

Do you have any special communication needs? Yes No

If yes: Sign Language Large Print Other

CONFIDENTIAL MEDICAL REGISTRATION FORM

Please complete all pages in FULL using BLOCK capitals

Surname

First Names (in full)

Previous Surnames

Title: Mr Mrs Miss Ms Male Female

Date of Birth (day/month/year) NHS Number

Town & country of Birth

Address
Post Code:

Telephone number: Mobile number:

Email address:

Providing your e-mail will enable you to register for online services, including appointments and prescription requests, using 'The Waiting Room' via our practice website www.manorsurgery.co.uk We may also use this to contact you about surgery matters. **Each e-mail can only be used for one patient.**

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

Your previous address in UK
Post Code:

Name of previous Doctor while at that address

Address of previous Doctor
Post Code:

Where did you last receive treatment? Date:

ie GP, Walk in Centre, MIU, Emergency Department etc

What was the outcome of

this visit? ie prescription

If you are from abroad:

Your first UK address where Registered with a GP

Post Code:

If previously resident in UK date of leaving

Date you first came to UK

If you need your doctor to dispense medicines & appliances*:

For Dispensing Practices only:

I live more than 1 mile in a straight line from the nearest chemist

If you are returning from the Armed Forces:

Address before enlisting

Post Code:

Enlistment date

Service/

Personnel number

Discharge 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 Any part of my body

Signature to confirm agreement to organ/tissue donation is at the bottom of this form.

For more information please ask at reception for an information leaflet or visit the website

www.uktransplant.org.uk or call 0300 123 23 23

..... Post code:

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 to confirm consent to inclusion on the NHS Blood Donor Register at the bottom of this form.

For more information, please ask for the leaflet on joining the NHS Blood Donor Register. My preferred address for donation is (only if different from above eg your place of work)

..... Post code:

Please tell us about yourself:

Are you a carer? Yes No

Do you have a carer? Yes No

If yes, please tell us the name & address of your Carer:

[Empty text box for carer name and address]

Are you happy for us to contact your carer about you?

Yes No

For patients aged 85 or over: (these are to help us assess if you may need additional clinical input)

- In general, do you have any health problems that require you to limit your activities? Yes No
- In general, do you have any health problems that require you to stay at home? Yes No
- Do you regularly use a stick, walker or wheelchair to get about? Yes No
- In case of need, can you count on someone close to you? Yes No
- Do you need someone to help you on a regular basis? Yes No

Please provide details if the person is different from the information you have provided as your carer.

[Empty text box for additional details]

Personal Medical History.....

Have you ever suffered from any important medical illness, operation or admission to hospital? If so please enter details below:

Condition	Year diagnosed	Ongoing
		Yes/No
		Yes/No
		Yes/No
		Yes/No

Family History.....

Have any close relatives (*father, mother, sister, brother only*) ever suffered from any of the following: (please indicate who in the boxes)

Heart attack	Stroke	Diabetes	High blood pressure	Asthma	Glaucoma	Cancer

Immunisations

Immunisation	Year	Immunisation	Year
Tetanus		Polio	

Typhoid		Yellow Fever	
Hepatitis A		Hepatitis B	

Allergies

Please list any allergies you have to any drugs/medication:

Name of medication	What was the problem or upset?

List of current medication

If you have a copy of your repeat medications, please pass to Reception to copy

Name of medication	Dosage

Lifestyle

Please enter your height & weight:

Height:	Weight:
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Lifestyle smoking

Do you smoke: Yes No

If yes, do you smoke: Cigarette Cigars Pipe

Are you an ex-smoker? Yes No

When did you give up?

How many cigarettes/ cigars do you smoke daily? <1/day 1-9/day 10-19/day 20-39/day 40+/day

If you smoke a pipe how many ounces a

Would you like help to quit smoking? Yes No

week?

Lifestyle alcohol

Do you drink alcohol: Yes No

If yes, please answer the following 3 questions:

How often do you have a drink that contains alcohol? Never Monthly Or less 2-4 times per month 2-3 times per week 4+ times per week

How many standard alcoholic drinks do you have on a typical day when you are drinking? 1-2 3-4 5-6 7-8 10+

How often do you have 6 or more standard drinks on one occasion? Never Less than Monthly Monthly Weekly Daily or almost daily

Lifestyle exercise

Do you exercise: Yes No

If yes, please answer the following questions

What exercise do you do?

How often do you exercise?

Female patients only

Are you currently, or think you may be pregnant? Yes No

Do you have any children?

Yes No If yes, how many?

Which method of contraception (if any) are you using at present?

Have you had a cervical smear test?

Yes No If yes, what was the result? (if known)
Date (if known)

Ethnicity

Please indicate your ethnic origin:

British or mixed British Irish African Caribbean Indian Pakistani
 Bangladeshi Chinese Other (please state):
 Decline to state

Next of kin

Name: Tel. contact

Relationship: number:

Data sharing consent choices

To maintain continuity of clinical care, we upload **certain** medical information so that it is available to other healthcare organisations (eg Emergency Departments). Please read the accompanying leaflet which details what part of your record is extracted and how it is used to help other NHS organisations.

If you wish to **OPT OUT** please ask at reception.

Where you have provided information on how to contact you, can you confirm you are happy for Manor Surgery to contact you by the following:

By email Yes No This will be to send you letters, newsletter and the like

By text Yes No This will be to send you reminders of appointments via text

Signature

I confirm that the information I have provided is true to the best of my knowledge.

Signed:

Date:

Signature of patient Signature on behalf of patient

GMS1 - SUPPLEMENTARY QUESTIONS**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 <u>non-UK</u> 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: 		
	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	(b) To:

Please tick 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 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.