



*Please complete the entire form using block capitals
If you need any assistance ask at reception*

Patient Details			
*First Name:	*Surname:		
Middle Names:	*Date of Birth:		
*Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	*Title: Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx <input type="checkbox"/> Dr <input type="checkbox"/>		
*Address:			
*Postcode:			
Home Telephone No:	Mobile Telephone No:		
Email Address:			
We regularly contact patients by text (SMS) to remind them of appointments, inform them of results and invite them for reviews. If you wish to opt out of receiving text messages please tick here: <input type="checkbox"/>			
*Previous Address:	*Previous GP Surgery:		
NHS Number:			
*Place of Birth (Town and Country):			
Date entered county (if not registered with an NHS GP before):			
Emergency Contact Details			
Name:			
Relationship to the patient:	Contact No:		
Is this person your next of kin? Yes <input type="checkbox"/> No <input type="checkbox"/>	May this person be contacted in an emergency? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Carer Details			
A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.			
Are you a carer for anyone registered at the practice? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a carer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of patient:	Name of carer:		
Ethnicity			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
White British		Bangladeshi	
White Irish		Any Other Asian Background	
Other White Background		Black Caribbean	
White & Black Caribbean		Black African	
White & Black African		Any Other Black Background	
White and Asian		Chinese	
Any Other Mixed Background		Any Other Ethnic Group –	
Indian		Please specify:	
Pakistani		I prefer not to state my ethnicity	

Access & Communication Needs

Do you have any specific access or communication needs?
Please provide details

What is your first spoken language?

Do you require an interpreter?

Yes

No

Pharmacy Nomination

In order to process requests for repeat prescriptions as quickly as possible, we ask that all patients nominate a local pharmacy. Prescriptions can then be sent directly to this pharmacy electronically so that they can be prepared in advance. This pharmacy can be changed at any time by contacting reception.

Name of pharmacy:

Pharmacy Address:

Patient Access

You can now book or cancel appointments, update your contact details, view your medical records and order repeat prescriptions via an app on your phone or tablet or from your computer. If you would like access to this service please sign below and we will send you your login details once your registration is complete. This may take up to two weeks and you must show photo ID on registration. Please be aware that this service is currently not available for patients under 16 years of age.

I would like to request login details for Patient Access and consent to these being sent to my home address or email address as shown on my registration form.

Name: Signed: Date:

Summary Care Record

Your Summary Care Record is a short summary of your GP medical records. It tells other healthcare professionals who care for you about the medicines you take and your allergies. When you are treated away from your usual doctor's surgery, the health care staff there can't see your GP medical records. Access to your summary care record can speed up your care and make sure you are given the right medicines and treatment. You will always be asked before any health professional accesses any part of your medical records outside of Belmont Hill Surgery.

I wish to **opt out** of the Summary Care Record

Name: Signed: Date:

Patient Participation Group (PPG)

The Practice is committed to improving the services we provide to our patients. In order to assist the surgery and gain vital feedback from the patient population the practice invites a group of patients to meet several times a year. This provides an opportunity to learn about developments within the practice, the CCG and the NHS and to have your say on how we can better adapt to suit the needs of the local community. If you are interested in getting involved please tick the box below and we will contact you with further details.

I would like to join the PPG

Patient Declaration

I confirm that all of the details on this form are correct.

Name: Signed: Date:

Signature of Patient

Signed on behalf of patient

HEALTH & LIFESTYLE QUESTIONNAIRE

Please answer all questions for any patient over 16 years of age.

Smoking						
Do you currently smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, how many do you smoke per day?				
What do you smoke? Cigarettes <input type="checkbox"/> Pipe <input type="checkbox"/> Cigars <input type="checkbox"/> Rolling Tobacco <input type="checkbox"/>						
Would you like help to quit smoking? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Have you ever smoked? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, when did you stop?				
Drinking						
Do you drink alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>		How many units do you drink per week?				
AUDIT	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

This is one unit of alcohol...



Half pint of regular beer, lager or cider



1 small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs



Medical Details

Height: _____ Weight: _____

Do you or have you suffered from any of the following?

	✓	Date of diagnosis		✓	Date of diagnosis
Heart Disease			Sickle Cell Disease		
Stroke			COPD		
Cancer			Stroke		
Diabetes			Learning Difficulties		
Asthma			Recent Depression		
High blood pressure			Tuberculosis		
Epilepsy			HIV		
High Cholesterol			Hepatitis B		
Hypothyroidism			Hepatitis C		

Women Only:

Date of your last smear (cervical screening) test: _____

Was the result normal? _____

Have you had a hysterectomy? _____

Date of your last mammogram (breast screening): _____

Do you suffer from any allergies?
Please provide details: _____

Do you or have you in the past suffered from any serious illnesses or had any operations?
Please provide details: _____

Would you to be tested for HIV? Yes No

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 select all that apply:

	✓		✓
Any part of my organs or tissue		Liver	
Kidneys		Corneas	
Heart		Pancreas	

Name: Signed: Date:

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.

Name: Signed: Date:

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 EHC, 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 EHC 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: NO: If YES, please enter details from your EHIC or PRC below:



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.

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 (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.

Practice Use Only

Form checked <input type="checkbox"/>	Staff Initials:	Date:
Form processed <input type="checkbox"/>	Staff Initials:	Date:
Patient's EMIS number:		

