

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

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

ST ALBAN'S MEDICAL CENTRE – New patient health information

FORENAME: SURNAME:.....

Date of birth: EMAIL:.....

Parent/Guardian of Children under 18 who are registering in the UK for the first time, please email or provide copies of Immunisation History – Email stalbens.secretary@nhs.net OK N/A

We send automated reminders about appointments – please tick here if you wish to OPT OUT of this

Are you an Armed Forces Veteran? YES NO

Name of NEXT OF KIN Relation to you

Next of kin Phone number

If you want your prescriptions sent to a particular pharmacy, write name of pharmacy here

Do you have any communication difficulties?

HEARING DIFFICULTY POOR VISION LANGUAGE PROBLEM OTHER

What can we do to help? (e.g. text messages, interpreter).....

HEALTH INFORMATION

	Yes, I have this condition	Someone in my family has this (state which relative, e.g. mum, brother etc.)
Heart disease		
Stroke		
Diabetes		
Asthma		
COPD		
Cancer – please state type and whether current or in remission		

Do you have any allergies (provide details)

Smoking status

Never smoked () Current smoker () No. cigarettes / day

Ex-smoker () When did you stop smoking>

Do you need help to quit smoking? YES (Contact 0800 840 1628 or see a GP) NO

Are you caring for someone on an unpaid basis? YES NO

If so, please add details:

I care for, who is my.....

If you would like a new patient health check, please book an appointment with a nurse or GP – you should see a GP if you are on regular medication.

AUDIT-C Questionnaire

Name: Date of birth

Please answer the questions below, marking your answer for each one in the relevant box.

A “unit” of alcohol is half a pint of ordinary strength beer, a small glass of wine or a pub measure of spirits.

	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 you are female) or 8 or more units (if you are male) on one occasion in the last year?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily
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 of 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 the last year		Yes, during the 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 the last year		Yes, during the last year

THANK YOU FOR COMPLETING THE QUESTIONNAIRE.

The Government requires us to collect the following information. Please indicate your ethnic origin & first language and hand to reception.

This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Tick a box (**one only** please) in the list below to best describe your Ethnic origin:-

White British	9S10	
Other White Ethnic group	9S12	
Black British	9S41	
Black Caribbean	9S2	
Black African	9S3	
Black other - Asian	9S47	
Other Black Ethnic Group	9S9	

Indian	9S6	
Pakistani	9S7	
Bangladeshi	9S8	
Chinese	9S9	
Vietnamese	9SC	
Other Asian Ethnic Group	9SH	
Other Ethnic Group	9SJ	
Do not wish to state	9SD	

Tick a box (**one only** please) in the list below that best describe your first language:-

13lc	Akan (Ashanti)	
13ls	Albanian	
13ld	Amharic	
13l0	Arabic	
13l1	Bengali & Sylheti	
13le	Brawa & Somali	
13l2	Cantonese	
13li	Creole	
13lf	Dutch	
13l4	English	
13lg	Ethiopian	
13lO	Farsi (Persian)	
13lh	Flemish	
13l5	French	
13lj	Gaelic	
13lR	German	
13lV	Greek	
13l6	Gujarati	
13lk	Hakka	
13l7	Hausa	
13l1	Hebrew	
13l8	Hindi	
13lm	Igbo (Ibo)	
13lQ	Italian	
13lW	Japanese	
13lX	Korean	
13lN	Kurdish	
13ln	Lingala	
13lo	Luganda	
13lp	Malayalam	
13lB	Mandarin	
13lq	Norwegian	
13lr	Pashto (Pushtoo)	

13ls	Patois	
13lC	Polish	
13lD	Portuguese	
13lE	Punjabi	
13lF	Russian	
13lt	Serbian/Croatian	
13lu	Sinhala	
13lG	Somali	
13lH	Spanish	
13lI	Swahili	
13lv	Swedish	
13lJ	Sylheti	
13lw	Tagalog (Filipino)	
13lK	Tamil	
13lx	Thai	
13ly	Tigrinya	
13lZ	Turkish	
13lL	Urdu	
13lb	Vietnamese	
13lz	Welsh	
13lM	Yoruba	
13l	Other Main spoken language	

What is your preferred first language:

.....

ST ALBAN'S MEDICAL CENTRES

Summary Care Record Consent – Enhanced Record

I would like to include Additional Information in my Summary Care Record. I understand that this information would be visible to other healthcare providers, such as hospital staff and ambulance service.

Name (please
print).....

Address.....
.....

.....
.....

Date of birth

SignedDated.....
