

How to register with a GP surgery

To register yourself or someone else with a GP surgery, fill in this form and give it to the surgery you want to register with.

You should:

- use a 'tick' or 'x' for boxes where necessary
- complete all sections that apply to you or the person you are registering
- provide as much information as possible
- use BLOCK CAPITALS
- if you cannot answer a question or it does not apply write 'Not applicable' or 'N/A'
- only use black or blue ink
- ask at the reception desk of the surgery you want to register with if you need help completing this form

Which sections should be completed?

- Part A - all sections that apply.
- Part B - this section is optional, but will help the GP provide the best care.
- Part C - only complete these sections if you do not normally live in the UK.

You may be contacted by the GP surgery if you do not complete all the relevant sections.

Register online

It is quick and secure to register with a new GP surgery online. Check the website of the surgery you want to register with for a link for the 'Register to a GP surgery' service.

PART A

Try to provide as much information as possible. If a question does not apply to you or the person you are registering write 'Not applicable' or 'N/A'.

Section 1 - Who is registering?

1	Are you registering
<input type="checkbox"/>	Yourself (Go to Section 2 - Patient details)
<input type="checkbox"/>	Someone else

Only provide your details if you are registering someone else.

<table border="1"> <tr> <td style="width: 5%; text-align: center;">2</td> <td>Your name</td> </tr> <tr> <td colspan="2"><input type="text"/></td> </tr> <tr> <td style="text-align: center;">3</td> <td>Your relationship to the person you are registering</td> </tr> <tr> <td colspan="2"><input type="text"/></td> </tr> </table>	2	Your name	<input type="text"/>		3	Your relationship to the person you are registering	<input type="text"/>		<table border="1"> <tr> <td style="width: 5%; text-align: center;">4</td> <td>Your contact phone number</td> </tr> <tr> <td colspan="2"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table>	4	Your contact phone number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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You can help save lives as a blood or organ donor. Become someone's lifeline. Visit www.nhsbt.nhs.uk/lifeline or call us on 0300 123 23 23.

Section 2 - Details of patient registering

1	Title <input type="text"/>	13	Name and address of UK GP surgery you registered with <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
2	First name <input type="text"/>	14	Have you ever lived somewhere else in the UK? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Last name <input type="text"/>	15	Last address in the UK <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
4	Middle name (if you have one) <input type="text"/>		The NHS and your GP surgery can use these details to call, text or email you about health care services. All phone numbers must be registered in the UK.
5	Previous last name <input type="text"/>	16	Home phone number <input type="text"/>
6	Date of birth DD MM YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	17	Mobile phone number <input type="text"/>
7	What is your sex as recorded on your NHS record? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Not specified or known	18	Email address <input type="text"/> <input type="text"/>
8	NHS number (if you have it) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	19	Name of emergency contact <input type="text"/>
9	Village, town or city of birth <input type="text"/>	20	Phone number of emergency contact <input type="text"/>
10	Country of birth <input type="text"/>	21	Their relationship to you <input type="text"/>
11	Current address <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="checkbox"/> No fixed address	22	Name of next of kin <input type="text"/>
12	What postcode did you give to the last GP surgery you registered with? <input type="text"/>	23	Phone number of next of kin <input type="text"/>
		24	Their relationship to you <input type="text"/>

Section 3 - Patients under 18 years

For children under 12 months only

1 Where were they born?

- England Northern Ireland Wales
 Isle of Man Scotland Outside the UK

2 Where was the mother living when the baby was born?

Postcode

For patients under 18 years

1 Do you attend any of the following?

- School Nursery Home school
 None of these

2 Address

Postcode

3 Are any of these involved in your care?

- Hospital specialist Health worker
 Social worker None of these

4 Have you had all your routine vaccinations?

- Yes No Don't know

5 Did you get your routine vaccinations in the UK?

- Yes No Don't know

Section 4 - Additional information

1 What is your ethnic group?

Choose one section from A to E, then tick one box to best describe your ethnic group or background.

(A) White

- English, Welsh, Scottish, Northern Irish or British
 Irish Gypsy or Irish Traveller

Any other White background

--

(B) Mixed or multiple ethnic groups

- White and Black Caribbean
 White and Black African
 White and Asian

Any other Mixed or Multiple ethnic background

--

(C) Asian or Asian British

- Indian Pakistani Bangladeshi
 Chinese

Any other Asian background

--

(D) Black/African/Caribbean/British

- African Caribbean

Any other Black, African or Caribbean background

--

(E) Other ethnic group

- Arab

Any other ethnic group

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- Prefer not to say

Section 4 - Additional information

2 Have you registered with a UK GP before?

Yes No

3 If you have moved to the UK, what date did you arrive?

4 Have you ever served in the UK Armed Forces or were you ever registered with a Ministry of Defence GP in the UK or overseas?

Yes No Prefer not to say

If you were given a FMED133A form (sometimes called an FMED1 form) when you left the UK Armed forces, you should give this to your GP surgery.

5 Do you need an interpreter for your appointments?

Yes No

6 What language?

British Sign Language (BSL)

7 Are you a carer?

Yes No

8 What is your relationship to the person you are caring for?

9 What type of carer are you?

Young carer, under 18 Paid as a job
 Unpaid, but may get benefits Foster carer

10 Do you have a carer?

Yes No

11 What is your relationship to your carer?

12 What type of carer are they?

Young carer, under 18 Paid as a job
 Unpaid, but may get benefits Foster carer

13 Carer's contact telephone number

14 What pharmacy do you want your prescriptions sent to?

Pharmacy address

Postcode

You can sometimes collect your prescription items from your GP surgery instead of having to go to a pharmacy. Your surgery may discuss this with you

15 Do you live more than 1 mile from your nearest pharmacy?

Yes No

16 Would you have serious difficulty getting medicines or appliances from your nearest pharmacy?

Yes No

Do you want important information from your GP record to be available to other health and care professionals?

Your GP surgery needs permission to share important information from your GP record. This is called a Summary Care Record (SCR). Your SCR can only be shared with health and care staff across England who are providing you with direct care. It gives them access to vital information from your GP record.

Yes, share a Summary Care Record with additional information
Includes details of your medicines, allergies, adverse reactions and additional information, which includes details of any significant illnesses and health problems, operations and vaccinations

Yes, share a Summary Care Record without additional information
Includes details of your medicines, allergies and adverse reactions only

No, do not share a Summary Care Record
Details of your medicines, allergies, adverse reactions and any additional information will not be shared with anyone involved in your direct care

PART B

You do not have to complete this section. But any information you do give will help the GP give you the best care.

Section 5 - Patient health

1 Have you ever had any of these conditions?

- Alzheimer's disease or dementia
 Asthma Cancer Diabetes
 Epilepsy Heart disease
 High blood pressure (hypertension)
 Stroke Thyroid disease

2 What best describes you?

- I smoke I used to smoke
 I have never smoked Prefer not to say

3 On average, how many cigarettes do you smoke a day?

4 What date did you stop smoking? DD MM YYYY

5 How often do you drink alcohol?

- Never Monthly or less
 2 to 4 times a month 2 to 3 times a week
 4 or more times a week Prefer not to say

6 How many units of alcohol do you drink on a typical day when you are drinking?

1 pint of 4% beer is 2.5 units. a small 125ml glass of wine is 1.5 units and a 25ml shot of spirits is 1 unit.

Units

7 How often have you had six or more units of alcohol on a single occasion in the last year?

- Never Less than monthly
 Monthly Weekly Daily or almost daily
 Prefer not to say

8 What is your weight?

Kilograms Or Stone Pounds

 Or

9 What is your height?

Centimetres Or Foot Inches

 Or

10 Allergies

11 Mental health conditions

Section 5 - Patient health (continued)

12 Disabilities

13 Other medical conditions

14 Give details of any medication you are taking

Are any of these repeat prescriptions?

Yes No

15 Do you or your carer need to be communicated in an accessible format?

For example, braille, audio, large format or EasyRead.

Tell us what you need

16 Do you or your carer need any reasonable adjustments to make your visit to the GP surgery accessible?

For example, an audible or visual alert in the waiting room, access to a hearing loop or the support of a note taker.

Tell us what you need

PART C

Section 6 - Patients from abroad

Complete this section if you are:

- visiting the UK and do not normally live here.
- currently living in the UK, but do not think of it as your permanent country of residence. For example, you are studying here or have come to the UK as part of your job.
- a permanent resident in the UK and receive a pension or benefit from a European country.

Information on eligibility to free care outside the GP practice

Anyone can register with a GP practice and receive free medical care from that practice. However, should you be referred for treatment outside the practice or need unplanned care, for example at a hospital, charges may apply if you are a visitor or temporary resident.

Some groups of visitors or temporary residents are eligible to receive this care free of charge. Documentation may be required to demonstrate eligibility.

Examples of those eligible include:

- refugees, asylum seekers, those receiving certain forms of state support
- suspected or confirmed victims of modern slavery and human trafficking
- temporary residents with a valid visa of over 6 months. You may have paid the immigration health surcharge with your visa application. Note that assisted conception services remain chargeable to this group
- visitors from the EEA will need to provide their EHIC (European Health Insurance Card), which covers immediately necessary unplanned treatment, or a S2 form which covers planned treatment.

Additionally, some services are free of charge to all visitors, including diagnosis and treatment for infectious diseases and sexually transmitted infections.

Immediate necessary care, maternity care and other urgent care that cannot wait until a chargeable visitor's departure from the UK will not be withheld or delayed due to charges. But non-urgent treatment will not be given until full payment is received.

More information can be found in the patient leaflet available from the GP practice.

Select the statement that applies to you

I understand I may have to pay for NHS treatment outside of the GP practice.

I do not have to pay for NHS treatment outside of the GP practice and have documents to prove this.

I do not know if I have to pay for treatment.

PART C

Section 6 - Patients from abroad (continued)

Giving us this information means that if you need NHS care outside the GP practice and you are entitled to that care without charge, it will be easier for you to demonstrate this entitlement.

We'll use the information to establish your chargeable status in order to recover NHS costs from countries responsible for your healthcare where applicable. This will not impact your entitlement to register with the GP practice or to receive free GP services.

1 Tick one of the following

<input type="checkbox"/> I have an S1 form issued by an EU or EEA member state	<input type="checkbox"/> I am in receipt of a European pension or benefit
<input type="checkbox"/> I am entitled to an EHIC card, but I do not have one	<input type="checkbox"/> I am in the UK as part of my employment
<input type="checkbox"/> I have an EHIC card issued by an EU or EEA member state	<input type="checkbox"/> None of these

Enter details from your EHIC

1 Country code <input type="text"/>	5 Personal identification number <input type="text"/>
2 Name <input type="text"/>	6 Identification number of the institution <input type="text"/>
3 Given name <input type="text"/>	7 Identification number of the card <input type="text"/>
4 Date of birth DD MM YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8 Expiry date DD MM YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

How will your EHIC and S1 data be used?

By using your EHIC for NHS treatment costs your EHIC 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 or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.



Millbank Medical Centre	Millbank Medical Centre
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Patient Online: Example registration form Access to GP online services

Surname			
First name			
Date of birth			
Address			
Postcode			
Email address			
Telephone number		Mobile number	

I wish to have access to the following online services (tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

Application for online access to my medical record

I wish to access my medical record online and understand and agree with each statement (please tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>
Signature	Date

For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Name of verifier	Date
Name of person who authorised (if applicable)			Date
Date account created			
Date passphrase sent			

Tuberculosis (TB) Screening Questionnaire

In an effort to detect latent TB (this is where you may carry TB but not be experiencing any symptoms) we recommend that patients complete this short questionnaire to find out if you are eligible for a free TB screening blood test

Name: Date of Birth

1) Are you aged between 16-35 years old?

Yes. Continue to next question

No. No need to continue

2) Did you enter the UK within the last 5 years?

Yes. Continue to next question

No. No need to continue

3) Were you born or spent 6 months or more in any of the countries below ?

Yes. Continue to next question

No. No need to continue

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Afghanistan | <input type="checkbox"/> Djibouti | <input type="checkbox"/> Madagascar | <input type="checkbox"/> Rwanda |
| <input type="checkbox"/> Angola | <input type="checkbox"/> Equatorial Guinea | <input type="checkbox"/> Malawi | <input type="checkbox"/> Sao Tome and Principe |
| <input type="checkbox"/> Bangladesh | <input type="checkbox"/> Eritrea | <input type="checkbox"/> Mali | <input type="checkbox"/> Senegal |
| <input type="checkbox"/> Benin | <input type="checkbox"/> Ethiopia | <input type="checkbox"/> Marshall Islands | <input type="checkbox"/> Seychelles |
| <input type="checkbox"/> Bhutan | <input type="checkbox"/> Gabon | <input type="checkbox"/> Mauritania | <input type="checkbox"/> Sierra Leone |
| <input type="checkbox"/> Botswana | <input type="checkbox"/> Gambia | <input type="checkbox"/> Mauritius | <input type="checkbox"/> Somalia |
| <input type="checkbox"/> Burkina Faso | <input type="checkbox"/> Ghana | <input type="checkbox"/> Micronesia | <input type="checkbox"/> South Africa |
| <input type="checkbox"/> Burundi | <input type="checkbox"/> Greenland | <input type="checkbox"/> Mongolia | <input type="checkbox"/> South Sudan |
| <input type="checkbox"/> Cote d'Ivoire | <input type="checkbox"/> Guinea | <input type="checkbox"/> Mozambique | <input type="checkbox"/> Swaziland |
| <input type="checkbox"/> Cabo Verde | <input type="checkbox"/> Guinea-Bissau | <input type="checkbox"/> Myanmar | <input type="checkbox"/> Timor-Leste |
| <input type="checkbox"/> Cameroon | <input type="checkbox"/> Haiti | <input type="checkbox"/> Namibia | <input type="checkbox"/> Togo |
| <input type="checkbox"/> Central African Republic | <input type="checkbox"/> India | <input type="checkbox"/> Nepal | <input type="checkbox"/> Uganda |
| <input type="checkbox"/> Chad | <input type="checkbox"/> Indonesia | <input type="checkbox"/> Niger | <input type="checkbox"/> Tanzania |
| <input type="checkbox"/> Comoros | <input type="checkbox"/> Kenya | <input type="checkbox"/> Nigeria | <input type="checkbox"/> Zambia |
| <input type="checkbox"/> Congo | <input type="checkbox"/> Kiribati | <input type="checkbox"/> Pakistan | <input type="checkbox"/> Zimbabwe |
| <input type="checkbox"/> DRP Korea | <input type="checkbox"/> Laos PDR | <input type="checkbox"/> Papua New Guinea | |
| <input type="checkbox"/> DR Congo | <input type="checkbox"/> Lesotho | <input type="checkbox"/> Philippines | |
| | <input type="checkbox"/> Liberia | <input type="checkbox"/> Republic of Moldova | |

4) Any history of TB either treated or untreated?

Yes. No need to continue

No. Continue to next question

5) Have you been screened for TB in the UK before?

Yes. You are not eligible

No. You are eligible

If you have answered all green above, you are eligible for a free TB screening blood test. Please request a TB screening blood test at reception.