

FAIRHILL MEDICAL PRACTICE – Registration Form

Please complete this form in **BLOCK CAPITALS** and **tick (✓)** as appropriate



PATIENT DETAILS	
Mr/Mrs/Miss/Ms	Forename/s: _____ Surname: _____
Male / Female	Date of Birth:/..../.... <small>(DD/MM/YYYY)</small> Student ID no (Kingston Uni Students only): _____
Address:	_____ Postcode: _____
Telephone No:	_____ NHS number: _____
Mobile No:	_____ Place of Birth: _____
	_____ First Language: _____
Email Address	_____
Are you a carer for anyone with a medical condition who would not manage without your help? Yes No	
Do you have a carer? Yes No If yes, Carers name: _____	

Please help us trace your previous medical records by providing the following information	
Your previous UK address	_____ Postcode: _____
Name of Previous GP:	_____
Name of Practice :	_____
Have you recently arrived into the UK? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes date of arrival: _____	

MEDICAL / PERSONAL / VACCINATION INFORMATION	
Do you smoke? <input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes - How many per day approx? _____
H / W / W Height: _____ Weight: _____	Waist Circumference: _____
Are you allergic to any medication? <input type="checkbox"/> No <input type="checkbox"/> Yes	Details: _____
Do you have any allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes	Details: _____
Do you suffer from any medical conditions?	_____
Any Regular Medication? _____	

Immunisations Please give date when these vaccinations were given (Children Under 6 only)	
Eight Weeks:	Twelve Weeks:
Sixteen Weeks:	One Year:
Others:	Two-Six Years:
Full name of Main Carer (children under 16) _____	
Main Carer's _____	Work/mobile number: _____ Home: _____
Relationship to Child: _____	First Language of Carer: _____

Would you like a health check?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(Please contact reception to book)</i>
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As part of our screening programme we offer an HIV and Chlamydia Test.	<input type="checkbox"/> HIV Test
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(Please tick if you would like the screen. Both options can be chosen)

Chlamydia Test

Family history

Is anyone in your immediate family affected by any of the following (please tick)

- Asthma Diabetes Glaucoma Blindness Tuberculosis
- Heart disease Infectious Disease High Blood Pressure Epilepsy
- Thyroid disease Others (please specify) _____
- Cancer Type of cancer (if known) _____

Alcohol Consumption – Scoring System (for patients 16 and over)

Questions	0	1	2	3	4	Your Score
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	

Next of Kin (Full name)

Relationship to you

Address

Postcode:

Telephone No.

Ethnic Category		Please Tick		Please Tick
White	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>
	Other White	<input type="checkbox"/>		
Mixed	White & Black Caribbean	<input type="checkbox"/>	White & Black Asian	<input type="checkbox"/>
	White & Asian	<input type="checkbox"/>	Other Mixed	<input type="checkbox"/>
Asian/Asian British	Indian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>	Sri Lankan	<input type="checkbox"/>
	Other Asian	<input type="checkbox"/>	Korean	<input type="checkbox"/>
Black/Black British	Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>
	Other Black	<input type="checkbox"/>		
Other	Chinese	<input type="checkbox"/>	Arab	<input type="checkbox"/>
	Other Ethnic Category	<input type="checkbox"/>	Not Stated	<input type="checkbox"/>

Patient Signature:

Guardian Signature:
(if patient under 18)

Date:

Accessible Information Standard

The accessible information standard means that all providers of NHS care must try to ensure that they communicate with disabled patients in an appropriate way. As part of our obligation to meet this standard, we would ask you to answer the following questions.

1. Would you consider that you have a disability that means you have specific communication and/or information needs?

Yes (please go to Q2) No (please go to 'Recording Consent of Patients')


2. Please tell us your disability

Visual Impairment Hearing Impairment Speech Impairment Other

3. Based on the answer to Q2, what would be your preferred method of contact from the practice?

Email Large Print Letter Braille BSL Interpreter

Recording Consent of Patients for Data Sharing Initiatives in Kingston

Kingston Health Passport	Kingston Health Passport (KHP), enables your local Kingston Care Providers, when they are treating you to view the relevant information about the care you receive, and so give you the best possible care.	I want to: Opt out of KHP <input type="checkbox"/> 93C1 Opt back in to KHP <input type="checkbox"/> 93C0
Summary Care Record 	If you have a Summary Care Record, your health care providers can view your: <ul style="list-style-type: none"> Medication (last 12 months) Bad Reactions to medicines Allergies When you're admitted to hospital, when treating you in an emergency or when your practice is closed.	I want to have a Summary Care Record <input type="checkbox"/> 9Ndm I do not want a Summary Care Record 9Ndo <input type="checkbox"/>

Please read the above text and make your selection by ticking the box or boxes next to the right statement.

<i>Name:</i>		<i>Date of Birth:</i>	
<i>Signature:</i>			
<i>Date:</i>			

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 ordinarily 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;

- 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 non-UK EHIC or PRC?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
	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	
	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 The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.