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 | | | |
|--------|--|-----------------------------|--|--|
| | Yourself (Go to Section 2 - Patient details) Some | one else | | |
| Only p | Only provide your details if you are registering someone else. | | | |
| 2 | Your name | 4 Your contact phone number | | |
| | | | | |
| 3 | Your relationship to the person you are registering | | | |

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 | 13 | Name and address of UK GP surgery you registered with |
|----|---|----|--|
| | | | |
| 2 | First name | | |
| | | | Postcode |
| | | | |
| 3 | Last name | 14 | Have you ever lived somewhere else in the UK? |
| | | | Yes No |
| 4 | Middle name (if you have one) | 15 | Last address in the UK |
| | | | |
| 5 | Previous last name | | |
| | | | Postcode |
| | | | |
| 6 | Date of birth DD MM YYYY | | 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. |
| 7 | What is your sex as recorded on your NHS record? | 16 | Home phone number |
| | Female Male Intersex | | |
| | Not specified or known | 17 | Mobile phone number |
| | | | |
| 8 | NHS number (if you have it) | | |
| | | 18 | Email address |
| 9 | Village, town or city of birth | | |
| | | | |
| 10 | Country of birth | 19 | Name of emergency contact |
| | | | |
| 11 | Current address | 20 | Phone number of emergency contact |
| | | | |
| | | 21 | Their relationship to you |
| | | | |
| | Postcode | 22 | Name of next of kin |
| | No fixed address | | |
| 12 | What postcode did you give to the last GP surgery | | |
| | you registered with? | 23 | Phone number of next of kin |
| | | | |
| | | 24 | Their relationship to you |
| | | | |
| | | | |

Section 3 - Patients under 18 years

| For children under 12 months only | | | |
|--|---|--|--|
| 1 Where were they born? | 2 Where was the mother living when the baby was born? | | |
| England Northern Ireland Wales | | | |
| Isle of Man Scotland Outside the UK | | | |
| | Postcode | | |
| For patients under 18 years | | | |
| 1 Do you attend any of the following? | 3 Are any of these involved in your care? | | |
| School Nursery Home school | Hospital specialist Health worker | | |
| None of these | Social worker None of these | | |
| 2 Address | 4 Have you had all your routine vaccinations? | | |
| | Yes No Don't know | | |
| | 5 Did you get your routine vaccinations in the UK? | | |
| Postcode | Yes No Don't know | | |

Section 4 - Additional information

| 1 | What is your ethnic group? | (C) Asian or Asian British |
|---------------------|---|--|
| | Choose one section from A to E, then tick one box to best describe your ethnic group or background. | Indian Pakistani Bangladeshi |
| | (A) White | |
| | English, Welsh, Scottish, Northern Irish or British | Any other Asian background |
| | Irish Gypsy or Irish Traveller | |
| | | (D) Black/African/Caribbean/British |
| | Any other White background | African Caribbean |
| | | Any other Black, African or Caribbean background |
| | (B) Mixed or multiple ethnic groups | |
| | White and Black Caribbean | |
| | | (E) Other ethnic group |
| White and Black Afr | White and Black African | Arab |
| | White and Asian | |
| | Any other Mixed or Multiple ethnic background | Any other ethnic group |
| | | |
| | | |
| | | Prefer not to say |

Section 4 - Additional information

| 2 | Have you registered with a UK GP before? | 10 | Do you have a carer? | |
|---|--|----------|--|--|
| | Yes No | | Yes No | |
| 3 | If you have moved to the UK, what date did | 11 | What is your relationship to your carer? | |
| | you arrive? | | | |
| | | | | |
| | | 12 | What type of carer are they? | |
| 4 | Have you ever served in the UK Armed Forces or were you ever registered with a Ministry of Defence GP in | | Young carer, under 18 Paid as a job | |
| | the UK or overseas? | | | |
| | | | Unpaid, but may get benefits Foster carer | |
| | Yes No Prefer not to say | 13 | Carer's contact telephone number | |
| | If you were given a FMED133A form (sometimes called | 13 | | |
| | an FMED1 form) when you left the UK Armed forces, | | | |
| | you should give this to your GP surgery. | 14 | What pharmacy do you want your prescriptions sent to? | |
| 5 | Do you need an interpreter for your appointments? | | | |
| | Yes No | | Pharmacy address | |
| | | | | |
| 6 | What language? | | | |
| | | | | |
| | | | Postcode | |
| | British Sign Language (BSL) | | You can competize called your properintian items from | |
| 7 | Are you a carer? | | 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 | |
| | Yes No | 15 | Do you live more than 1 mile from your nearest | |
| 8 | What is your relationship to the person you are caring for? | | pharmacy? | |
| | | | Yes No | |
| | | | | |
| 9 | What type of carer are you? | 16 | Would you have serious difficulty getting medicines or | |
| | Young carer, under 18 Paid as a job | | appliances from your nearest pharmacy? | |
| | | | Yes No | |
| | Unpaid, but may get benefits Foster carer | | | |
| | | | | |
| | 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 in | | | |
| | Includes details of your medicines, allergies, adverse rea | | | |
| | significant illnesses and health problems, operations and | vaccilla | | |
| | Yes, share a Summary Care Record without additiona | | | |
| | Includes details of your medicines, allergies and adverse | reactior | is 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? | 10 | Allergies |
|---|--|----|--------------------------|
| | 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 | 11 | Mental health conditions |
| | 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 | | |
| 9 | What is your height? | | |
| | Centimetres Or Foot Inches | | |
| | | | |

Section 5 - Patient health (continued)

| 12 | Disabilities | 14 | Give details of any medication you are taking |
|----|--------------------------|----|---|
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| | | | |
| | | | Are any of these repeat prescriptions? |
| | | | Yes No |
| 13 | Other medical conditions | 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 |
| | | | |
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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 | |
|---|---|--|
| | I have an S1 form issued by an EU or EEA member state | I am in receipt of a European pension or benefit |
| | I am entitled to an EHIC card, but I do not have one | I am in the UK as part of my employment |
| | I have an EHIC card issued by an EU or EEA member state | None of these |
| | | |
| | Enter details from your EHIC | |
| 1 | Country code | 5 Personal identification number |
| | | |
| 2 | Name | 6 Identification number of the institution |
| | | |
| | 21 | |
| 3 | Given name | 7 Identification number of the card |
| | | |
| 4 | Date of birth DD MM YYYY | 8 Expiry date DD MM YYYY |
| | | |
| | | |

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.