

OFFICE USE ONLY:

RECEPTIONIST INITIAL: _____ TODAY'S DATE: _____ PT I.D. NUMBER: _____

Please complete the registration and return to the surgery with one form of ID and a copy of your repeat prescription from your previous surgery.

Please note: We cannot register a new baby without their NHS number

Which surgery are you registering at? (Please circle) Bitterne Park Ladies Walk Weston Lane
St Lukes Harefield Botley Midanbury

Personal Details

Title: Mr / Miss

Forenames:

Surname:

Previous Surname(s):

Sex: Male Female

Date of Birth:

Address:

Post Code:

Home Telephone:

Mobile Telephone:

Please note: We cannot register a new baby without their NHS number

NHS Number:

Town/Country of Birth:

Main Language:

Signature of person completing form

Next of Kin:

Relationship:

Contact Telephone:

Carer (if applicable):

Contact Telephone:

Previous Address:

Post Code:

Previous Doctor:

Previous Doctors Address:

I give consent for electronic record sharing
Yes No

This is consent to have your data shared confidentially with other healthcare professionals

Privacy notices
Privacy notices are a legal requirement and contain information about how Living Well Partnership uses the information we hold about you or your child.

We have updated our privacy notices. These can be viewed on our website or a copy can be provided by reception.

Parent/Guardian 1

Name:

Address:

Relationship to child:

Telephone Number:

Mobile Telephone:

Parent/Guardian 2

Name:

Address:

Relationship to child:

Telephone Number:

Mobile Telephone:

Name and address of current school:

Ethnicity:

Asian or Asian British - Bangladeshi

Asian or Asian British - Indian

Asian or Asian British - Pakistani

Asian or Asian British - other background

Black or Black British - Caribbean

Black or Black British - African

Black or Black British - other background

Chinese

Mixed - White/Asian

Mixed - White/Black African

Mixed - White/Black Caribbean

Mixed - any other mixed background

White - British

White - Irish

White - any other white background

Any Other _____

If you are from abroad, this section MUST be completed

We MUST see your original passport and accompanying supporting documentation relating to your entitlement to NHS primary care services. Please note that until your status has been determined, you will remain liable for charges for all NHS treatment.

Last date of entry into the UK:

How long do you intend to stay in the UK:

When does your visa expire:

Have you been granted permanent residency: Yes No

Any previous dates of leaving the UK:

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.

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.

Please tick one of the following boxes:

I understand that I may need to pay for NHS treatment outside of the GP practice

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

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.

Signed:

Date:

Emergency Contacts		
Name	Relationship	Contact Numbers

Health Status

Do you have any serious illness or have you had any operations ?
Please state condition and date if possible

Please list any regular medication with the dose you are taking and attach a copy of your repeat prescription form your previous surgery

Do you have any allergies—please give details

Childhood Immunisation History

Please indicate which immunisations your child has received by placing a tick in the appropriate box if dates are unknown.

Normally you would receive an invitation for your child to receive immunisations at the appropriate age. However, should you be concerned that your child has not received a completed schedule of immunisation or should you wish to discuss any aspect of the immunisation programme you may make an appointment to speak to the practice nurse, GP or health visitor

	Date	Date	Date	Date
Diphtheria, Tetanus, Whooping Cough, HIB & Polio				
Meningitis C				
MMR				
Diphtheria, Tetanus, Whooping Cough & Polio				
HIB Booster				
Hepatitis B				
Diphtheria, Tetanus and Polio				
BCG				
Other (please specify)				