

1. Have you <u>ever</u> registered with us before? No <input type="checkbox"/> Yes <input type="checkbox"/>	GMS1 TOPCLIFFE SURGERY MEDICAL REGISTRATION FORM	OFFICE USE ONLY Initials: Date:
Please complete ALL SIDES of this form in BLOCK CAPITALS and tick <input type="checkbox"/> as appropriate. IF YOU WOULD LIKE THIS FORM IN AN ALTERNATIVE FORMAT, FOR EXAMPLE LARGE PRINT OR EASY READ, OR IF YOU NEED HELP WITH COMMUNICATION WITH US, FOR EXAMPLE BECAUSE YOU USE BRITISH SIGN LANGUAGE, PLEASE LET US KNOW. PLEASE SPEAK TO THE RECEPTIONIST OR YOU CAN CALL US ON: (01845) 577297.		
2. Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	3. Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (Pls state): _____	
4. Family name (surname):		
5. First name:		Middle names(s):
6. Date of birth: day: month: year:	7. NHS number (if known):	
8. Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Previous surname(s):		
9. Town & Country of Birth:	10. First language: <input type="checkbox"/> English <input type="checkbox"/> Other please specify:	
11. Current Address: House Name or number: _____ Street: _____ Town/City: _____ County: _____ Postcode: _____ Tel No. (Home): _____ Tel No. (Mobile): _____ Email: _____ Please go to question 12.		
12. Please help us trace your previous medical records by providing the following information: Your previous address (NB: If this is your FIRST time registering with the NHS in the UK please provide details of the address and country you have moved from): House Name or number: _____ Street: _____ Town/City: _____ County: _____ Postcode: _____ Name of previous doctor while at this address: _____ Address of previous doctor: _____		
13. If you are registering a child under 5: <input type="checkbox"/> I wish the child above to be registered with the doctor named overleaf for Child Health surveillance		
14. Please note: The surgery can dispense medication to most patients. If you need your doctor to dispense medicines and appliances please tick one of the following as appropriate: <input type="checkbox"/> I live more than 1 mile in a straight line from the nearest chemist <input type="checkbox"/> I would have serious difficulty in getting them from a chemist		
AS PART OF THE REGISTRATION PROCESS, YOU WILL BE ALLOCATED A NAMED GP WHO WILL HAVE OVERALL RESPONSIBILITY FOR THE CARE AND SUPPORT THAT OUR SURGERY PROVIDES TO YOU. THIS DOES NOT PREVENT YOU FROM SEEING ANY GP IN THE PRACTICE. THE RECEPTIONIST WILL TELL YOU WHO YOUR NAMED GP IS.		

15. NHS Organ Donation:

If you would like to register as an organ or blood donor, please do one of the following:

Visit www.organdonation.nhs.uk or www.blood.co.uk

Or telephone 0300 123 23 23

If you have recently moved to the UK from abroad, have previously lived in the UK before moving abroad, or you are returning from the Armed Forces, please complete question 16 or 17. Otherwise please go straight to question 18.

16. If you are from abroad:

Your first UK address where registered with a GP: _____

If previously resident/registered in the UK, date of leaving: _____

Date you came to live/returned to live in UK: _____

17. If you are returning from the Armed Forces:

Address before enlisting: _____

Service or Personnel number: _____ Enlistment date: _____

Leaving Date: _____

We will also need a copy of your Fmed133 Medical History on release from HM Forces Form. Please enclose with this completed form.

If you have ever been a member of the Armed Forces please tick here:

If you live with a family member who is a member of the Armed Forces please tick here:

Their relationship to you: _____

Please give us permission to record this on your medical record and to share this information with other NHS and adult care providers as required:

18. Ethnicity. Please tick to indicate which ethnic group you most closely identify with:

White:

- White British (9i0)
- White Irish (9i1)
- White Other (9i2)

Asian:

- Asian Indian (9i7)
- Asian Pakistani (9i8)
- Asian Bangladeshi (9i9)
- Asian other (9iA)

Mixed:

- White & Black Caribbean (9i3)
- White & Black African (9i4)
- White and Asian (9i5)
- Other mixed (9i6)

Chinese:

- Chinese (9iE)

Black:

- Black Caribbean (9iB)
- Black African (9iC)
- Black Other (9iD)

Other:

- Other ethnic group (9iF)
- Decline to say (9iG)

19. Patient signature or Signature on behalf of patient (please tick as appropriate)

Signature: Date:

For detailed information on services offered at Topcliffe Surgery, and to contact us online please visit our website: www.topcliffesurgery.co.uk

OFFICE USE ONLY TO BE RECORDED IN S1

Identity documents seen: (NB: IF PT IS FROM OVERSEAS, WE MUST HAVE A COPY OF THEIR PASSPORT AND VISA IF APPLICABLE)

- Passport Driving Licence Bank/B. society statement Utility Bill Other(please state):
- Named GP allocated Named GP informed TOP Health status template completed for I&C needs
- Patient alert added for patients with I&C needs Patient coded for History relating to Military Service

TOPCLIFFE SURGERY NEW PATIENT QUESTIONNAIRE

1. Name: _____ 2. Date of birth: day: _____ month: _____ year: _____

3. Height: _____ (cms/meters/feet & inches)* 4. Weight: _____ (Kilograms/Stones & pounds)*

5. Smoking status:

I have never smoked / vaped

I am a current smoker /I vape
Please contact: Living Well Smoke Free Tel: 01609 797272 www.northyorks.gov.uk/stopsmoking

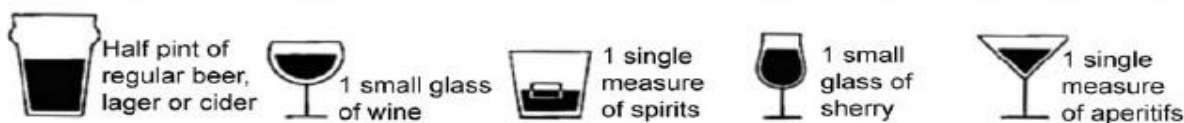
I am an ex-smoker and smoked:
Stopped when? _____ How many years did you smoke? _____

We strongly advise everyone to stop smoking. If you would like help to stop, please ask at reception.

6. ALCOHOL CONSUMPTION IN UNITS:
In an average week, how many units of alcohol do you drink? _____ (write 0 if you do not drink)

GUIDE TO ALCOHOL UNITS

This is one unit of alcohol...



.....and each of these is more than one unit



7. If you answered 0 to Q6, please skip Q7 and go straight to Q8. If you answered 1 or more to Q6, please complete Q7:

ALCOHOL STUDY	SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	YOUR SCORE
How often do you have a drink that contains alcohol?	Never	Monthly or less	2 – 4 times per month	2 to 3 times per week	4+ times per week	
How many UNITS of alcohol do you drink on an average day when you are drinking?	1 to 2	3 to 4	5 to 6	7 or 8	10+	
How often do you have 6 or more units of alcohol on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<i>Alcohol questionnaire adapted from the World Health organisation collaborative study developed by the University of Sydney, Australia.</i>				Please write your total score here:		

8. Do you look after someone? No: Yes:
Who do you care for: _____
Your relationship to them: _____

9. Do you have a carer? No: Yes:
Your carer's name: _____
Their contact tel no: _____
Their relationship to you: _____

PLEASE HELP US TO HELP YOU! IF YOU ARE ON ANY MEDICATION, OR HAVE ANY OTHER ONGOING HEALTH CONCERNS, THEN PLEASE MAKE AN APPOINTMENT TO SEE THE DOCTOR

10. Do you have any current medical conditions requiring ongoing treatment which we should be aware of (please provide brief details below):

11. We would like to provide you with the best possible care. If you have any information & communication needs (eg. You need an interpreter, large print or easy read, braille or British sign language) please indicate below:

INFORMATION & COMMUNICATION NEEDS CATEGORY	SPECIFIC NEEDS
Hearing Difficulties	
Sight Difficulties	
Language Difficulties/English not first language	
Literacy Difficulties	
Learning disabilities	

Please give us permission to share information regarding these needs with other NHS and adult care providers as required:

12. MEDICINES: Please indicate if you are on any medication including tablets, creams, inhalers, contraception:

No: Yes:

If you are on any medication, please make an appointment to see the doctor with a list of your current treatment before you need some more.

13. ALLERGIES OR REACTIONS: Please give details of any allergic reactions you may have for example to : eggs, medications, vaccinations, medical dressings or foodstuffs:

14. Do you have a living will? No: Yes: If yes, please may we have a copy?

**PLEASE ENSURE THAT YOU HAVE COMPLETED ALL SIDES OF THIS FORM
BEFORE RETURNING TO RECEPTION**

IF YOU ARE NOT ORDINARILY RESIDENT IN THE UK, PLEASE COMPLETE THE PATIENT DECLARATION ON PAGE 5. OTHERWISE PLEASE LEAVE BLANK

SUPPLEMENTARY QUESTIONS 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 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 <u>non-UK</u> 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	(b) To:

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.