checkbox"/> I live more than 1.6km in a straight line from the nearest chemist <input type="checkbox"/> I would have serious difficulty in getting them from a chemist	*Not all doctors are authorised to dispense medicines
<input type="checkbox"/> Signature of Patient <input type="checkbox"/> Signature on behalf of patient	Date ____ / ____ / ____

NHS Organ 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

Signature confirming my consent to join the NHS Organ Donor Register Date ____ / ____ / ____

Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit www.organdonation.nhs.uk or call 0300 123 23 23 to register your decision.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature confirming my consent to join the NHS Blood Donor Register Date ____ / ____ / ____

My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode:

All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

NHS England use only Patient registered for GMS Dispensing

To be completed by the GP Practice

Practice Name

Practice Code

 I have accepted this patient for general medical services on behalf of the practice

 I will dispense medicines/appliances to this patient subject to NHS England approval.

I declare to the best of my belief this information is correct

Authorised Signature

Name

Date ____/____/____

Practice Stamp

SUPPLEMENTARY QUESTIONS - These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

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 YY
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

Do you have a non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	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 (a) From:	DD MM YYYY

Please tick 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.**

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.

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Patient registration and health questionnaire

Title: (Mr, Mrs, etc.)		Date of birth	
Forename(s)			
Surname		Previous surname	
Calling name		Occupation	
Current address			
Home phone number		Mobile phone number Are you happy to receive text messages?	
Email address Are you happy to be contacted via e-mail?			
NHS number			
Previous address			
Previous GP			
Have you been registered here previously? If yes, please give dates.			
Have you moved to the UK from abroad? If yes, give date of arrival in the UK.			
Next of kin details: Title: Surname: Forename: Relationship: Address: Telephone numbers:			
Armed Forces veterans' service: Dates of service: Discharge date: Address prior to serving:			

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Special circumstances:	Please tick if any of the following apply: I have a carer I am a carer Asylum seeker Housebound Live in a nursing home Live in a residential home Live in a community psychiatric home Live in a children's home		
Height		Weight	
Allergies		Disabilities	
Are you: Registered blind or partially sighted Registered deaf Registered disabled	Please state which of these apply:		
Do you have special communication needs: Please state Are you happy for these to be shared with other Health Care Providers?			
Please state your ethnicity			
Do you have any drug allergies? <i>Please include known reactions</i>			
Do you have any other allergies? <i>Please give as much detail as possible</i>			
Do you suffer from any of the following: Heart disease Hypertension Asthma Diabetes COPD Chronic kidney disease Epilepsy Stroke Cancer	Please state which of these apply and give date of last review:		
Do you have any other serious or chronic illness?	Please explain:		
Do you have a family history of: Diabetes Heart disease	Please give details, including relationship, illness and age at diagnosis, if known:		

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<p>High cholesterol Heart attack Stroke Cancer</p>	
<p>Have you had any significant injuries or major operations?</p>	<p>If yes, please give details:</p>
<p>Summary Care Record: Are you agreeable for your key health information from your medical record to be held securely on the National Spine?</p>	
<p>Smoking status – Are you: A current smoker An ex-smoker A non-smoker</p>	<p>If a current or ex-smoker, please give details of how many you smoke or smoked per day. If you are an ex-smoker, please give the date you stopped (month/year).</p>
<p>Smoking cessation advice is available. Would you like further information?</p>	<p>If yes, and you wish to be referred to a stop smoking service advisor please ask reception to book you an appointment.</p>
<p>Do you take regular exercise? Please state how many times per week.</p>	
<p>How many units of alcohol do you drink on a typical day when you are drinking? (1 unit = ½ a pint or a small glass of wine or a single pub measure of spirits)</p>	<p>Please tick which applies: 1-2 3-4 5-6 7-9 10+</p>
<p>How often have you drunk more than 8 units (men) or 6 units (women) on a single occasion in the past year?</p>	<p>Please tick which applies: Never Daily Weekly Monthly Less often than monthly</p>

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Alcohol scoring system	0	1	2	3	4	Score
How often do you drink alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when drinking?	1-2	3-4	5-6	7-9	10+	
How often have you drunk more than 8 units (men) or 6 units (women) on a single occasion in the past year?	Never	Less often than monthly	Monthly	Weekly	Daily or almost daily	

Advice is available if you would like to reduce your alcohol intake.	Please ask at reception or see our website for details.		
Current medication	If possible, attach a copy of your repeat prescription list.		
Medication	Dosage	Repeat	Quantity remaining

Females only:	
Date of last cervical smear	
Contraception used	
Over 65s:	
Have you had a pneumonia vaccine in the last 10 years?	
Have you had a flu vaccine this year?	
<p>Are you aware that you can now book appointments, request repeat medication and more online? If you have registered for the NHS App you should already have access if not would you like to be registered for patient access.? Please use this space to give any other information you feel is appropriate</p>	

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PATIENT DECLARATION	
I confirm that, to the best of my knowledge, the information I have provided is accurate and correct.	
Signature	
Print name	
Date	

Thank you for completing this form.

Please return this form to the practice

Do you wish to book a New Patient Health Check appointment?