

Patient Registration Form – 16 yrs and over
Please complete ALL sections of this form in block letters

Personal Details:

Title Mr/Mrs/Miss/Ms/Dr/Other Gender:
Surname Previous Surname
Forename(s) Marital Status
Date of Birth NHS Number (if known)
Country of Birth Place of Birth

If you are from abroad: Date of 1st 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?

Home Address
Post Code

Tel: Home Work

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

Do you require correspondence in an alternative format? Braille Large Print Audio

Armed Forces/Veterans: Have you ever served:

- a) in the armed forces: Yes/No If Yes: Enlistment Date Leaving Date
b) on a merchant navy vessel operated to facilitate military operations? Yes/No

Previous GP in the UK:

GP Name Surgery Name & Town
Your address when registered there

Next of Kin/Emergency Contact Details:

Full 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?** .....

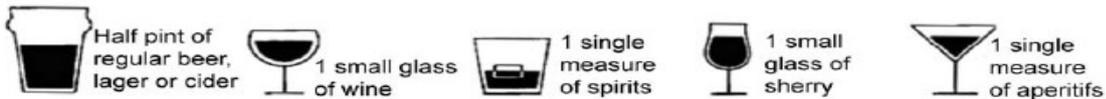
**Lifestyle:**

**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:

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?** .....

If you are currently taking **any medicines** please bring in your **repeat request slip**.

**Past Health:**

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

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

For surgery use only

Audit C Score: /12

Date: Name:

EMIS No:

**PATIENTS NOT ORDINARILY RESIDENT IN THE UK****Patient declaration for patients 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 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 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

**Please only complete this form if you do not wish your medical information to be shared as detailed below.**

The medical information that Eastfield House holds about you is shared in two ways:

**1) For the benefit of you, the patient, for your individual care:**

a) National Summary Care Record (SCR)

Your SCR record contains details such as your current medical problems, current medication, allergies and current treatment plans. The purpose of it is to provide authorised clinicians, such as A&E doctors, with a summary of your medical record.

More details are available on [www.nhs.uk/caredata](http://www.nhs.uk/caredata) under the SCR tab.

b) West Berkshire Connected Care

Connected Care enables **local** medical professionals to read accurate, up to date information directly from the medical record held at your GP practice.

If you do not want to share your medical data in this way for the benefit of you, the patient, for your individual care, please tick the appropriate box below, sign the form and return it to Reception.

I **do not** want my medical information to be shared:

a) National Summary Care Record (SCR)

b) West Berkshire Connected Care

Patient name:

Date of Birth:

Patient signature:

Date:

**2) To help research new treatments, decide where to put GP clinics and plan for the number of doctors and nurses in your local hospital.**

For more information about how your data is used or to opt out:

Please visit [www.nhs.uk/your-nhs-data-matters](http://www.nhs.uk/your-nhs-data-matters) or call: 0300 303 5678

**PLEASE NOTE:** all patients are automatically opted in to both levels of data sharing unless you specifically ask to opt out.

