

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 doctor while at that address
	Address of previous doctor

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
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If you are returning from the Armed Forces

Address before enlisting

Service or Personnel number	Enlistment date
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If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

**Not all doctors are authorised to dispense medicines*

- I live more than 1 mile in a straight line from the nearest chemist
- I would have serious difficulty in getting them from a chemist

Signature of Patient
 Signature on behalf of patient
 Date

NHS Organ Donor registration

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. Please tick as appropriate

- Kidneys
 Heart
 Liver
 Corneas
 Lungs
 Pancreas
 Any part of my body

Signature confirming consent to organ donation

Date

For more information, please ask for the leaflet on joining the NHS Organ Donor Register

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 consent to inclusion on the NHS Blood Donor Register

Date

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, e.g. your place of work)

Postcode:

To be completed by the doctor

Doctors Name

HA Code

- I have accepted this patient for general medical services
 For the provision of contraceptive services
 I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above

HA Code

- I am on the HA CHSlist and will provide Child Health Surveillance to this patient **or**
 I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above

HA Code

I will dispense medicines/appliances to this patient subject to Health Authority's Approval

I am claiming rural practice payment for this patient.
 Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Authorised Signature

Name

Date

Practice Stamp

To Be Completed by Patient – Form B

If you consent to the texting of appointment reminders, when this facility becomes available, please tick here:
 Mobile Phone Number: _____ (please remember to let us know if this changes!)

Next of Kin

If you want to provide details of a next of kin, please give them below. This information is stored on your record, if it changes, please let us know.

Name of Next of Kin: _____ Date of Birth: _____

Contact Number: _____

Ethnicity & Language

Please note that ethnic origin is not about nationality, place of birth or citizenship. We ask this question as some blood tests and aspects of medical care can be affected by your ethnic background.

I would describe my ethnic origin as (indicate one only):

<input type="checkbox"/> White British	<input type="checkbox"/> White Irish	<input type="checkbox"/> Any Other White Background	<input type="checkbox"/> Mixed White & Black Caribbean
<input type="checkbox"/> Mixed White & Black African	<input type="checkbox"/> White & Asian	<input type="checkbox"/> Any Other Mixed Background	<input type="checkbox"/> Asian or Asian British – Indian
<input type="checkbox"/> Asian or Asian British – Pakistani	<input type="checkbox"/> Asian or Asian British – Bangladeshi	<input type="checkbox"/> Any other Asian Background	<input type="checkbox"/> Black or Black British – Caribbean
<input type="checkbox"/> Black or Black British – African	<input type="checkbox"/> Any other Black Background	<input type="checkbox"/> Other Ethnic Group Chinese	<input type="checkbox"/> Other Ethnic Group Specify:

Please indicate your first language below:

English or other (specify): _____

Accessible Information Standard

Will you require an interpreter when speaking to a Doctor or Nurse? Yes No

Do you have any communication difficulties that we should be aware of? E.g. hearing difficulty or visual impairment. **Please provide details:** _____

If you currently drink, please complete the questionnaire below:

Audit-C Questions

	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 month	
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	
Total						

Alcoholic Drink	Units	Alcoholic Drink	Units	Alcoholic Drink	Units
½ pint of normal beer (4%)	1	1 25ml shot of spirits	1	1 small (125ml) glass of wine	1 ½
1 275ml bottle of 'alcopops'	1 ½	½ pint of strong beer (6.5%)	2	1 normal (175ml) glass of wine	2
1 pint/bottle of normal beer (4%)	2	1 large glass (250ml) of wine	3	1 pint/ bottle of strong beer (6.5%)	3
1 bottle of wine (750ml) (12.5%)	9	1 bottle of spirits (750ml) 40%	30		

OFFICE USE ONLY *Must be completed by a Receptionist*

Registration Form

Please complete the following checklist before the patient leaves, if anything cannot be ticked please give back to the patient to complete before accepting their form.

- Name
- New Address
 - Confirmed address is in our area, we do not accept registrations out of area
- Date of Birth
- Previous GP Details
- Previous Address
- Place of Birth
- Dates of enlistment/ discharge or arrival in the UK Not relevant

Proof of ID Seen (please tick at least one form of ID seen)

- Not relevant (patient is under 16 and parent/guardian has completed form)
- Passport
- Driving Licence
- Utility Bill
- Financial Statement
- Other (please specify): _____

Proof of Address

- Not relevant (patient is not new to the NHS)
- Utility Bill
- Financial Statement
- Other (please specify): _____

Tell/remind patient:

- Patient informed of their named GP?
- Fully completed Form B
- Give them the Accessible Information Form if they have indicated communication difficulty.
- Read the SCR form
- Read the Online services form – Remind them to bring ID when collecting their registration letter!
- Make a new patient health check
- Ask if they need a carer form and/or access to information form

Checked & accepted by: _____

Date: _____

Computer entry by: _____

Date: _____