

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:..... Make appointment to see Midwife	Y / N
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

Personal Details	
Title	Mr Mrs Miss Ms Mx Dr
Name (full name)	
Address	
Post code	
Date of Birth	
Mobile Number	
Home Number	
Occupation	
Marital Status	
Next of Kin (NoK)	
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

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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>

Please find further details regarding your registration with the surgery in the following policies, which can be found on our website: New patient registration policy, zero tolerance policy, complaints policy

New Patient Health Questionnaire

General Information	
Height	Feet / Inches OR metres (please circle)
Weight	Stone / Pounds or Kgs (please circle)
Blood Pressure	Reading 1: ____/____ Reading 2: ____/____
Smoking Status	a) Never smoked tobacco b) Smoker (Amount per day: ____) c) Ex-cigarette smoker (Quit date: _____)
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</p> <p><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	

FIRST TIME Registering from Abroad

Please complete these questions to the best of your ability:

Name

Date of Birth.....

1. Which Country have you come from
2. Where were you born.....
3. Have you ever visited or lived in this Country before Dates.....

4. Date you first entered this Country to live.....

5. If you came and went back what date did you return home.....
6. Date you come back to this Country again
7. Have you ever registered or seen a Doctor or been to hospital in this country?.....
8. Where.....

COPY OF PASSPORT OR ID CARD TO ENSURE WE HAVE CORRECT INFORMATION

HMS Armed Forces

Place where Stationed.....

Date of Enlistment.....

Date of Discharge.....

Patient's details

Please complete in **BLOCK CAPITALS** and tick as appropriate

Mr Mrs Miss Ms Surname
 Date of birth: | | | | | | | | | | First names
 NHS No. | | | | | | | | | | Previous surname/s
 Male 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

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:

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*

**Not all doctors are authorised to dispense medicines*

I live more than 1.6km in a straight line from the nearest chemist
 I would have serious difficulty in getting them from a chemist
 Signature of Patient Signature on behalf of patient
 Date / /

What is your ethnic group?
 Please tick one box that best describes your ethnic group or background from the options below.
 White: British Irish Irish Traveller Traveller Gypsy/Romany Polish
 Any other white background (please write in): _____
 Mixed: White and Black Caribbean White and Black African White and Asian
 Any other Mixed background (please write in): _____
 Asian or Asian British: Indian Pakistani Bangladeshi
 Any other Asian background (please write in): _____
 Black or Black British: Caribbean African Somali Nigerian
 Any other Black background (please write in): _____
 Other ethnic group: Chinese Filipino
 Any other ethnic group (please write in): _____
 Not stated:
 Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

NHS England use only Patient registered for GMS Dispensing