

My Patient Questionnaire

1 Today's Date /...../.....

2 Personal Details

Title			
Surname			
First Name(s)			
Previous Surname(s)			
Date of Birth/...../.....		
NHS Number			
Gender			
Marital Status			
Ethnic Origin			
First Language		Interpreter Required:	Yes / No
Place of Birth	Town:	Country:	

3 Contact Details

Current Address				Postcode:
Contact Details	Home:	Work:	Mobile:	
	Email:			
Council Area/Name				

Please do not provide any contact details for methods you do not wish to be contacted through

4 Tracing Your Medical Records

Previous Address				Postcode:
Previous Surgery				
Surgery Address				

5 If You Are From Abroad

First UK Address				Postcode:
If Previously Registered in UK	Date of Arriving:/...../.....	Date of Leaving:/...../.....		

6 If You Are Returning From The Armed Forces

Enlistment Dates	Date of Joining:/...../.....	Date of Leaving:/...../.....		
Address Before Enlisting				Postcode:

7 Do You Live In A Care Home? Nursing: Yes / No Residential: Yes / No

8 Are You A Carer or Are You Cared For?

Foster Carer	Yes / No	If Yes Who For?	Name:	Tel:
Unpaid Carer	Yes / No	If Yes Who For?	Name:	Tel:
Cared For	Yes / No	If Yes Who By?	Name:	Tel:

9 Are You Currently Being Seen By A Specialist?

Consultant:	Speciality:	Hospital:
Consultant:	Speciality:	Hospital:

10 Confirmed Allergies or Adverse Reactions

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11 Dispensing Medicines and Appliances		
Do You Live More Than One Mile From A Pharmacy?	Yes / No	
If Yes, Would You Like To Have Your Medicines Dispensed By Us?	Yes / No	
If No, Do You Have A Preferred Pharmacy?	Yes / No	Please Specify:

12 General Data Protection Regulations (GDPR)	
Please tick this box to confirm that you have received the GDPR privacy information leaflet	<input type="checkbox"/>

13 Summary Care Records (SCR)	
Choose how much health information held by the practice will be available to other health providers including in emergencies. You will be asked for permission each time this is viewed. We will update your scr from time to time during the course of your registration with the practice only sharing information you have permitted us to.	
Basic Information (Medication and allergies only)	<input type="checkbox"/>
Additional Information (Medication and allergies PLUS medical problems, procedures, measurements, immunisations, care preferences)	<input type="checkbox"/>
No Information – I do not want a Summary Care Record	<input type="checkbox"/>

14 Smoking Status	Smoker <input type="checkbox"/>	Ex-Smoker <input type="checkbox"/>	Never Smoked <input type="checkbox"/>	How Many Per Day?
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15 Alcohol Consumption – Age 16 and Over					
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	Over 4 times per week
How many alcoholic drinks do you have on a typical day when you drink alcohol?	0 to 2	3 to 4	5 to 6	7 to 8	Over 9
How often do you have 6 or more alcoholic drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily

16 Additional Guidance	
Out of Area Registrations – When your registration form is processed, we will check to see that you live within our boundary. We will usually still accept your application and offer our full services, with the exception of home visits . If a home visit is ever required then you would need to call 111 who would arrange for a local service to visit. If you have a serious medical condition that is likely to require home visits, we may feel that it is in your best interests to register with a practice closer to your home address. We reserve the right to decline your registration on these grounds. Unfortunately it is recognised that Out of Area registration is not suitable for all patients. If you were ever to develop a complex and/or serious medical condition likely to need GP home visits or District Nurse input then we may be obliged to ask you to register with a GP closer to home, in order that you receive the best possible medical care. Please tick the box to say you accept this.	<input type="checkbox"/>
Not Ordinarily A UK Resident – Please fill in a supplementary questionnaire. You can obtain this at Reception. Please tick the box to say you accept this.	<input type="checkbox"/>
Online Patient Access App/NHS App – Online Access allows you to access your medical history, book appointments, order medications and obtain test results, without the need to contact the practice directly. You can register for online access by visiting a branch reception; you must provide two forms of ID to do this (photo and address but not a mobile phone bill). Please note that there are additional guidelines for proxy access.	
Form Completion – if there are any omissions on the form, we may need to contact you for further information. All areas of the form should be complete when handed in.	

17 Signature of Patient or Representative		
Print Name:	Signature:	Date:/...../.....

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 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 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 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><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	(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 The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

18 FOR PRACTICE USE ONLY LM/ET/RB V3 July 2019					
Checked By		ID Evidenced		Branch	
Registered By		Date Registered			
Dispensing <input type="checkbox"/>	Non Dispensing <input type="checkbox"/>	EPS Nomination <input type="checkbox"/>	In Area <input type="checkbox"/>	Out of Area <input type="checkbox"/>	