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ASHBY TURN PRIMARY CARE CENTRE

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Welcome to Ashby Turn Primary Care Centre.

As part of the Adult Registration Process (16 years old and above) at this surgery, you are required to complete the attached form. Please complete all parts of the form including your NHS number which can be obtained from your current GP Surgery.

If you are on any repeat medications, we will require a copy of these. Before registering with us, please ensure you obtain a full month's prescription to ensure you have an adequate supply.

Proof of identity is needed to help correctly match you to the NHS central patient registry, which will allow us to receive your previous medical records. If you are registered on the NHS app or any other service that allows you to see your health records, please note by registering with us your previous records will be unavailable to view before completing an Online Access Form, which also requires proof of identification.

Please be aware that you will need a New Patient Registration Appointment that will be booked by a member of our Reception Team.

Yours sincerely,

ASHBY TURN PRIMARY CARE PARTNERS

How to register with a GP surgery

To register yourself or someone else with a GP surgery, fill in this form and give it to the surgery you want to register with.

You should:

- use a 'tick' or 'x' for boxes where necessary
- complete all sections that apply to you or the person you are registering
- provide as much information as possible
- use BLOCK CAPITALS
- if you cannot answer a question or it does not apply write 'Not applicable' or 'N/A'
- only use black or blue ink
- ask at the reception desk of the surgery you want to register with if you need help completing this form

Which sections should be completed?

- Part A - all sections that apply.
- Part B - this section is optional, but will help the GP provide the best care.
- Part C - only complete these sections if you do not normally live in the UK.

You may be contacted by the GP surgery if you do not complete all the relevant sections.

Register online
It is quick and secure to register with a new GP surgery online. Check the website of the surgery you want to register with for a link for the 'Register to a GP surgery' service.

PART A

Try to provide as much information as possible. If a question does not apply to you or the person you are registering write 'Not applicable' or 'N/A'.

Section 1 - Who is registering?

1 **Are you registering**

☐ Yourself (Go to Section 2 - Patient details) ☐ Someone else

Only provide your details if you are registering someone else.

2 **Your name**

3 **Your relationship to the person you are registering**

4 **Your contact phone number**

You can help save lives as a blood or organ donor. Become someone's lifeline.
Visit www.nhsbt.nhs.uk/lifeline or **call us on 0300 123 23 23.**

Section 2 - Details of patient registering

1 **Title**

2 **First name**

3 **Last name**

4 **Middle name (if you have one)**

5 **Previous last name**

6 **Date of birth** DD MM YYYY

7 **What is your sex as recorded on your NHS record?**

☐ Female ☐ Male ☐ Intersex

☐ Not specified or known

8 **NHS number** (if you have it)

9 **Village, town or city of birth**

10 **Country of birth**

11 **Current address**

Postcode

☐ No fixed address

12 **What postcode did you give to the last GP surgery you registered with?**

13 **Name and address of UK GP surgery you registered with**

Postcode

14 **Have you ever lived somewhere else in the UK?**

☐ Yes ☐ No

15 **Last address in the UK**

Postcode

The NHS and your GP surgery can use these details to call, text or email you about health care services.
All phone numbers must be registered in the UK.

16 **Home phone number**

17 **Mobile phone number**

18 **Email address**

19 **Name of emergency contact**

20 **Phone number of emergency contact**

21 **Their relationship to you**

22 **Name of next of kin**

23 **Phone number of next of kin**

24 **Their relationship to you**

Section 3 - Patients under 18 years

For children under 12 months only

1 **Where were they born?**

- ☐ England
- ☐ Wales
- ☐ Northern Ireland
- ☐ Isle of Man
- ☐ Scotland
- ☐ Outside the UK

2 **Where was the mother living when the baby was born?**

Postcode

For patients under 18 years

1 **Do you attend any of the following?**

- ☐ School
- ☐ Nursery
- ☐ Home school
- ☐ None of these

2 **Address**

Postcode

3 **Are any of these involved in your care?**

- ☐ Hospital specialist
- ☐ Health worker
- ☐ Social worker
- ☐ None of these

4 **Have you had all your routine vaccinations?**

- ☐ Yes
- ☐ No
- ☐ Don't know

5 **Did you get your routine vaccinations in the UK?**

- ☐ Yes
- ☐ No
- ☐ Don't know

Section 4 - Additional information

1 **What is your ethnic group?**

Choose one section from A to E, then tick one box to best describe your ethnic group or background.

(A) White

- ☐ English, Welsh, Scottish, Northern Irish or British
- ☐ Irish
- ☐ Gypsy or Irish Traveller

Any other White background

(B) Mixed or multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian

Any other Mixed or Multiple ethnic background

(C) Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese

Any other Asian background

(D) Black/African/Caribbean/British

- ☐ African
- ☐ Caribbean

Any other Black, African or Caribbean background

(E) Other ethnic group

- ☐ Arab

Any other ethnic group

- ☐ Prefer not to say

Section 4 - Additional information

2 **Have you registered with a UK GP before?**

☐ Yes ☐ No

3 **If you have moved to the UK, what date did you arrive?**

☐☐ ☐☐ ☐☐☐☐

4 **Have you ever served in the UK Armed Forces or were you ever registered with a Ministry of Defence GP in the UK or overseas?**

☐ Yes ☐ No ☐ Prefer not to say

If you were given a FMED133A form (sometimes called an FMED1 form) when you left the UK Armed forces, you should give this to your GP surgery.

5 **Do you need an interpreter for your appointments?**

☐ Yes ☐ No

6 **What language?**

☐ British Sign Language (BSL)

7 **Are you a carer?**

☐ Yes ☐ No

8 **What is your relationship to the person you are caring for?**

9 **What type of carer are you?**

☐ Young carer, under 18 ☐ Paid as a job

☐ Unpaid, but may get benefits ☐ Foster carer

10 **Do you have a carer?**

☐ Yes ☐ No

11 **What is your relationship to your carer?**

12 **What type of carer are they?**

☐ Young carer, under 18 ☐ Paid as a job

☐ Unpaid, but may get benefits ☐ Foster carer

13 **Carer's contact telephone number**

14 **What pharmacy do you want your prescriptions sent to?**

Pharmacy address

Postcode

You can sometimes collect your prescription items from your GP surgery instead of having to go to a pharmacy. Your surgery may discuss this with you

15 **Do you live more than 1 mile from your nearest pharmacy?**

☐ Yes ☐ No

16 **Would you have serious difficulty getting medicines or appliances from your nearest pharmacy?**

☐ Yes ☐ No

Sharing your Summary Care Record

Your GP surgery shares your important healthcare information with other healthcare professionals in England when they provide you with direct care, such as emergency care or referral to a specialist service. This is called a Summary Care Record (SCR).

Why we share your information

Your SCR is shared with healthcare professionals to ensure the quality and safety of your care. This reduces the risk of things like adverse medical reactions or delays in urgent care.

What information is shared

Your SCR contains details of your:

- Medicines
- allergies and adverse reactions
- illnesses and health problems
- past operations and vaccinations

Your rights

You can choose not to share your SCR. However, this will mean healthcare professionals will not have access to important information about your healthcare.

If you do not want to share your SCR, speak to your GP.
If you are happy with your SCR being shared you do not need to do anything.

PART B

You do not have to complete this section. But any information you do give will help the GP give you the best care.

Section 5 - Patient health

1 **Have you ever had any of these conditions?**

- ☐ Alzheimer's disease or dementia
- ☐ Asthma ☐ Cancer ☐ Diabetes
- ☐ Epilepsy ☐ Heart disease
- ☐ High blood pressure (hypertension)
- ☐ Stroke ☐ Thyroid disease

2 **What best describes you?**

- ☐ I smoke ☐ I used to smoke
- ☐ I have never smoked ☐ Prefer not to say

3 **On average, how many cigarettes do you smoke a day?**

4 **What date did you stop smoking?** DD MM YYYY

5 **How often do you drink alcohol?**

- ☐ Never ☐ Monthly or less
- ☐ 2 to 4 times a month ☐ 2 to 3 times a week
- ☐ 4 or more times a week ☐ Prefer not to say

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

1 pint of 4% beer is 2.5 units. a small 125ml glass of wine is 1.5 units and a 25ml shot of spirits is 1 unit.

Units

7 **How often have you had six or more units of alcohol on a single occasion in the last year?**

- ☐ Never ☐ Less than monthly
- ☐ Monthly ☐ Weekly ☐ Daily or almost daily
- ☐ Prefer not to say

8 **What is your weight?**

Kilograms Or Stone Pounds

9 **What is your height?**

Centimetres Or Foot Inches

10 **Did you receive a blood transfusion before 1996?**

☐ Yes ☐ No ☐ Don't know

11 **Have you ever spent more than 6 months in a country where there was an increased risk of catching tuberculosis (TB)?**

☐ Yes ☐ No ☐ Don't know

12 **Allergies**

13 **Mental health conditions**

Section 5 - Patient health (continued)

14 **Disabilities**

15 **Other medical conditions**

16 **Give details of any medication you are taking**

Are any of these repeat prescriptions?

☐ Yes ☐ No

17 **Do you or your carer need to be communicated in an accessible format?**
For example, braille, audio, large format or EasyRead.

Tell us what you need

18 **Do you or your carer need any reasonable adjustments to make your visit to the GP surgery accessible?**
For example, an audible or visual alert in the waiting room, access to a hearing loop or the support of a note taker.

Tell us what you need

PART C

Section 6 - Patients from abroad

Complete this section if you are:

- visiting the UK and do not normally live here.
- currently living in the UK, but do not think of it as your permanent country of residence. For example, you are studying here or have come to the UK as part of your job.
- a permanent resident in the UK and receive a pension or benefit from a European country.

Information on eligibility to free care outside the GP practice

Anyone can register with a GP practice and receive free medical care from that practice. However, should you be referred for treatment outside the practice or need unplanned care, for example at a hospital, charges may apply if you are a visitor or temporary resident.

Some groups of visitors or temporary residents are eligible to receive this care free of charge. Documentation may be required to demonstrate eligibility.

Examples of those eligible include:

- refugees, asylum seekers, those receiving certain forms of state support
- suspected or confirmed victims of modern slavery and human trafficking
- temporary residents with a valid visa of over 6 months. You may have paid the immigration health surcharge with your visa application. Note that assisted conception services remain chargeable to this group
- visitors from the EEA will need to provide their EHIC (European Health Insurance Card), which covers immediately necessary unplanned treatment, or a S2 form which covers planned treatment.

Additionally, some services are free of charge to all visitors, including diagnosis and treatment for infectious diseases and sexually transmitted infections.

Immediate necessary care, maternity care and other urgent care that cannot wait until a chargeable visitor's departure from the UK will not be withheld or delayed due to charges. But non-urgent treatment will not be given until full payment is received.

More information can be found in the patient leaflet available from the GP practice.

Select the statement that applies to you

- [ ] I understand I may have to pay for NHS treatment outside of the GP practice.
- [ ] I do not have to pay for NHS treatment outside of the GP practice and have documents to prove this.
- [ ] I do not know if I have to pay for treatment.

PART C

Section 6 - Patients from abroad (continued)

Giving us this information means that if you need NHS care outside the GP practice and you are entitled to that care without charge, it will be easier for you to demonstrate this entitlement.

We'll use the information to establish your chargeable status in order to recover NHS costs from countries responsible for your healthcare where applicable. This will not impact your entitlement to register with the GP practice or to receive free GP services.

1 **Tick one of the following**

- ☐ I have an S1 form issued by an EU or EEA member state
- ☐ I am entitled to an EHIC card, but I do not have one
- ☐ I have an EHIC card issued by an EU or EEA member state
- ☐ I am in receipt of a European pension or benefit
- ☐ I am in the UK as part of my employment
- ☐ None of these

Enter details from your EHIC

1 **Country code**

2 **Name**

3 **Given name**

4 **Date of birth** DD MM YYYY

5 **Personal identification number**

6 **Identification number of the institution**

7 **Identification number of the card**

8 **Expiry date** DD MM YYYY

How will your EHIC and S1 data be used?

By using your EHIC for NHS treatment costs your EHIC 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 or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.

FAMILY HISTORY

Please give details of any of the patient's blood relatives, under 65, who have had any of the following:

Heart Disease/Attack	Cancer
Diabetes	High Blood Pressure
Asthma	Other Serious Illness

VACCINATIONS

Please give dates of vaccinations the patient has had or please bring a copy of their red book.

Age Given	Immunisation	Comment	Date Given
2 Months	Diphtheria / Tetanus / Whooping cough / Polio / Hib		
	Pneumococcal Vac		
3 Months	Diphtheria / Tetanus / Whooping cough / Polio / Hib		
	Meningitis C		
4 Months	Diphtheria / Tetanus / Whooping cough / Polio / Hib		
	Pneumococcal Vac		
	Meningitis C		
12 Months	Meningitis C		
	Hib		
12-18 Months	Meningitis C		
	Measles Mumps and Rubella MMR		
3-5 Years	Pneumococcal Vac		
	Diphtheria / Tetanus / Polio		
10-14 Years	MMR		
	Rubella *females only*		
13 Years	Heaf test & BCG		
	HPV *females only*		
15-18 Years	Diphtheria / Tetanus / Polio		
	Diphtheria / Tetanus / Whooping cough / Polio / Hib		

SPECIAL COMMUNICATION REQUIREMENTS i.e. Braille or large font type

Ethnic Origin Description	Tick Appropriate	Further Information
White British		
White Irish		
White European		
Asian or British Asian		
Black or Black British		
Other - Please state		
Mixed - Please state		

Please delete as appropriate:

I **Do** / **Do not** agree to share out the patient's medical records with other NHS Health Care Professionals. (To 'share out' means their medical information recorded here would be viewable by other NHS organisations)

I **Do** / **Do not** agree to share in the patient's medical records from other NHS Health Care Professionals. (To 'share in' means their medical information recorded at other NHS organisations would be viewable by Ashby Turn Primary Care Centre)

I **Do** / **Do not** agree to have a Summary Care Record (SCR) created for the patient. (An SCR shows their name, date of birth, address, current medication and any allergies to other NHS organisations with your consent)

I **Do** / **Do not** agree to have a Summary Care Record (SCR) with additional information created for the patient. (Additional information would show any diagnosis, problems etc)

SIGNATURE: ..... **DATE:** .....