

In order for us to register your child at Eastfield House Surgery, it is essential that we are able to trace his/her previous medical records, if there are any. Please complete the following form to enable us to do so.

**Personal Details of Child**

**Forename(s)** ..... **Surname** .....

**Sex** ..... **NHS Number (if known)** .....

**Date of Birth** ..... **Place of Birth** .....

**If he/she is from abroad, date of first entry into UK** .....

**Home Address** .....

..... **Post Code** .....

**Contact Numbers Home** ..... **Mobile** .....

**Legally Responsible Parent/Guardian**

**Name** ..... **Relationship to Child** .....

**Address** .....

**Contact Telephone Number** .....

**Have you previously chosen to opt this child out of having a Summary Care record? Y/N**

**Ethnicity To which group does the child belong?**

<b>British</b> <input type="checkbox"/>	<b>Irish</b> <input type="checkbox"/>	<b>Other White</b> <input type="checkbox"/>	<b>Chinese</b> <input type="checkbox"/>
<b>Indian</b> <input type="checkbox"/>	<b>Pakistani</b> <input type="checkbox"/>	<b>Bangladeshi</b> <input type="checkbox"/>	<b>Other Asian</b> <input type="checkbox"/>
<b>African</b> <input type="checkbox"/>	<b>Caribbean</b> <input type="checkbox"/>	<b>Other Black</b> <input type="checkbox"/>	<b>Not Stated</b> <input type="checkbox"/>

**What is the child's primary language?** .....

**Child's Previous GP in the UK**

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

**Child's address when registered here** .....

**Name** ..... **Relationship to Child** .....

**Signature** ..... **Date Signed** .....

For Office Use Only :

GP Name :

Date of Registration :

EMIS Number :

**Who does the child live with?** (please give names, contact address and phone number(s) and relationship to child) .....

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**Child's Immunisation Details**

**If the child is under 6 yrs,** please bring in a copy of their childhood immunisations and give to Reception.

**If the child has a red Health Visitor's Child Health book,** please bring it in and give to Reception.

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**Does the child have any Allergies?** If yes, please state details: .....

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**Does the child have any existing medical illnesses?** If yes, please state details: .....

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**Child's Family Medical History Has a close member of the child's 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"/>	_____	_____

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**Thank you for your time**

**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.

**A parent/guardian should complete the form on behalf of a child under 16.**

Signed:

Print Name:

Date:

On behalf of:

Relationship to patient:

**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.