

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) Someone else

Only provide your details if you are registering someone else.

<p>2 Your name</p> <input type="text"/>	<p>4 Your contact phone number</p> <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"/>
<p>3 Your relationship to the person you are registering</p> <input type="text"/>	



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"/>	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"/>	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

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.

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

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.

Teaching & Training Practice

Our practice is a teaching and training practice. You may be seen by a Medical Student or a GP Registrar or there maybe students present during your consultations with the clinicians. Please let the reception know when you come in for your appointment if you do not wish to have the presence of students during your consultation.

Please tick if you would like to have a medical student present –

- Yes
 No

Children Registration Form – Under 16

****For children up to 16 years of age****

Thank you for applying to join Dr R Kapur & Partner. We would like to gather some information about your child and ask that you fill in the following:

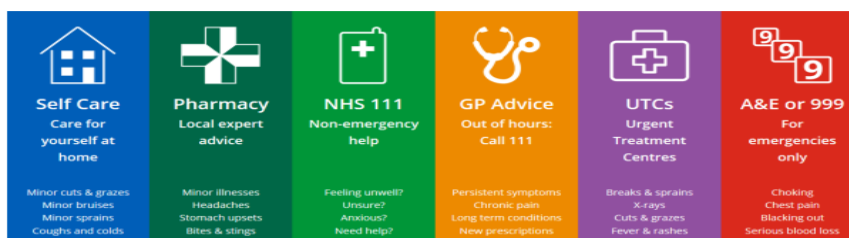
<p>Parental Responsibility / Delegated Responsibility</p> <p>Mothers Name: -</p> <p>Fathers Name: -</p> <p>Other: -</p>

Safeguarding

<p>Are you aware of any Safeguarding concerns? Please give details below:</p>
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Signposting to Services

Our reception team will signpost you to other services available to you if we are unable to offer you an appointment at the practice as quickly as you would like Likewise, the GP isn't always the best person for you to see, depending on your current health concern(s) Signposting allows you to receive the right care, from the right person, when you need it You can refer yourself to any of these services at any time



Please scan the QR code to view this page on our website for further information on each service, and direct links.

Or go to : www.drkapurandpartners.co.uk



Child Immunisation – please complete if not registered before in UK

<u>AGE DUE</u>	<u>IMMUNISATION</u>	<u>DATE GIVEN</u>	<u>Which Country Given</u>
BCG (At Birth)			
2 Months	DTaP/IPV/Hib + PCV		
	Hep B		
3 Months	DTaP/IPV/Hib + Men C		
	Hep B		
4 Months	DTaP/IPV/Hib + PCV		
	Hep B		
9 months	MMR		
12 Months	Hib/Men C + PCV		
12 Months	MMR		
3½ - 5 Years	DTaP/IPV (PSB)		
3½ - 5 Years	MMR		
12-13 Years (Girls Only)	HPV		
13 To 18 Years	Td/IPV (Revaxis) + Men ACWY		
	Other:		

Information for new patients: about your Summary Care Record

Dear Patient,

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals who do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

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

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.
- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your 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 (opt out).** Select this option, if you DO NOT want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) will be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice. You are free to change your decision at any time by informing your GP practice.

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Leicester
LE2 0TA
Tel: 0116 2951258

Patient Online: 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):

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
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"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
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"/>
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	<Today's date>
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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			

Dr R Kapur & Partner Surgery

REGISTRATION CHECKLIST

BEFORE REGISTRATION CAN BE COMPLETED OR ACCEPTED

Please have the following documents before you submit your registration form.

- 1) Photo identification – Passport, Driving License, Biometric Card etc.
(Photocopies will only be accepted)
- 2) Immunisation history for children under the age of 16 and if first time Registration in UK – please fill in the table (Child Immunisation) attached within this pack.

Please make sure when completing our new patient questionnaire that all sections are answered. It is important that we hold the correct information on our records.

IF YOU DO NOT PROVIDE ABOVE THE FORM WILL NOT BE ACCEPTED

Office Use Only

Adults		Child (under 16)	
Photo ID		Photo ID	
BP		Next of kin details	
Height, Weight		Immunisation Details	
Next of kin details		Parents details	
Online Form		Signature	
Regular medication if taking			
Signature			

Staff Name.....

Date Received.....