

## 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: \_\_\_\_\_  
 \_\_\_\_\_ 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  
 Signature of Patient    Signature on behalf of patient  
 \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*Not all doctors are authorised to dispense medicines*

### NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

- Any of my organs and tissue or  
 Kidneys    Heart    Liver    Corneas    Lungs    Pancreas

Signature confirming my consent to join the NHS Organ Donor Register   Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit [www.organdonation.nhs.uk](http://www.organdonation.nhs.uk) or call 0300 123 23 23 to register your decision.*

### NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood. Tick here if you have given blood in the last 3 years

Signature confirming my consent to join the NHS Blood Donor Register   Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*My preferred address for donation is: (only if different from above, e.g. your place of work)*

Postcode: \_\_\_\_\_  
*All blood types are needed, especially O negative and B negative. Visit [www.blood.co.uk](http://www.blood.co.uk) or call 0300 123 23 23.*

NHS England use only   Patient registered for    GMS    Dispensing

## To be completed by the GP Practice

Practice Name

Orchard Surgery

Practice Code

C82040

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 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 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	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.

# New Patient Registration Form – New Born Child

Please complete all pages in full using block capitals

## 1. Background Details

### Your Child Details

Child Name		NHS Number	
Address		Gender	
		Date of Birth	
		Home Telephone	

### Parent or Guardian Details (MUST be a registered patient at this practice and residing at the same address)

Mother or Guardian		Mobile Telephone*	
Father or Guardian		Mobile Telephone	
Address		Home Telephone	
		Work Telephone	
Email*			
Family Registered With Us	Name: Date of birth: Relationship:		

\* by providing a mobile number and/or email address, we assume your consent for contacting you by SMS and/or email

### Other Details

Country of Birth				
Ethnicity	<input type="checkbox"/> White (UK)	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Arabic
	<input type="checkbox"/> White (Irish)	<input type="checkbox"/> Black African	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
	<input type="checkbox"/> White (Other)	<input type="checkbox"/> Black Other	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other
Religion	<input type="checkbox"/> C of E	<input type="checkbox"/> Buddhist	<input type="checkbox"/> Sikh	<input type="checkbox"/> No religion
	<input type="checkbox"/> Catholic	<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> Other:
	<input type="checkbox"/> Other Christian	<input type="checkbox"/> Muslim	<input type="checkbox"/> Jehovah's Witness	
Armed Forces	<input type="checkbox"/> Family Member			

### Family History

Please record any significant family history of close relatives with medical problems and confirm which relative e.g. mother, father, brother, sister, grandparent

<input type="checkbox"/> Asthma.....	<input type="checkbox"/> Heart Disease.....	<input type="checkbox"/> Diabetes.....	<input type="checkbox"/> Depression.....
<input type="checkbox"/> COPD.....	<input type="checkbox"/> Stroke.....	<input type="checkbox"/> Kidney Disease.....	<input type="checkbox"/> Thyroid.....
<input type="checkbox"/> Epilepsy.....	<input type="checkbox"/> Blood Pressure.....	<input type="checkbox"/> Liver Disease.....	<input type="checkbox"/> Cancer.....

Other:

### Parent or Guardian Signature

Signature	I confirm that the information I have provided is true to the best of my knowledge
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Name		Date	
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## 2. Prescriptions

### Electronic Prescribing

If you would like your prescriptions to be sent electronically, please nominate your preferred pharmacy:

## 3. Sharing Your Health Record

### Your Health Record

#### Sharing In

Do you consent to your GP Practice sharing your Child's health record with other organisations who care for them?

- Yes (*recommended option*)  
 No

#### Sharing Out

Do you consent to your GP Practice viewing your Child's health record from other organisations that care for them?

- Yes (*recommended option*)  
 No

### Your Summary Care Record (SCR)

Do you consent to your child having an Enhanced Summary Care Record with Additional Information?

- Yes (*recommended option*)  
 No

### Parent or Guardian Signature

Signature			
Name		Date	

**Checklist** - Please ensure the following are provided so that your registration can be completed successfully:

- Completed & Signed Above Form  
 Completed & Signed GMS1 Form  
 Birth Certificate  
 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

Appointment	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required		
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 you need medical assistance it is essential that clinicians can securely access your health record. This allows them to have the necessary information about your medical background to help them 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 contact details This will ensure you receive any medical appointments without delay
- Sharing your medical history This will ensure emergency services 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.

## What is your Summary Care Record?

Your Summary Care Record contains basic information including your contact details, NHS number, medications and allergies. This can be viewed by GP practices, 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.

## How is my personal information protected?

Orchard 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

For further information about your health records, please see: [www.nhs.uk/NHSEngland/thenhs/records](http://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](http://www.nhs.uk/your-nhs-data-matters)