

Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

Mr Mrs Miss Ms Surname
 Date of birth: | | | | | | | | First names
 NHS No. | | | | | | | | Previous surname/s
 Male 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
 Signature of Patient Signature on behalf of patient
 Date: / /

**Not all doctors are authorised to dispense medicines*

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 non-UK 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

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.

Summary Care Record

How will Summary Care Records help me?

- Healthcare staff in other hospitals/medical services will have quicker access to information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had.
- This means they can provide you with safer care during an emergency, when your GP practice is closed or when you are away from home in another part of England
- Summary care records improve care but if you don't want to have one you can opt out below



If you **DO NOT** want us to make a Summary Care Record for you, please tick the box.

How will you protect my confidentiality?

By law, everyone working for us or on our behalf must respect your confidentiality and keep all information about you secure.

Where can I get more information?

For more information about Summary Care Records and your choices:

- Phone the Summary Care Record Information Line on 0300 123 3020
- Visit www.nhscarerecords.nhs.uk.

Online Services

If you would like to opt into the online services, which include ordering prescriptions and booking appointments, please see a receptionist who will provide the relevant paperwork. Photo ID will be required to process this service.

Christiana Hartley Medical Practice



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Southport
PR8 6PL

01704 531114/534137

01704 385036

 christiana.hartley@nhs.net

NEW PATIENT QUESTIONNAIRE

Please note the following:

Please read the questions overleaf and complete as fully as possible. It may take several weeks until your records arrive at the Practice, therefore, we would be grateful if you could fill out the following information to continue your medical care

If you are on regular medication please provide a repeat prescription tear off slip from your previous GP. You may be asked to make an appointment with a doctor before a repeat prescription can be issued.

Please make an appointment with our Practice Nurse for a 'New Patient Check' when you hand this form in to the reception.

If you have any outstanding hospital appointments please advise the hospital that you have changed your doctor, name and address (if applicable).

If you are a Carer (for example you provide care for someone who is physically or mentally impaired) please ask at reception for a Carers Pack. This provides you with information that may help you with this.

For any other information on the Practice and the services offered please go to our website.

christianahartleymedicalpractice.co.uk

Please turnover to complete the form

Patient Details

Name.....
 Date of Birth.....Landline Number.....
 Mobile Number Email.....

Consent

	YES	NO
Do you consent to us sending you TEXT MESSAGES? (These will include appointment reminders, feedback requests etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to communication via EMAIL?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to communication via LANDLINE/VOICEMAIL?	<input type="checkbox"/>	<input type="checkbox"/>

Next of Kin Details

Name.....Contact Number.....
 Relationship to you.....

Carer Details

Are you a carer? YES/NO Do you have a carer? YES/NO
 Name.....Contact Number.....
 Relationship to you.....

What is your marital status?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single	Married	Separated	Divorced	Widowed

Do you have any communication needs?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large print	Braille	Easy read	Via email	Deafness

Ethnicity

	Please tick most appropriate		
	White British		Indian
	Black Caribbean		Chinese
	Black African		Other Asian Ethnic Group
	Black, other, mixed origin		Other Black ethnic group
	Other (please specify)		

Country of Birth.....
 Main Language.....
 Do you need an interpreter?.....

Smoking Status

	Never Smoked Tobacco
	Smoker
	Ex Smoker

Military History

	Are you currently serving with the armed forces?	.095
	Are you ex military?	.13Ji

Medication

Allergies

Do you have any allergies to medication, if so please give details

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Repeat Medication

Please provide a repeat slip from your previous surgery