

New Patient Registration Guide

Please ensure that all the boxes are completed on the attached forms. We will be unable to register you unless all boxes are filled in on the attached forms. Your application will be forwarded to our Admin Team for processing, please provide a telephone number for us to contact you in case of any queries.

You will be asked to prove you are living within the practice area and to prove you are eligible for NHS treatment. When you come along you will need to bring the following documentation with you:

To be completed by Reception and submitted with forms to Admin Team/AS

- ☐ NHS card or NHS number
- ☐ Proof of identity with photo (e.g. passport)
- ☐ Proof of home address (e.g. utility or council tax bill)
- ☐ Name & address of last GP including postcode
- ☐ Previous home address including postcode
- ☐ Place of birth and date of entry into the UK (if appropriate)
Date:.....
- ☐ Patient Profile Form Completed
- ☐ Fast Form Completed
- ☐ Date of Health Check given.....
- ☐ Contact telephone number of patient.....
- ☐ Online prescription nominated chemist.....

If you are a newcomer to this country, or have been living abroad, additional information will be required.

Patient's details

Please complete in BLOCK CAPITALS and tick ☒ as appropriate

☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Surname

Date of birth

First names

NHS
No.

Previous surname/s

☐ Male ☐ 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 doctor while at that address

Address of previous doctor

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

If you are returning from the Armed Forces

Address before enlisting

Service or
Personnel number

Enlistment
date

If you are registering a child under 5

☐ I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

**Not all doctors are
authorised to
dispense medicines*

☐ I live more than 1 mile 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 ____/____/____

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

☐ Any of my organs and tissue or

☐ Kidneys ☐ Heart ☐ Liver ☐ Corneas ☐ Lungs ☐ Pancreas ☐ Any part of my body

Signature confirming my agreement to organ/tissue donation

Date ____/____/____

For more information, please ask at reception for an information leaflet or visit the website
www.uktransplant.org.uk, or call 0300 123 23 23.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years ☐

Signature confirming consent to inclusion on the NHS Blood Donor Register

Date ____/____/____

For more information, please ask for the leaflet on joining the NHS Blood Donor Register
My preferred address for donation is: (only if different from above, e.g. your place of work)

Postcode:

To be completed by the doctor

Doctors Name

HA Code

- ☐ I have accepted this patient for general medical services ☐ For the provision of contraceptive services
☐ I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice

Doctors Name, if different from above

HA Code

- ☐ I am on the HA CHS list and will provide Child Health Surveillance to this patient or
☐ I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the HA CHS list and will provide Child Health Surveillance to this patient.

Doctors Name, if different from above

HA Code

- ☐ I will dispense medicines/appliances to this patient subject to Health Authority's Approval
☐ I am claiming rural practice payment for this patient.
 Distance in miles between my patient's home address and my main surgery is

I declare to the best of my belief this information is correct and I claim the appropriate payment as set out in the Statement of Fees and Allowances. An audit trail is available at the practice for inspection by the HA's authorised officers and auditors appointed by the Audit Commission.

Authorised Signature

Name

Date ____/____/____

Practice Stamp

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:
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:
 <p>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.</p>	Country Code: 	
	3: Name	
	4: Given Names	
	5: Date of Birth	
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	
	PRC validity period	(a) From: ____

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

Hatch End Medical Centre – Patient Profiling Questionnaire

Name (please print): _____

Date of Birth: _____ ☐ Male ☐ Female

Please complete all sections below:

1) Please state your main spoken language _____

- 2) Do you need support with spoken English? ☐ Yes ☐ No
- a. Do you need a Hearing Loop? ☐
- b. Do you need an interpreter? ☐ please state language _____
- c. Do you need support with written English? ☐ Yes ☐ No

- 3) Which religion do you follow or practice:
- ☐ Buddhism/Buddhist ☐ Christianity ☐ Islam/Muslim ☐ Hinduism/Hindu
- ☐ Judaism/Jewish ☐ Jehovah's Witness ☐ Any other religion _____
- ☐ I do not wish to answer

- 4) To which of these ethnic groups do you feel you belong? Please tick one box.

White

- ☐ 90 British
- ☐ 911 Irish
- ☐ 9120 English
- ☐ 9120 Scottish
- ☐ 912F Polish
- ☐ 912K Albanian
- ☐ 912L Bosnian
- ☐ 912 any other White background
_____ (please state)

Black or Black British

- ☐ 91B Black Caribbean
- ☐ 91C Black African
- ☐ 91D2 Black British
- ☐ 91D0 Somali
- ☐ 91D1 Nigerian
- ☐ 91D any other Black background
_____ (please state)

Mixed

- ☐ 913 White and Black Caribbean
- ☐ 914 White and Black African
- ☐ 915 White and Asian
- ☐ 9150 Black and Asian
- ☐ 9160 Black and Asian
- ☐ 9161 Black and Chinese
- ☐ 9163 Chinese and White
- ☐ 916 any other Mixed background
_____ (please state)

Chinese or other Ethnic Group

- ☐ 91E Chinese
- ☐ 91F0 Vietnamese
- ☐ 91F1 Japanese
- ☐ 91F2 Filipino
- ☐ 91F9 Arab
- ☐ 91FA North African
- ☐ 91FD Iranian
- ☐ 91FE Kurdish
- ☐ 91FG Latin American

Asian or Asian British or Mixed

- ☐ 917 Indian/British Indian
- ☐ 918 Pakistani/British Pakistani
- ☐ 91A3 East African Asian
- ☐ 91A5 Tamil
- ☐ 91G Ethnic category not stated

- ☐ 91F any other please state _____
- ☐ 919 Bangladeshi/British Bangladeshi
- ☐ 91A4 Sri Lankan
- ☐ 91A any other Asian background
_____ (please state)

Fast Alcohol Screening Test (FAST) and Alcohol Users Disorders Identification Test (AUDIT)

Name (please print): _____
 Date of Birth: _____ ☐ Male ☐ Female

Examples of units in common drinks



	Questions	Scoring Systems					Your Score
		0	1	2	3	4	
1	How often do you have 8 (men) or 6 (women) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
2	How often in the last year have you not been able to remember what happened when drinking the night before?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
3	How often in the last year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4	Has a relative/ friend/ doctor/ health worker been concerned about your drinking or advised you to cut down?	No		Yes, but not in the last year		Yes, during the last year	
Please add your score for questions 1-4							
If your score so far comes to 3 or more please continue with the questionnaire. If it is 2 or less please stop							
5	How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
6	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+	
7	How often in the last year have you found you were not able to stop drinking once you have started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8	How often in the last year have you needed an alcoholic drink in the morning to get you going?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9	How often in the last year have you had a feeling of guilt or regret after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
10	Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Please add your score for questions 1-10							

FAST (first 4 questions): 3 or more = you must continue and complete the AUDIT screen (i.e. all 10 questions). If it is 2 or less you should stop at this point.

AUDIT (10 questions): 0-7 = sensible drinking, 8-15 = Hazardous drinking, 16-19 = Harmful drinking, 20+ = Possible dependence

Hatch End Medical Centre

Practice Policy for On-Line Appointment Booking

Before you begin to use the on-line booking service, please read the following Policy and attached Agreement regarding the booking of appointments over the internet. Please keep this Policy for your own reference.

A document containing your pin number and log-on details will be provided to you as soon as the Practice receives your signed consent form. Please keep this document safe as it contains your personal information.

When registered you will be able to:

- Find available doctor appointment slots.
- Book new appointments. (Appointments may be booked up to a maximum of 28 days in advance.)
- View appointments you have already booked.
- Cancel appointments.
- Request repeat prescriptions.
- View minimal medical records.

Doctor Appointments

Please ensure that you book your appointments appropriately. If you are unsure as to whether it is appropriate for you to see a doctor, contact us by telephone. Whilst we will do what we can for you to see the doctor of your choice, this may not always be possible due to unforeseen circumstances, for instance, if the doctor is on sick leave or annual leave.

Missed Appointments

If you are unable to attend your appointment please let us know as early as possible. You may cancel it on-line or telephone us. This will allow us to offer the appointment to another patient.

We will be monitoring missed appointments on a regular basis. If you miss an appointment more than twice in one year, we will remove the facility for you to use on-line booking, but you will still be able to book appointments with our Receptionists.

Inappropriate Use

We are sure you will find this service useful. However, we will revoke your access to it if you abuse the service. For your access to be reinstated you must liaise with our Receptionists.

Examples of what we would consider inappropriate use are:

- Booking appointments and not using them more than twice a year.
- Booking appointments for other family members using your name.
- Consistently booking inappropriate appointments with the doctor.

Hatch End Medical Centre

Application Form for On-Line Appointment Booking

Appointments for Family Members

Unfortunately, the system is not flexible enough to allow you to book appointments for family members.

Under 18 Years of Age

On-line booking is only available to patients over the age of 18.

PATIENTS' AGREEMENT TO PRACTICE POLICY FOR ON-LINE BOOKING

Please provide proof of ID (photographic passport or driving licence) and proof of address (eg: utility bill, council tax bill, tenancy agreement/mortgage agreement, full bank statement).

Patient Name:

Date of Birth:

Address:

.....

Telephone No: Mobile No:

Email Address:

I have understood and will adhere to the Practice Policy for the use of on-line booking. I understand that failure on my part to adhere to the Policy may result in my on-line registration being terminated. I understand that this will in no way affect my registration with the Practice.

Signed: (Patient)

Date:

For completion by Hatch End Medical Centre Staff.

I confirm that I have seen evidence of photographic ID and proof of address.

Signed:

Print Name:

Date: