

# East Wing Surgery

## Patient registration and health questionnaire

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

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<b>Special circumstances:</b>	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		
<b>Height</b>		<b>Weight</b>	
<b>Allergies</b>		<b>Disabilities</b>	
<b>Are you: Registered blind or partially sighted Registered deaf Registered disabled</b>	Please state which of these apply:		
<b>Do you have special communication needs: Please state Are you happy for these to be shared with other Health Care Providers?</b>			
<b>Please state your ethnicity</b>			
<b>Do you have any drug allergies? <i>Please include known reactions</i></b>			
<b>Do you have any other allergies? <i>Please give as much detail as possible</i></b>			
<b>Do you suffer from any of the following: Heart disease Hypertension Asthma Diabetes COPD Chronic kidney disease Epilepsy Stroke Cancer</b>	Please state which of these apply and give date of last review:		
<b>Do you have any other serious or chronic illness?</b>	Please explain:		
<b>Do you have a family history of: Diabetes Heart disease</b>	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><b>Summary Care Record:</b> Are you agreeable for your key health information from your medical record to be held securely on the National Spine?</p>	
<p><b>Smoking status – Are you:</b> 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	

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

**PLEASE NOTE THAT IF YOU ARE PRESCRIBED CONTROLLED MEDICATION, EAST WING SURGERY OPERATES A MEDICATION REDUCTION PROGRAMME.**

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



## 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 <b>non-UK</b> 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.