

New Patient Registration

Identification – Reception staff to initial once patient’s identification has been verified

Patient has presented photo identification AND proof of address

Date the identification was presented by patient

Blood Pressure – please use the machine in waiting room to record your blood pressure and pulse rate

BP Reading:

Pulse Rate:

Contact Details

Title:

First Name:

Middle Name:

Surname:

NHS Number:

Date of Birth:

Full Address:

Home Number:

Work Number:

Mobile Number:

Email Address:

Gender Identity:

Male

Non-Binary

Female

Prefer not to answer

Gender at Birth:

Gender identity is the same as assigned at birth

Gender identity is NOT the same as assigned at birth

Prefer not to answer

SMS Consent

I consent to receive text messages from Attleborough Surgeries

I do NOT consent to receive text messages from Attleborough Surgeries

Email Consent

I consent to receive email communications from Attleborough Surgeries

I do NOT consent to receive email communications from Attleborough Surgeries

Preferred Method of Communication

Letter

Email

SMS text message

No preference

Next of Kin

Full Name:

Contact Number:

Email Address:

Full Address:

Relationship to Patient:

GP History

Please help us trace your previous medical records by providing the following information:

Previous GP Practice:

Your Previous Address:

Previous Address

If From Abroad:

Date of Leaving UK:

Date You First Lived in UK:

Background

Country of Birth:

Ethnicity:

Religion:

Housing Status:

<input type="checkbox"/> Lives in own home	<input type="checkbox"/> Lives in sheltered housing
<input type="checkbox"/> Lives in care home	<input type="checkbox"/> Living temporarily in care home
<input type="checkbox"/> Lives in nursing home	<input type="checkbox"/> Homeless
<input type="checkbox"/> Lives in rented accommodation	<input type="checkbox"/> Housebound
<input type="checkbox"/> Lives in residential home	<input type="checkbox"/> Asylum seeker
<input type="checkbox"/> Lives in shared accommodation	<input type="checkbox"/> Refugee

Employment Status:

<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed
<input type="checkbox"/> House husband	<input type="checkbox"/> Self-Employed
<input type="checkbox"/> House wife	<input type="checkbox"/> Retired
<input type="checkbox"/> Student	<input type="checkbox"/> International student

Occupation:

Passport Status:

<input type="checkbox"/> UK passport holder	<input type="checkbox"/> Overseas visitor
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EHIC:

<input type="checkbox"/> Holds European Health Insurance Card	<input type="checkbox"/> Does not have EHIC
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Armed Forces:

<input type="checkbox"/> Military veteran	<input type="checkbox"/> Member of military family
<input type="checkbox"/> Armed Forces reservist	<input type="checkbox"/> Left military services

Address Before Enlisting:

Service Number:

Enlistment Date: Discharge Date:

Communication Needs

Spoken Language:

Interpreter needed:

Yes

No

Other Needs:

Carer Details

Are you a carer:

Yes

No

Cares for:

Friend

Person with terminal illness

Neighbour

Person with alcohol misuse

Relative

Person with substance misuse

Person with learning disability

Person with chronic disease

Person with physical disability

Person with sensory impairment

Person with mental health problem

Person with dementia

Do you have a carer:

Yes

No

If you have a carer, do they consent for their details to be held on your medical record?

Yes they consent

No they decline

Carer Name:

Carer Contact No:

Key Code (if needed):

Family History

Do you have a family history of the following conditions – please tick all that apply:

<input type="checkbox"/>	Asthma	Relationship:	<input type="text"/>
<input type="checkbox"/>	Stroke	Relationship:	<input type="text"/>
<input type="checkbox"/>	COPD	Relationship:	<input type="text"/>
<input type="checkbox"/>	Cardiovascular disease	Relationship:	<input type="text"/>
<input type="checkbox"/>	Diabetes	Relationship:	<input type="text"/>
<input type="checkbox"/>	Deep Vein Thrombosis	Relationship:	<input type="text"/>
<input type="checkbox"/>	Hypertension	Relationship:	<input type="text"/>
<input type="checkbox"/>	Cancer	Relationship:	<input type="text"/>
		Type of Cancer:	<input type="text"/>

Allergies

List all allergies:

Medications

List current medications:

If you need your Doctor to dispense medicines please tick the applicable boxes below:

<input type="checkbox"/>	I live more than 1.6 km in a straight line from the nearest chemist
<input type="checkbox"/>	I would have serious difficulty in getting them from a chemist

Alcohol Status

What is your weekly alcohol consumption:



Pint of Regular Beer/Lager/Cider



Pint of Premium Beer/Lager/Cider



Alcopop or can/bottle of Regular Lager



Can of Premium Lager or Strong Beer



Can of Super Strength Lager



Glass of Wine (175ml)



Bottle of Wine

How often do you have a drink containing alcohol:

Never

Monthly or less

2 – 4 times a month

2 – 3 times a week

4 or more times a week

When drinking, how many units of alcohol do you drink on a typical day:

1 – 2 units

3 – 4 units

5 – 6 units

7 – 9 units

10 or more units

How often have you had 6 + units (if female) or 8 + units (if male) on a single occasion in the last year:

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

Smoking Status

<input type="checkbox"/>	Never smoked tobacco			
<input type="checkbox"/>	Ex-cigarette smoker	>	Date stopped:	<input type="text"/>
<input type="checkbox"/>	Ex-electronic cigarette smoker	>	Date stopped:	<input type="text"/>
<input type="checkbox"/>	Cigarette smoker	>	How many per day:	<input type="text"/>
<input type="checkbox"/>	Electronic cigarette smoker	>	Does it contain nicotine:	<input type="text"/>
<input type="checkbox"/>	Exposed to tobacco smoke	>	At home, work, school:	<input type="text"/>
<input type="checkbox"/>	Other (pipe, cigar)	>	Please give details:	<input type="text"/>

Join the millions of people who have used Smokefree support to help them stop smoking. From email and text, to our free app and lots of other support, you can choose what's right for you.

For more information visit: www.nhs.uk/smokefree

Height and Weight

Height (in metres and cm):	<input type="text"/>	Weight (in kg):	<input type="text"/>
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Women Only

Contraception:	<input type="checkbox"/>	Uses contraception	>	Name of contraception:	<input type="text"/>
	<input type="checkbox"/>	Contraception not needed			
Pregnancy:	<input type="checkbox"/>	Currently pregnant	>	Estimated Delivery Date:	<input type="text"/>
	<input type="checkbox"/>	Not pregnant			

Blood Donation

<input type="checkbox"/>	I would like to be a blood donor	<input type="checkbox"/>	I am not willing to donate blood
<input type="checkbox"/>	I have previously been a blood donor	<input type="checkbox"/>	I am a regular blood donor

Organ Donation

<input type="checkbox"/>	I would like to be an organ donor	<input type="checkbox"/>	I am not willing to donate my organs
<input type="checkbox"/>	I am on the NHS organ donation register	<input type="checkbox"/>	I wish to donate my body to medical research

Please make sure your family are aware if you wish to be an organ donor. If you do not want to be an organ donor please visit: www.organdonation.nhs.uk or call: 0300 123 23 23 to register your decision.

Data Sharing

There is a balance between privacy and good health care. We normally share information with other health care professionals involved in your care such as doctors, nurses, therapists and pharmacists.

Please tick to confirm your preference to the below data sharing options. Please note that the consent obtained within this section can be changed at any time.

Sharing in – do you consent to the sharing of data recorded by Attleborough Surgeries to be shared with other organisations that may care for you? Yes

No

Sharing out – do you consent to the viewing of data by Attleborough Surgeries that is recorded at other care services that may care for you? Yes

No

Summary Care Record Preference – do you consent for your 'core' SCR to be shared with other organisations that may care for you? Yes

No

Summary Care Record Preference – do you consent for your 'additional' SCR to be shared with other organisations that may care for you? Yes

No

Patient Declaration

I sign to confirm that the information I have provided is correct to the best of my knowledge and I will contact Attleborough Surgery if I am aware of any changes.

Signature:

Date:

Supplementary Questions – only applicable for 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. Alternatively for more information:

www.nhs.uk/visitingengland

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.

- a) I understand that I may need to pay for NHS treatment outside of the GP practice
- b) I understand that I have a valid exemption from paying for NHS treatment outside of the GP practice.
This includes for example; an EHIC or payment for 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 the age of 16.

Signed:		Date:	
Print Name:		Relationship to Patient:	
On Behalf Of:			

Please complete the next section overleaf 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

1. Do you have a non-UK EHIC or PRC?

Yes

No



If you are visiting from another EEA country and do not hold a current EHIC (or PRC/S1), you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.

If yes, please enter details below:

2. Country Code

3. Name

4. Given Names

5. Date of Birth

6. Personal Identification Number

7. Identification Number of the Institution

8. Identification Number of the Card

9. Expiry Date

10. PRC Validity Period

a. From		b. To	

Please tick here if you have an S1 (eg: 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 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.