

**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

\*Not all doctors are authorised to dispense medicines

 Signature of Patient

 Signature on behalf of patient

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NHS Organ Donor registration**

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

- 
- Any of my organs and tissue or
- 
- 
- Kidneys
- 
- Heart
- 
- Liver
- 
- Corneas
- 
- Lungs
- 
- Pancreas

Signature confirming my consent to join the NHS Organ Donor Register Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

 Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit [www.organdonation.nhs.uk](http://www.organdonation.nhs.uk) or call 0300 123 23 23 to register your decision.

**NHS Blood Donor registration**

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

 Tick here if you have given blood in the last 3 years 

Signature confirming my consent to join the NHS Blood Donor Register Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode:

 All blood types are needed, especially O negative and B negative. Visit [www.blood.co.uk](http://www.blood.co.uk) or call 0300 123 23 23.

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.

*Signature is the best of my belief this information is correct*

Authorised Signature

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Practice Stamp

**SUPPLEMENTARY QUESTIONS 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:

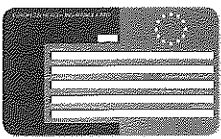
- a)  I understand that I may need to pay for NHS treatment outside of the GP practice
- b)  I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied 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 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**

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: <input type="text"/>	
	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 The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

Initials of staff member taking registration: \_\_\_\_\_ Your named GP is **Dr. Nick Mann**

## WELL STREET SURGERY

### Health Questionnaire for Children & Young People Under 16

Parents/carers should complete a form on behalf of all younger children and babies, and **provide a full birth certificate at registration**. Young people between 12 and 16 years of age may prefer to complete their own question form. **Mandatory fields are marked with an asterisk (\*)**.

\*Forename(s): \_\_\_\_\_ \*Surname: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender: \_\_\_\_\_

Home No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\*Parent/carer's name: \_\_\_\_\_ \*Relationship to child: \_\_\_\_\_

Parent/carer's name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Please note that we do not register children without a responsible adult. Please let us know if the child has a different address to the parent/carer.

**\*Is your child on any regular medication?** Yes  No

If yes, please make an appointment to see a doctor before the next prescription is due. Please bring details of the medication with you.

#### \*Immunisations

Please either provide us with the baby book/documentation for us to copy or complete the following table for our records. Please complete all columns.

Age	Immunisation	Date given	Place (clinic) given
Six weeks old	BCG		
Two months old	DTaP/IPV/Hib		
	PCV		
	MenB		
	Rotavirus		
Three months old	DTaP/IPV/Hib		
	MenC		
	Rotavirus		
Four months old	DTaP/IPV/Hib		
	PCV		
	MenB		
Twelve months old	Hib /MenC		
	PCV		
	MMR		
	MenB booster		
Two to six years old (including children in school years 1 & 2)	Influenza		
Three years four months old or soon after	DTaP/IPV booster		
	MMR booster		

Diphtheria, Tetanus, acellular Pertussis (whooping cough)  
**Hib** = Haemophilus influenzae b  
**MenC** = Meningococcal C  
 Measles, Mumps and Rubella

**IPV** = Inactivated Polio Vaccine  
**PCV** = Pneumococcal Conjugate Vaccine  
**Meningococcal B**  
**DT** = Low dose Diphtheria and Tetanus

**To which ethnic group would you say your child belongs?**

White – English, Scottish, Welsh	<input type="checkbox"/>	Black African	<input type="checkbox"/>
White - Irish	<input type="checkbox"/>	Black British	<input type="checkbox"/>
White – Other (please specify)	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
_____		North African	<input type="checkbox"/>
Traveller	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Greek or	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Greek Cypriot	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Turkish or	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>
Turkish Cypriot	<input type="checkbox"/>	Orthodox Jew	<input type="checkbox"/>
Kurdish	<input type="checkbox"/>	Do not wish to state	<input type="checkbox"/>
Other than these please specify: _____			

**\*Communication**

For your convenience, we routinely contact our patients via text message to confirm appointments. If you would prefer for us not to do so, please tick this box.

We may also occasionally need to contact you via e-mail. Please tick here if you would prefer for us not to do so.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Information:**

**SCR (Summary Care Record) Preferences**

A summary care record is a small record of information that is available to other health professionals who are involved in your care, should they need it. It contains the following information: your name, address, date of birth, NHS number, medications that you are taking, any bad reactions to medicines that you may have had in the past and any allergies that you have.

If you would not like an SCR to be created, please ask reception for an opt-out form, otherwise an SCR will automatically be created for you. If you would like any more information on the subject, please ask reception for a leaflet.

**Teaching**

Well Street Surgery is proud to be a teaching practice working in conjunction with Barts and the London School of Medicine and King's College London, and as such, will have medical students in the surgery from time to time.

You will always be notified of the student's presence before your consultation and have the right to refuse their presence at any point.