



New Patient Registration Form - Aged 16 and Over

Thank you for your enquiry regarding our practice. Our registration process will take between **5 and 10 working days** to be completed.

In order to register with Undercliffe Surgery you must complete the entire registration procedure and follow the instructions listed below in full.

- All parts of this registration form must be completed.
- Personal identification must be provided for every adult. Documents that are accepted are listed on the next page. Registrations cannot be completed until these documents are provided.
- Provide proof that the patient is living permanently at an address that is in our practice boundary. Documents that are accepted are listed on the next page. Registrations cannot be completed until these documents are provided.
- Every adult must return the registration pack in person to the surgery, if able.
- Every adult will receive a text message from the surgery asking them to make an appointment for their New Patient Health-Check Screening.
- Attendance at a New Patient Health-Check Screening Appointment within 4 weeks of registration date is compulsory to complete your registration.
- **IF YOU NEED MEDICATION OR AN APPOINTMENT WHILST WAITING FOR YOUR REGISTRATION TO BE COMPLETED THEN PLEASE CONTACT YOUR CURRENT GP.**
- **FAILURE TO COMPLETE THE REGISTRATION PROCESS IN FULL AND FOLLOW THESE INSTRUCTIONS WILL RESULT IN YOUR APPLICATION BEING IMMEDIATELY REJECTED AND YOU WILL NOT BE REGISTERED AT OUR PRACTICE.**

If you do not wish to follow our registration processes you can apply to the local Health Authority who will allocate you to another practice.

Due to busy times at the surgery we are only able to accept completed registration packs between 9.30am and 4.30pm.

Please contact the surgery on 01924 403406 if you are unable to return the registration pack between these times and an appointment can be made for you.

TO BE COMPLETED BY THE SURGERY

You will be allocated to one of our GP Partners. Having a named GP does not prevent you from seeing any other clinician at this practice.

Your named GP is:

- ☐ Dr Hartwell
- ☐ Dr Hussain
- ☐ Dr Riaz

PROOF OF IDENTITY AND ADDRESS

All patients wishing to register with Undercliffe Surgery **must** provide proof of identity and proof of address documents at the time of registration.

Patients must submit:

one item from List 1 OR two items from List 2 as proof of identity,

AND

1 item from list 2 for proof of address.

PLEASE NOTE: The same document cannot be used as proof of identity and proof of address.

List 1

- UK passport or EU/other nationalities passport
- UK full or provisional photo-card driving licence
- HM Armed Forces Identity card
- ID cards carrying the PASS accreditation logo



List 2 * These items cannot be used for proof of address

- Birth certificate*
- Marriage certificate*
- Medical card*
- An education certificate gained from an institution regulated or administered by a Public Authority or from a well-recognised higher educational institution *
- Bank/building society card with corresponding statement (no more than 3 months old)*
- National insurance number card*
- Bus pass (current)*
- Local authority rent card
- Private rent book/rental agreement
- Utility bill (no more than 3 months old)
- Payslip (no more than 3 months old)
- Benefits Agency letter/book/signing on card (no more than 6 months old)
- Documents from the Home Office (no more than 6 months old)
- P45 (no more than 12 months old)
- Non-bank savings account statement
- Non-bank credit account statement (including credit/store/charge cards)

IMPORTANT INFORMATION

| Surgery Opening Times | Contact us |
|---|--|
| Regular Hours 8.00am – 6.30pm Monday to Friday | Telephone: 01924 403406 Fax: 01924 412890 Website: www.undercliffe.gpsurgery.net Email: wyicb-kirk.undercliffesurgery@nhs.net |

Your local doctors and healthcare providers are working to improve access to GP appointments and reduce attendance at A&E departments. We believe that the best place for you to be seen for your healthcare needs is your local GP surgery – where your practice team know you best.

Curo Health Limited is working together with your GP to provide an extended hours service that offers routine medical treatment and advice. This service is available between 6.30pm and 9.00pm on Mondays to Friday and 9.00am to 1.00pm on Saturday. All appointments are delivered from Liversedge Medical Centre. Appointments can be booked via our Patient Liaison team or calling **01924 925517** when the service is open.

At all other time when the surgery is closed and you feel that you need urgent healthcare advice, contact NHS 111. All calls are free to this number.

Alternatively, you may wish to consult with your local pharmacist, who may be able to help you with:

- Skin conditions (mild acne or eczema)
- Coughs, colds, nasal congestion and sore throats
- Minor cuts and bruises
- Constipation and haemorrhoids (piles)
- Hay fever and allergies
- Aches and pains (headache; earache or backache)
- Indigestion, diarrhoea and threadworms
- Period pain and thrush
- Warts, verruca's, mouth ulcers and cold sores
- Athlete's foot
- Nappy rash and teething
- Travel medicines, sun creams and treatments for insect bites
- Head lice treatments
- Creams for bruising, tattoos and varicose vein
- Earwax removers

You can also find advice and 'fact sheets' for common minor ailments on the Self Care Forum at www.selfcareforum.org.

For advice on colds, flu, and sore throats you may wish to visit the 'Symptom Checker' at www.treatyourselfbetter.co.uk

For a wide range of health advice and information visit NHS Choices at www.nhs.uk.

WHAT YOU CAN EXPECT FROM OUR GP SURGERY

The table below explains what you can expect from your GP Surgery and how you can help us provide the best service work for you.

| YOU CAN EXPECT US TO: | WE EXPECT YOU TO: |
|--|--|
| Ensure you are treated respectfully at all times | Treat our staff with respect |
| Protect your privacy and dignity and maintain confidentiality at all times | Help us maintain our records by providing us with up to date information (e.g. telephone number/change of address) |
| Provide a safe, clean environment for you to attend | Attend your appointments or let us know that you can't make your appointment |
| Accept any request for a telephone 'call back' for queries on health issues or if further clarity is needed following an appointment, where possible | Listen to the advice given and ask if you are unclear about the information given |
| Listen advise and sign-post patients to appropriate services | If you require a more urgent appointment please call the surgery as early as possible in the day to allow time to access a health professional |
| Provide a number of ways to order prescriptions including on line, fax, repeat prescription box, face to face | Speak to the reception staff if in certain circumstances if you find yourself without medication A&E and out of hours are not the services to be used for medication |
| Provide a variety of booking options including an on-line appointment booking service | Call the surgery for appointments rather than attending A&E, unless life is at risk |
| Offer a flexible booking system to allow timely appointment availability | Call the surgery if you are waiting for an appointment and your health deteriorates rather than attending A&E. |
| Aim to see all children under 5 years old on the same day, if they are unwell and offer further appointments should the problem persist | Be prepared to attend at any time during the day when you ring for an appointment |
| Help and advise you on an appropriate way in which to order and collect your prescription | Be patient at busy times. If the clinic is running late, remember it might be you that needs the extra time next visit! |

New Patient Registration Form

Please complete all pages in full using block capitals

1. Background Details

| Contact Details | | | |
|--|--|--|---------|
| Forename/s | | | Surname |
| NHS Number | | | Gender |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other: | | |
| Previous Surname (if applicable) | | | |
| Address | Date of Birth | | |
| | Home Telephone | | |
| | Mobile Telephone | | |
| Previous Address | | | |
| Mobile Telephone | I consent to be contacted* by SMS on this number: | | |
| Email | I consent to be contacted* by email at this address: | | |
| Name of Next of Kin | Tel No: | | |
| Relationship | | | |
| Family Members Registered With Us | | | |
| Relationship to you | | | |
| Has the patient been registered in the NHS before? <input type="checkbox"/> Yes <input type="checkbox"/> No If no please state date entered UK: | | | |

* It is your responsibility to keep us updated with any changes to your telephone number, email & postal address.
 We may contact you with appointment details, test results, health campaigns or Patient Participation Group details
 If you do not consent to being contacted by SMS or Email, please tick here: ☐ SMS ☐ Email

| Other Details | | | | |
|------------------|---|---|--|--|
| Previous GP Name | | | | |
| Address | | | Telephone Number | |
| Country of Birth | | | | |
| Ethnicity | <input type="checkbox"/> White (UK) <input type="checkbox"/> White (Irish) <input type="checkbox"/> White (Other) | <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black Other | <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani | <input type="checkbox"/> Chinese <input type="checkbox"/> Other |
| Religion | <input type="checkbox"/> C of E <input type="checkbox"/> Catholic <input type="checkbox"/> Other Christian | <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Muslim | <input type="checkbox"/> Sikh <input type="checkbox"/> Jewish <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> No religion <input type="checkbox"/> Other: |
| Housing | <input type="checkbox"/> Own House <input type="checkbox"/> Rented House <input type="checkbox"/> Shared House | <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residential Home <input type="checkbox"/> Sheltered Home | <input type="checkbox"/> Homeless <input type="checkbox"/> Housebound | <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Refugee |
| Employment | <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed | <input type="checkbox"/> Student <input type="checkbox"/> Unemployed | <input type="checkbox"/> House husband <input type="checkbox"/> House wife | <input type="checkbox"/> Carer <input type="checkbox"/> Retired |
| Overseas Visitor | <input type="checkbox"/> Yes <input type="checkbox"/> European Health Insurance Card Held (please bring details with you) | | | |
| Armed Forces | <input type="checkbox"/> Military Veteran | <input type="checkbox"/> Army | <input type="checkbox"/> Navy | <input type="checkbox"/> Air Force |

Current Medication

Please include as much information as possible about your current medication include a copy of previous repeat medications if possible. A medication review appointment may be needed

Any Additional Clinical Information

3. Your Lifestyle

Alcohol

Please answer the following questions which are validated as screening tools for alcohol use.

This graphic is to aid you in answering the questions below

One unit is:



Half a pint of regular beer, lager or cider



A small glass of wine



A single measure of spirits



A small glass of sherry



A single measure of aperitifs

Each of these is more than one unit:



A pint of 3.5% beer, lager or cider



A pint of 5% beer, lager or cider



A 330ml bottle or can of 4.5% alcopop or lager



A 500ml can of 4% lager or strong beer



A 500ml can of 8% lager



A medium (175ml) glass of 11% wine



A bottle of 12% wine

Audit C questions should be answered by everyone

| AUDIT-C QUESTIONS | Choose the statement that reflects your answer and your score is the number at the top of that column | | | | | Your Score |
|--|---|-------------------|---------------------|--------------------|-----------------------|------------|
| | 0 | 1 | 2 | 3 | 4 | |
| How often do you have a drink containing 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 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 | |
| A score of less than 5 indicates <i>lower risk drinking</i> <div style="float: right;">TOTAL:</div> | | | | | | |

If you scored 5 or more in the AUDIT-C answers please answer these additional questions:

| ADDITIONAL AUDIT QUESTIONS (after completing 3 AUDIT-C questions) | Choose the statement that reflects your answer and your score is the number at the top of that column | | | | | Your Score |
|--|---|-------------------|---------------------------|--------|-----------------------|------------|
| | 0 | 1 | 2 | 3 | 4 | |
| How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often during the last year have you failed to do what was normally expected from you because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often during the last year have you been unable to remember what happened the night before because you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| Have you or somebody else been injured as a result of your drinking? | No | | Yes, but not in last year | | Yes, during last year | |
| Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? | No | | Yes, but not in last year | | Yes, during last year | |
| If you would like help in reducing your alcohol consumption, please book an appointment TOTAL: | | | | | | |

| Smoking | |
|---|--|
| Do you smoke? | <input type="checkbox"/> Never smoked <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Yes |
| Do you use an e-Cigarette? | <input type="checkbox"/> No <input type="checkbox"/> Ex-User <input type="checkbox"/> Yes |
| How many cigarettes did/do you smoke a day? | <input type="checkbox"/> Less than one <input type="checkbox"/> 1-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-39 <input type="checkbox"/> 40+ |
| Would you like help to quit smoking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| For further information, please see: www.nhs.uk/smokefree | |

| Height & Weight (if known) | |
|----------------------------|--|
| Height | |
| Weight | |
| Waist Circumference | |

| Women Only | |
|---|---|
| When was your last smear test | Date: Result? |
| Do you use any contraception? | <input type="checkbox"/> Yes <input type="checkbox"/> No If needed, please book appointment. |
| What type of contraception? | |
| Have you ever been pregnant? | <input type="checkbox"/> Yes <input type="checkbox"/> No How many pregnancies? |
| Are you currently pregnant or think you may be? | <input type="checkbox"/> Yes <input type="checkbox"/> No Expected due date: |
| Any other relevant information | |
| | |

| Students Only | | | |
|---|------------------------------|-----------------------------|---------------------------------|
| Students are at risk of certain infections including mumps, meningitis and sexually transmitted infections, as well as mental health issues including stress, anxiety and depression. Please see www.nhs.uk/Livewell/Studenthealth | | | |
| I am less than 24 years old and have had two doses of the MMR Vaccination | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| I am less than 25 years old and have had a Meningitis C Vaccination | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

| 4. Further Details | |
|---|-----------|
| Electronic Prescribing | |
| If you would like your prescriptions to be sent electronically, please provide details of the pharmacy you would like to use: | Pharmacy: |

| Patient Participation Group | |
|---|--|
| Would you like to be involved in our Patient Participation Group? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

We are committed to improving the services we provide. The Patient Participation Group is a mechanism for us to gain valuable feedback from our patients about their experiences, views and ideas for improving our services.

| Blood and Organ Donation | |
|--------------------------|---|
| Blood Donation | <input type="checkbox"/> I am already a blood donor <input type="checkbox"/> I wish to be a blood donor <input type="checkbox"/> I do not wish to be a blood donor |
| Organ Donation | You will automatically be considered that you agree to become an organ donor when you die unless you are under 18, have opted out or are in an excluded group. For further information, please see: www.organdonation.nhs.uk |

| Signatures | |
|------------|---|
| Signature | I confirm that the information I have provided is true to the best of my knowledge. <input type="checkbox"/> Signed on behalf of patient |
| Name | |
| Date | |

Checklist

Please ensure the following are done and provided so that your registration can be completed successfully

- ☐ Completed & Signed Above Form
- ☐ Completed & Signed GMS1 Form
- ☐ Completed & Signed Consent Form and Online Access Request Form
- ☐ Photo Proof of ID e.g. Passport, Photo Driving License or Photo ID card
- ☐ Proof of Address e.g. Bank statement, Utility Bill or Council Tax from within the last 3 months

Practice Use Only

| | | | |
|-----------------------|---------------------------------------|--|--|
| Date Form Submitted | | Received by | |
| Date Registered on S1 | | Registered by | |
| Photo ID | <input type="checkbox"/> Passport | <input type="checkbox"/> Driving licence | <input type="checkbox"/> Identity card <input type="checkbox"/> Other |
| Proof of Address | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Council Tax | <input type="checkbox"/> Bank Statement <input type="checkbox"/> Other |

Sharing Your Health Record

What is your health record?

Your health record contains all the clinical information about the care you receive. When clinicians are treating you it is better for them to have access to your full health record so they can identify the best way to help you. This information may include your medical history, medications and allergies.

Why is sharing important?

Health records about you can be held in various places, including your GP practice and any hospital where you have had treatment. Sharing your health record will ensure you receive the best possible care and treatment wherever you are and whenever you need it. Choosing not to share your health record could have an impact on the future care and treatment you receive. Below are some examples of how sharing your health record can benefit you:

- | | |
|--------------------------------|---|
| • Sharing your medical history | This will ensure clinicians accurately assess you if needed |
| • Sharing your medication list | This will ensure that you receive the most appropriate medication |
| • Sharing your allergies | This will prevent you being given something to which you are allergic |
| • Sharing your test results | This will prevent further unnecessary tests being required |

Is my health record secure?

Yes. There are safeguards in place to make sure only organisations you have authorised to view your records can do so. You can also request information regarding who has accessed your information from both within and outside of your surgery.

Can I decide who I share my health record with?

Yes. You decide who has access to your health record. For your health record to be shared between organisations that provide care to you, your consent must be gained.

Can I change my mind?

Yes. You can change your mind at any time about sharing your health record, please just let us know.

Can someone else consent on my behalf?

If you do not have capacity to consent and have a Lasting Power of Attorney, they may consent on your behalf. If you do not have a Lasting Power of Attorney, then a decision in best interests can be made by those caring for you.

What about parental responsibility?

If you have parental responsibility and your child is not able to make an informed decision for themselves, then you can make a decision about information sharing on behalf of your child. If your child is competent then this must be their decision.

How is my personal information protected?

Undercliffe Surgery will always protect your personal information. For further information about this, please see our Privacy Notice on our website or please speak to a member of our team

What is your Summary Care Record?

Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This is information which is helpful in emergencies and can be viewed by Hospitals and the Emergency Services. If you do not want a Summary Care Record, please ask your GP practice for the appropriate opt out form. With your consent, additional information can be added to create an Enhanced Summary Care Record. This could include your care plans which will help ensure that you receive the appropriate care in the future.

For further information about your health records, please see: www.nhs.uk/NHSEngland/thenhs/records

For further information about how the NHS uses your data for research & planning and to opt-out, please see: www.nhs.uk/your-nhs-data-matters

Sharing Your Health Record Consent Form

Your Health Record

Sharing Out

Do you consent to your GP Practice sharing your health record with other organisations who treat and care for you?

☐ Yes *(recommended option)*

☐ No, never

Sharing In

Do you consent to your GP Practice viewing your health record from other organisations that treat and care for you?

☐ Yes *(recommended option)*

☐ No

Your Summary Care Record (SCR)

Do you consent to having an Enhanced Summary Care Record with Additional Information and sharing this information with other healthcare providers?

☐ Yes *(recommended option)*

☐ No

Signature

Signature

☐ Signed on behalf of patient

Name

Date

For Practice Use Only:

Identity verification
(tick all that apply)

- ☐ Vouching with information in record
☐ Photo ID
☐ Proof of residence

Identity verified by:

Signature:

Date:

Consent Recorded by:

Signature:

Date:

Date Consent Form scanned into SystmOne:

Access to GP Online Services

Important Information – Please read before completing form below

If you wish to, you can now use the internet (via computer or mobile app) to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately. If you are unable to do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

The definition of a full medical record is all the information that is held in a patient's record; this includes letters, documents, and any free text which has been added by practice staff, usually the GP. The coded record is all the information that is in the record in coded form, such as diagnoses, signs and symptoms (such as coughing, headache etc.) but excludes letters, documents and free text.

Before you apply for online access to your record, there are some other things to consider. Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

For further information, please see:

www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx

Access to GP Online Services Request Form

I wish to have online access to: *Please tick all that apply*

- ☐ View & book appointments
- ☐ View & request medication
- ☐ Access my full medical record (*contains medical codes **and** any free text that has been recorded*)
- ☐ Access my Summary Care Record
- ☐ Complete online questionnaires

I wish to access my medical record & understand & agree with each statement: *Please tick all that apply*

- ☐ I have read and understood the 'Important Information' section above
- ☐ I will be responsible for the security of the information that I see or download
- ☐ If I choose to share my information with anyone else, this is at my own risk
- ☐ I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
- ☐ If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible

Signature

Signature

Name

Date

For Practice Use Only:

Identity verification (tick all that apply)

- ☐ Vouching with information in record
- ☐ Photo ID
- ☐ Proof of residence

Identity verified by:

Signature:

Date:

Access updated by:

Signature:

Date:

Date Request Form scanned into SystmOne:

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

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*

- ☐ 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

**Not all doctors are authorised to dispense medicines*

☐ 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

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 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 <u>non-UK</u> EHIC or PRC? | YES: <input type="checkbox"/> NO: <input type="checkbox"/> | If yes, please enter details from your EHIC or PRC below: | |
|  <p>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.</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 | (b) To: 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 Business Service Authority for the purpose of recovering your NHS costs from your home country.