

Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Surname
Date of birth				First names
NHS No.				Previous surname/s
<input type="checkbox"/> Male <input type="checkbox"/> 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.



WOODLANDS & CLERKLANDS

GP PARTNERSHIP

Child (Under 16) Registration Pack

Your Registering Address			
SURNAME:			
FORENAME:			
ADDRESS:			
		POSTCODE:	
DATE OF BIRTH: / /	COUNTRY OF BIRTH:		
PLEASE ONLY PROVIDE YOUR OWN PERSONAL CONTACT DETAILS			
LANDLINE:			
MOBILE:		Consent to SMS Yes <input type="checkbox"/> No <input type="checkbox"/>	
EMAIL ADDRESS:		Consent to email Yes <input type="checkbox"/> No <input type="checkbox"/>	
We may wish to send you messages not related to your medical care, e.g. holiday opening hours. Do you consent to receiving these messages?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical History and Family History			
Complaint	My History		First Degree Family History (Which relatives? i.e. Parents, siblings)
Diabetes	Yes []	No []	
Hypertension	Yes []	No []	
Heart Disease	Yes []	No []	
Asthma	Yes []	No []	
Cancer	Yes []	No []	
High Cholesterol	Yes []	No []	
Stroke	Yes []	No []	
Other:			
Allergies			
Description	Comments		
Parent/Guardian			
Parent/Guardian name	Relationship	Home telephone	Mobile
*By providing these details you as parents/guardians are consenting for this to be recorded on your child's record as an emergency contact. This can be amended and changed at any time.			
Ethnic Group			
White British	White + Black African	Bangladeshi or British Bangladeshi	
British or mixed British	White + Asian	Other Asian Background	
Other White Background	Indian or British Indian	African	
White + Black Caribbean	Pakistani or British Pakistani	Other	
Accessible Information			
Do you have communication needs relating to:		If checked, please provide any relevant details	
Any form of hearing loss or being d/Deaf			
Any form of visual impairment exception of spectacles			
Any learning disabilities, sensory disorder or developmental disorder, e.g. autism			
Other form of impairment / needs			
Nominated Pharmacy			
If you have a nominated pharmacy, please tell us the name and address or location.			

PLEASE ATTACH ANY PREVIOUS MEDICATION DETAILS



Summary Care Records contain key information about the medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had in the past. You will be able to add other information too if you and your GP agree that it is a good idea to do so.

Information about your child's healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when your

child is unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating your child with vital information from your health record. This will help the staff involved in your child's care make better and safer decisions about how best to treat you.

Your options are outlined below; please indicate your choice and sign below:

Express consent for medication, allergies and adverse reactions only for your child. *You wish to share information about medication, allergies and adverse reaction only.*

Express consent for medication allergies, adverse reactions and additional information for your child. *You wish to share information about medication, allergies and adverse reactions and further information that includes: your significant illnesses and health problems, operations and vaccinations you have had in the past, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you.*

Express dissent for Summary Care Record for your child (opt out). *You do not want any information shared with other healthcare professionals involved in your care. [please request a formal opt out form from Patient Services]*

If you are the registering patient:

PRINT NAME (REGISERING PATIENT).....

SIGNED (REGISERING PATIENT).....

DATE

If you are filling this section on behalf of your child, please provide your details below:

YOUR NAME

YOUR CHILD'S NAME CHILD'S DOB:

RELATIONSHIP TO CHILD PARENT LEGAL GUARDIAN

SIGNED

DATE

PLEASE RETAIN THIS PAGE FOR YOUR INFORMATION

Welcome to Woodlands & Clerklands Partnership. We are a practice that operates from two surgeries:
Woodlands Surgery in Crawley and Clerklands Surgery in Horley.

 Please note if your child is registering at **Clerklands Surgery in Horley**, any treatments and referrals will be provided under **West Sussex Services**. (i.e physiotherapy, community services).

If you want to know more about our appointments, surgery times, clinics, services and more, please check our website at <https://www.woodlands-clerklandspartnership.co.uk/>



If you are joining the practice, you can keep up to date with our services and campaigns on our Facebook page.

Follow us at <https://www.facebook.com/WoodlandsClerklands/>



If you're a patient at our practice you can now use the NHS App, a simple and secure way to access a range of NHS services on your smartphone or tablet.

You can use the NHS App to check your symptoms and get instant advice, book appointments, order repeat prescriptions, view

your GP medical record and more.

Proxy access allows parents, family members and carers to access health services on behalf of other people, for example, children, dependants you care for, and relatives. Please contact the GP Surgery for more information and to sign up for proxy access.
