

Patient's details

Please complete in BLOCK CAPITALS and tick ☐ as appropriate

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		Surname
Date of birth		First names
NHS No.	Previous surname/s	
<input type="checkbox"/> Male <input type="checkbox"/> 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 / /

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

White: ☐ British ☐ Irish ☐ Irish Traveller ☐ Traveller ☐ Gypsy/Romany ☐ Polish

☐ Any other white background (please write in):

Mixed: ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian

☐ Any other Mixed background (please write in):

Asian or Asian British: ☐ Indian ☐ Pakistani ☐ Bangladeshi

☐ Any other Asian background (please write in):

Black or Black British: ☐ Caribbean ☐ African ☐ Somali ☐ Nigerian

☐ Any other Black background (please write in):

Other ethnic group: ☐ Chinese ☐ Filipino

☐ Any other ethnic group (please write in):

Not stated: ☐

Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

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.

I declare to the best of my belief this information is correct

Authorised Signature

Name

Date

____/____/____

Practice Stamp

SUPPLEMENTARY 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 an EU 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>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.</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: 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 Business Service Authority for the purpose of recovering your NHS costs from your home country.

NEW PATIENT REGISTRATION QUESTIONNAIRE 2021

Welcome to the Queen Edith Medical Practice. Please take a few minutes to complete this questionnaire as fully as possible.

Date of Completion:

SURNAME	
FIRST NAME	
TITLE (MR, MRS ETC)	
MARITAL STATUS	
PREVIOUS SURNAME (IF APPLICABLE)	
DATE OF BIRTH	
PLACE OF BIRTH	
ADDRESS	
POSTCODE	
HOME TELEPHONE NUMBER	
MOBILE NUMBER	
EMAIL ADDRESS	
EMAIL/SMS CONSENT: (Please circle as appropriate)	<p>Do you consent to being contacted occasionally via email and/or SMS text message with news about the practice? YES/NO</p> <p>Do you consent to being contacted via email and/or SMS text message with advice about your health and/or appointment reminders? - YES/NO</p>
OCCUPATION	
HEIGHT	
WEIGHT	
DO YOU SMOKE? NO / YES	If yes amount per day:
HAVE YOU EVER SMOKED	If yes, when did you stop?
FEMALES ONLY:	
LAST CERVICAL SMEAR TEST	
SMEAR TEST RESULT	
DO YOU USE CONTRACEPTION	NO / YES – If yes state form used
NEXT OF KIN DETAILS	<p>Name:</p> <p>Address:</p> <p>Contact Number:</p> <p>Relationship to you:</p>

ADDITIONAL INFORMATION FOR CHILDREN UNDER 16 YEARS OF AGE:

NAME OF PARENT/ MAIN CARER:	
RELATIONSHIP TO CHILD:	
NAMES & DATES OF BIRTH OF SIBLINGS:	
NAME OF SCHOOL (if applicable)	

PERSONAL HEALTH HISTORY

Medical History - please also list any operation/serious medical problems?

Medication – Please list any medication you currently receive from your doctor

Allergies – Please list any known allergies

Vaccinations

- ☐ MMR 1st Date: ____/____/____
- ☐ MMR 2nd Date: ____/____/____
- ☐ Meningitis C Date: ____/____/____
- ☐ Pneumococcal Date: ____/____/____

Other (please state vaccination & date given)

FAMILY HISTORY: Please tell us if any member of your family had any of the following conditions or illnesses, please give details if possible.

DIABETES	
ASTHMA	
STROKE	
CANCER	
HIGH BLOOD PRESSURE	
HEART ATTACK / ANGINA	
EPILEPSY OR FITS	
GLAUCOMA	
OSTEOOPOROSIS	
DEPRESSION	

AGES 16 AND OVER ONLY – ALCOHOL CONSUMPTION - PLEASE COMPLETE:

Questions	Scoring System					
	0	1	2	3	4	Your score
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	
					Total Score	

INFORMATION ABOUT YOUR ETHNICITY

The Department of Health has asked us to record information on registering of their ethnic origin, and preferred spoken language. This will be added to your medical record.

Ethnic origin – please tick the description which you feel is most appropriate.

White - British		Asian or Asian British - Bangladeshi	
White - Irish		Other Asian Background	
Other White Background		Black or Black British - Caribbean	
Mixed – White and Black Caribbean		Black or Black British - African	
Mixed – White and Black African		Other Black background	
Mixed – White and Asian		Chinese	
Other mixed background		Other ethnic background	
Asian or Asian British - Indian		Information refused	
Asian or Asian British - Pakistani			

Main Spoken Language:

Additional Languages Spoken:

Do you need an interpreter: YES/NO

Language Required:

CARERS INFORMATION:

A carer is someone who voluntarily spends time looking after a friend, relative, partner or neighbour who needs help to live at home due to illness or disability.

ARE YOU A CARER? YES/NO

If Yes:

Name of Person you care for:

Address of person you care for:

Relationship to you:

Are they registered at this practice?: YES/NO

DO YOU HAVE A CARER? YES/NO

If Yes:

Name of Person you care for:

Address of person you care for:

Relationship to you:

Are they registered at this practice?: YES/NO

PRESCRIPTIONS:

This surgery uses Electronic Prescribing (EPS). This means your prescriptions will be electronically sent to your chosen Pharmacy.

Name and address of Chosen pharmacy:

NHS App

We are encouraging our patients to sign up to the NHS App as it is the easiest way to access online services such as:

- **share your COVID-19 status** – view and share proof of your COVID-19 status for travel
- **get advice about coronavirus** – get information about coronavirus and find out what to do if you think you have it
- **order repeat prescriptions** - see your available medicines, request a new repeat prescription and choose a pharmacy for your prescriptions to be sent to
- **book appointments** - search for, book and cancel appointments at your GP surgery, and see details of your upcoming and past appointments
- **get health advice** - search trusted NHS information and advice on hundreds of conditions and treatments. You can also answer questions to get instant advice or medical help near you
- **view your health record** - securely access your GP health record, to see information like your allergies and your current and past medicines. If your GP has given you access to your detailed medical record, you can also see information like test results and details of your consultations
- **register your organ donation decision** - choose to donate some or all of your organs and check your registered decision
- **find out how the NHS uses your data** - choose if data from your health records is shared for research and planning
- **view your NHS number** - find out what your [NHS number](#) is

NHS App cont..

You can also book, cancel and track appointments at your GP surgery with ease. And access to NHS 111 online means no more wondering if you need urgent attention.

It's free and owned by the NHS so you know your personal data is always secure. You can find it in in Google and Apple app stores.

Your NHS, your way. Download the NHS App.

Full details on the App can be found here:

<https://www.nhs.uk/nhs-services/online-services/nhs-app/>

SUMMARY CARE RECORDS

Your Summary Care Record

If you're registered with a GP surgery, you'll have a Summary Care Record unless you've chosen not to have one. It contains basic information including your allergies, medicines and any reactions you've had to medicine in the past.

During the coronavirus outbreak, you will also have extra information added to your record. This includes significant medical history (past and present), reasons for medicines, care plan information and vaccinations.

You cannot get your Summary Care Record online. If you'd like to see it, speak to your GP.

Giving healthcare staff access to this information can help prevent mistakes being made when caring for you in an emergency or when the surgery is closed. Staff will ask you if they wish to access your Summary Care Record.

If you would like further information

<https://digital.nhs.uk/services/summary-care-records-scr>

I am happy to have a Summary Care Record

☐ YES ☐ NO (tick as appropriate)

Signed *Date:.....*

The NHS will create a Summary Care Record

For you unless you tell us not to do so

Your health record and sharing of information

Please read this leaflet carefully. It provides information about the choices you can make about sharing your health record. Your health record includes your medical history, details about your medication and any allergies you may have. You can now choose whether to share these full medical details.

We use a secure electronic health records system called SystmOne. With your permission, this system can allow clinicians to share your full record held here with other healthcare services who are providing care for you. These other services will ask your permission to view your record.

Many organisations may use SystmOne including some GP practices, out of hours services, children's services, community services and some hospitals. Sharing your health record will help us deliver the best level of care for you.

You have **two choices** which allow you to control how your record is shared. You can change these choices at any time by letting the relevant practice or service know.

Please read this leaflet and fill in your choices. You may wish to keep this section for future information. Please contact the Patient Experience Team on [0800 2792535](tel:08002792535) or CAPCCG.pet@nhs.net if you have any queries.

Please note: if you have previously opted out of sharing your information via the Summary Care Record, you will still need to complete this form with your choices about sharing your health record within SystmOne.

For further details visit www.cambridgeshireandpeterboroughhccg.nhs.uk

Your choices at each practice or service

Sharing OUT - This controls whether your information recorded at this practice or service can be shared with other healthcare services.

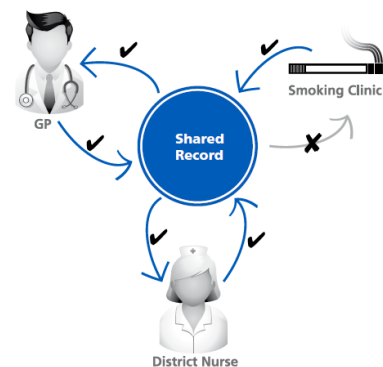
Sharing IN - This determines whether or not this practice or service can view information in your record that has been entered by other services who are providing care for you, or who may provide care for you in the future.

Imagine you're receiving care from three services: your GP, a district nurse and a smoking clinic. You want your GP and District Nurse to share information with each other and you want both of them to know your progress at the smoking clinic. However, you don't want the smoking clinic to see any of your other medical information.

Your sharing choices at each practice or service would be:

The GP can share information IN and OUT.

- The district nurse can share IN and OUT.
- The smoking clinic can only share information OUT but not IN.



You can change your choices at any time. Let each practice or service know.

Note: You can request individual entries in your record to be marked as 'Private'. These are not shared with the rest of your record even if you choose to share out.

Please complete your details below and make your choices. Please complete a separate form for each of your dependents. Complete this section and return to the practice or service receptionist.

PATIENT NAME: DATE OF BIRTH:

ADDRESS:

PHONE: SIGNATURE: DATE:

The choices you would like to make about sharing your health record:

SHARING OUT I would like my health record at this practice or service to be shared with other healthcare services providing care for me. YES / NO

SHARING IN I would like this practice or service to be able to view information in my health record that has been recorded by other healthcare services. YES / NO

My choices apply to my record here at PRACTICE or SERVICE