

Patient Registration Form – 11 up to 16 yr olds

Personal Details:

Title Mr/Miss/Other ..... Gender: .....

Surname .....

Forename(s) .....

Date of Birth ..... NHS Number (if known) .....

Country of Birth ..... Place of Birth .....

If you are from abroad: Date of first entry into the UK: .....

Ethnicity: To which group do you belong?

- British [ ] Irish [ ] Other White [ ] Chinese [ ]
Indian [ ] Pakistani [ ] Bangladeshi [ ] Other Asian [ ]
African [ ] Caribbean [ ] Other Black [ ] Not Stated [ ]

What is your primary language? .....

Please be aware: we will use these details to contact you eg appointment reminder texts etc.

Home Address .....

Post Code .....

Tel: Home .....

Mobile ..... If you do not want us to text you please tick [ ]

email ..... If you do not want us to email you please tick [ ]

Do you have a preferred method of communication? Please tick ONE of the following boxes:

- No Preference [ ] Home Tel [ ] Work Tel [ ] Mobile [ ] Email [ ] Letter [ ]

Please indicate if you require correspondence in an alternative format:

- Braille [ ] Large Print [ ] Audio [ ]

Previous GP in the UK:

GP Name ..... Surgery Name & Town .....

Your address when registered there .....

Next of Kin/Emergency Contact Details:

Name ..... Relationship .....

Tel. .... Can we discuss your medical records with this person? Yes/No

Patient Signature..... Date Signed .....

For Surgery Use Only:

Date: GP Name: EMIS Number: Date of NPC:
ID Provided: Photo: Address: Both copied [ ]

**Personal Information:**

Height ..... Weight .....

Occupation .....

Do you live alone? Yes  No  If no, with whom do you live? (please give full names)

Do you have any children under 6 yrs? .....

Do you care for a chronically sick or disabled friend or relative? .....

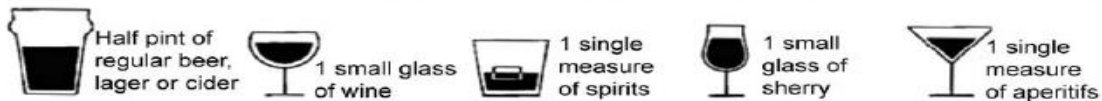
**Lifestyle:**

Do you smoke? Yes  No  If yes, Cigarettes a day? ..... Cigars? ..... Pipes? .....

If No, have you ever smoked? No  Yes  If yes, date stopped .....

If you would like support to quit, come and speak to our counsellor – please ask at Reception.

**If this is one unit of alcohol ...**



**and each of these is more than one unit**



**Please answer ALL of the following questions:**

**How often do you have a drink containing alcohol?**

Never  Monthly or less  2-4 times/month  2-3 times/week  4+ times/week

**How many units of alcohol do you drink on a typical day when you are drinking?**

1-2 units  3-4 units  5-6 units  7-9 units  10+units

**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

**Do you undertake sport or regular exercise?** No  Yes  If yes, please specify type/frequency:

**Please check that you have completed all sections**

For surgery use only

Audit C Score: /12

Date: Name:

EMIS No:

**Current Health:**

**Do you have HIV, Hepatitis B or Hepatitis C? Please specify**.....

**Do you have any Allergies? Please specify**.....

**Medication:**

**Are there any medicines that upset you?** .....

Please give details of **any medicines** you are currently taking, **including dose and frequency** and bring in your **repeat request slip** to your New Patient Check.

.....  
.....

**Past Health:**

<b>Do any of the following apply to you?</b>	<b>Currently YES</b>	<b>In the Past YES</b>	<b>No</b>
<b>Heart Disease</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stomach/Duodenal/Peptic Ulcer</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Diabetes Mellitus</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cancer</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Asthma</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Depression or Mental Illness</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hypertension (high BP)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stroke</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Have you had any other health problems?** .....

**Have you had any operations?** .....

**Family Medical History: Has a close member of your family had any of the following?**

	<b>Yes</b>	<b>No</b>	<b>Which family member?</b>	<b>Under 65 when diagnosed?</b>
<b>Heart Disease</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>Diabetes Mellitus</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>Cancer</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>Asthma</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>Hypertension</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<b>Stroke</b>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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Audit C Score: /12

Date: Name:

EMIS No:

**SUPPLEMENTARY QUESTIONS**

**PATIENT DECLARATION for all patients who are not ordinarily resident in the UK.**

Anybody in England can register with a GP and receive 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.

Signed:

Print Name:

Date:

**NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS**

Complete this section if you live in another EEA county 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 in the UK.

Do you have a non-UK EHIC or PRC? Yes/No. If yes, enter details from your EHIC or PRC below:

Country Code:	Name:	Given Name:	DOB:
Personal ID No.	ID No. of the Institution:	ID No. of the card:	
Expiry Date:	PRC validity period: a) From		b) To

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.**

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.

**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.

## EASTFIELD HOUSE SURGERY

### Sharing Your Medical Data & Opting out

Health care professionals who provide you with care are required by law to maintain records about your health and any treatment or care you have received within any NHS Organisation. The confidential patient information that Eastfield House Surgery holds about you is shared in different ways. Firstly there is a legal requirement for us to share some information from patients' clinical records with NHS Digital under the General Practice Data for Planning and Research Directions 2021. You can choose to Opt-Out of having your data shared and there are two types of opt out that apply:

#### Type 1 Opt-Out

If you do not want information that identifies you to be shared outside the practice, for purposes beyond your direct care, you can register a 'Type 1 Opt-Out'. This prevents your confidential personal information from being used other than in particular circumstances required by law, such as a public health emergency like an outbreak of a pandemic disease.

Please tick if you **DO NOT WANT** to share your patient information in this way

#### National Opt-Out (Previously known as Type 2)

NHS Digital collects information from a range of places where people receive care, such as hospitals and community services. If you do not want your personal confidential information to be shared outside of NHS Digital, for purposes other than for your direct care, you can register a 'Type 2 Opt-Out'.

For further information about Type 2 Opt-Outs, please contact NHS Digital Contact Centre at [enquiries@hscic.gov.uk](mailto:enquiries@hscic.gov.uk) referencing 'Type 2 Opt-Outs – Data Requests' in the subject line; or call NHS Digital on (0300) 303 5678; or visit the website <http://content.digital.nhs.uk/article/7092/Information-on-type-2-opt-outs>

#### Summary Care Record

The records we collect within the Organisation are collated in a Summary Care Record. This record ensures that healthcare staff outside of our Organisation, such as Hospitals, can access information about you in order to treat you safely in an emergency.

You can choose not to have a Summary Care record, however, we feel that it is important that you understand the implications of this choice and would ask you to make an appointment with your GP to discuss your concerns and the implications of not having a record.

For more detail on this opt out and how you can make your choice can be found at [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters) or you can call: 0300 303 5678.

**Patient name:**

**Date of Birth:**

**Patient signature:**

**Date:**