

New Patient Registration - Adult (16 & Over)

Please fill in this form to the best of your ability.

In **BLOCK CAPITALS**

Note: Registering a child: Please complete child application form

Before you complete this form, please record your blood pressure using the blood pressure machine in the waiting room. A printout will be produced.

For Reception Staff Use Only:
Please complete then initial and date

| | |
|-----------------------------------|------------|
| Proof of Address seen | Y / N |
| GMS1 completed & signed & Checked | Y / N |
| Pregnant? If YES EDD:..... | Y / N |
| Make appointment to see Midwife | |
| Registered by:..... | Date:..... |

If you would like a new patient health check, please book in with our Health Care Assistant

Confidentiality

Confidentiality is the cornerstone of health care and central to the work of everyone working in general practice. All information about patients is confidential; from the most sensitive diagnosis to the fact of having visited the Surgery or being registered as a patient. All patients can expect that their personal information will not be disclosed without their permission, except in the most exceptional circumstances, when somebody is at grave risk of serious harm. The duty of confidentiality owed to a person under the age of sixteen is as great as the duty owed to any other person.

PLEASE COMPLETE USING BLOCK CAPITAL LETTERS

| <u>Personal Details</u> | |
|--|-----------------------------|
| Title | Mr Mrs Miss Ms Mx Dr |
| Name (full name) | |
| Address | |
| Post code | |
| Date of Birth | |
| Mobile Number | |
| Home Number | |
| Occupation | |
| Marital Status | |
| <u>Next of Kin (NoK)</u> | |
| NoK Name | |
| NoK Relationship to You | |
| NoK Phone Number | |
| NoK Address <i>(if different from yours)</i> | |

Gender

Male including trans men **Female** including trans women **Non-binary** **In another way** please specify

Is your gender identity the same as the gender you were given at birth?
Yes **No**

This information will be on your medical records. If you **don't** want it shared please tick **Do not share** this information with other health and social care providers

Sexual Orientation

Straight / Heterosexual **Lesbian / Gay** **Bisexual** **Other** Please specify

This information will be on your medical records. If you **don't** want it shared please tick **Do not share** this information with other health and social care providers

Ethnic Group

Choose one from A to D, then circle the appropriate box to indicate your cultural background.

| A White | B Mixed / multiple ethnic groups | C Asian / Asian British | D Other ethnic group |
|---|--|---|---|
| English/ Welsh/ Scottish/N.Irish British | White and Black Caribbean | Indian | Arab |
| Irish | White and Black African | Pakistani | |
| Gypsy or Irish Traveller | White and Asian | Bangladeshi | |
| | | Chinese | |
| Any other white background Write here | Any other mixed/ multiple ethnic background Write here | Any other Black/ African/Caribbean background write here | Any other ethnic group: Write here..... |

First Language

First Language

If you think you will need a translator during consultation, please ask at reception when making your appointment.

Special Circumstances

Ensuring everyone can access services on an equal footing is a key priority for the NHS. We urge you to tell us of any special circumstances you face or protected characteristics you have which may make accessing healthcare more difficult. If we know of these, we can work together to support you.

Special circumstances (please circle any of the following apply):
 Carer / Cared For
 Armed forces veteran
 Housebound
 Live in a nursing home / Live in a residential home
 Registered blind / registered partially sighted / registered deaf
 Physically or mentally disabled
 Communication / information needs / difficulties

Further Information about Special Circumstances

| | |
|--------------------------------------|---|
| <p>Carers</p> | <p>Do you help or look after someone who is ill, frail, disabled or mentally ill and would not be able to manage without your help? This could be a friend, neighbour or relative. Knowing you are a carer helps us better support you.</p> <p>Yes / No</p> <p>If yes: Name of person you are a Carer for.....</p> <p>Are they registered at Whitley House? Yes / No</p> <p>Only provide this information if you want to</p> |
| <p>Cared For</p> | <p>Do you receive help or support from someone? Do you have a carer?</p> <p>Who cares for your and what is their relationship to you?</p> <p>Only provide this information if you want to</p> |
| <p>Armed forces veterans:</p> | <p>Enlistment date Discharge date Address prior to service</p> <p>Knowing this information helps us to support you and ensure you access NHS treatment in the correct timeframe. We will add a 'history relating to military service' code to your record.</p> <p>If you don't want this information coded please tick here</p> <p><input type="checkbox"/> I do not want a 'history relating to military service' code adding to my record</p> |

Your Data and Communication

| | |
|----------------------------------|---|
| <p>Mobile Number</p> | <p>Mobile numbers are our preferred method of communication. Note: We can have mobile numbers of parents on child records until the age of 16 years old when they will be removed. A young person can contact us with their own mobile number after this date. A child from 11 years old can request to be communicated with directly, but a GP would need to review and approve the request.</p> |
| <p>Online Access</p> | <p>Download the NHS App for online access to book / amend / cancel appointments, view medication and view your coded medical record. Contact us if you require your full medical record. Proxy online access can be granted if certain criteria are met. A child from 11 years old can request online access, but a GP would need to review and approve the request.</p> |
| <p>Nominated Pharmacy</p> | <p>We process prescriptions electronically. This means they are sent to a pharmacy directly. Please let us know the pharmacy you wish your routine medication to go to.</p> <p>I would like my prescriptions to be sent to the following pharmacy: Nominated Pharmacy: _____</p> <p>This can be changed at any time. You can change this on the NHSApp, by going to your new pharmacy of choice, or by letting us know.</p> |

New Patient Health Questionnaire

| <u>General Information</u> | |
|-----------------------------------|--|
| Height | Feet / Inches OR metres (please circle) |
| Weight | Stone / Pounds or Kgs (please circle) |
| Blood Pressure | Reading 1: ___ / ___ Reading 2: ___ / ___ |
| Smoking Status | <div style="display: flex; justify-content: space-between;"> a) Never smoked tobacco b) Smoker (Amount per day: ___) c) Ex-cigarette smoker (Quit date: _____) </div> <p>For smokers: If you smoke, would you like a referral to the smoking cessation adviser at the surgery? Y / N</p> |
| Alcohol Consumption | <p>How many units of alcohol do you drink on average a week?</p> <p>(e.g. 1 unit = ½ pint beer/1 small glass wine).</p> <p>The recommended weekly intake of alcohol should not exceed 14 units for a female, 21 units for a male. If you would like further advice regarding alcohol consumption, please book an appointment with a Practice Nurse</p> |
| Medication | <p>Medication <i>Please make sure you have at least 1 month supply of medication from your previous surgery – until this form is processed you will need to get medication items from your previous surgery.</i></p> <p><i>You will need to make an appointment with our clinical pharmacist for your 1st Prescription from this surgery</i></p> |

PATIENT DECLARATION

I confirm that, to the best of my knowledge, the information I have provided is accurate and correct.

Signature

Print name

Date

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

Practice Stamp

Authorised Signature

Name _____

Date ____/____/____

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

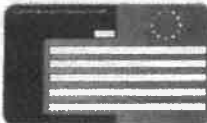
I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

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

| | | | |
|---------------|--|--------------------------|--|
| Signed: | | Date: | |
| Print name: | | Relationship to patient: | |
| On behalf of: | | | |

Complete this section if you live in an EU 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 | |
| | 6: Personal Identification Number | |
| | 7: Identification number of the institution | |
| | 8: Identification number of the card | |
| | 9: Expiry Date | |
| | PRC validity period (a) From: | |

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 Business Service Authority for the purpose of recovering your NHS costs from your home country.