

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 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.



DPS-RGMC

Dr Poolo's Surgery Rush Green Medical Centre

New Patient Registration & Patient Online Access Request Form



North East London

Dr Poolo's Surgery Rush Green Medical Centre / DPS-RGMC

Form with fields: Surname, First name, Date of birth, NHS NUMBER, Address, Postcode, Marital status, Sexual Orientation, Gender Identity, Housing Status, Social Status, Employment Status, Income Status, Language Status, Ethnicity, Communication, Email address, Telephone number, Mobile number, Next of Kin - Family Members Details.

I wish to have access to the following online services (tick all that apply)

Table with 3 rows of online services and checkboxes: 1. Booking appointments online, 2. Requesting repeat prescriptions online, 3. Accessing limited medical information.

Application for online access to my medical record

I wish to access my *medical record online (*at this time, only repeat medication, allergies and adverse reactions can be viewed).

I understand and agree with each statement as follows: (please tick)

Table with 5 rows of statements and checkboxes: 1. I have read and understood the information leaflet provided by the Practice, 2. I will be responsible for the security of information that I see or download, 3. If I choose to share my information with anyone else, this is at my own risk, 4. I will contact the Practice as soon as possible if I suspect that my account has been accessed by someone without my agreement, 5. If I see information in my record that it not about me, or is inaccurate, I will contact the Practice as soon as possible.

Signature and Date fields.

Note: https://www.dpsrgmc.co.uk/ ~ Register Online. Questions are Updated Based on Data Quality Accreditation Scheme "DQAS - NHS 2023 - 2024"

Medical History

Previous Doctor (GP / Family Doctor)

GP Name	
Practice Name:	
Address:	
Telephone No:	

MEDICAL AND FAMILY HISTORY

Any present illnesses?	<i>If yes, please state</i>	
Any regular medication?	<i>If yes, please list here</i>	
Are you housebound:	<i>Please circle: Yes / No</i>	
Any known allergies	Medicines	Food & Other

Have you or other family members suffered from the following: *Please tick (inc age at diagnosis)*

Medical Conditions	You	Other family member
Heart problems		
Stroke		
High blood pressure		
Diabetes		
Glaucoma		
Cancer		
Epilepsy		
Asthma		

LIFESTYLE

Your current height	(In Cm)	
Weight	(In Kg)	
Do you drink alcohol? <i>(Please circle)</i>	Yes / No	If yes, state units per week:
How much exercise do you do regularly? <i>(Please circle)</i>	Light	moderate heavy

Smoking Questions	Please circle		Please write down
Do you smoke?	Yes / No	If yes, how many per week:	
If you are a smoker	Light ~ Heavy ~ Moderate		
Are an ex-smoker?	Yes / No	How long did you smoke for:	
Inf you are an ex-smoker?	Light ~ Heavy ~ Moderate		

GENERAL

Disability Questions	Please circle	If yes, please state details
Do you have a disability?	Yes / No	
Are you registered disabled?	Yes / No	
Are you registered blind or partially sighted?	Yes / No	
Do you have a Carer's?	Yes / No	
Do you care for someone? (A caregiver)	Yes / No	If yes, please state name

WOMEN ONLY

	Please circle	
Are you using contraception?	Yes / No	If yes, state method
Do you know about long acting reversible contraception?	Yes / No	Have you had a hysterectomy?
Give date of last cervical smear and result	Yes / No	Would you like to discuss with a nurse?
Give date of any mammogram and result	Yes / No	Number of pregnancies,

Thank you for completing this form. All information is strictly private and confidential. Is there anything else you feel your Doctor should know?



DPS-RGMC

Dr Poolo's Surgery Rush Green Medical Centre

Important Notes:

- Please note that you will be unable to see a GP until your registration is complete. This includes the processing of all completed forms and having an appointment to see the Doctor for a New Patient Health Check.
- If you are going to require repeat medication immediately after registration without seeing a doctor, from your previous GP and pass it to the receptionist with your written repeat prescription request. We will be unable to issue repeat prescriptions without an appointment with a doctor if this information is not provided.
- Please bring one ID proof (passport/full driving license) and one Address proof (Bank statement/council tax bill/utility bill)
- **Useful links**
 - **CCG Website:** <https://northeastlondon.icb.nhs.uk/your-area/havering/>
 - **NHS Covid-19:** <https://www.nhs.uk/covid-19-advice-and-services/>
 - **NHS 111/ Emergency:** <https://111.nhs.uk/>
 - **NHS.UK:** <https://www.nhs.uk/>
 - **Department of Health and Social Care:** <https://www.gov.uk/government/organisations/department-of-health-and-social-care>
 - <https://northeastlondon.icb.nhs.uk/>

NHS North East London is responsible for planning and buying health services across north east London to meet our population's needs, making sure all parts of the local health system work effectively together.

Surgery Website: <https://www.dpsrgmc.co.uk/>

You're Survey Important for us: <https://www.dpsrgmc.co.uk/friends-family-test> (your feedback

References: <https://rb.gy/adv3l>

For Practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/>		Name of verifier	Date
	Vouching with information in record <input type="checkbox"/>			
	Photo ID <input type="checkbox"/>			
	Proof of residence <input type="checkbox"/>			
Name of person who authorised (if applicable)			Date	
NHS number		Practice computer ID number		
Date account created				
Date passphrase sent				
Level of record access enabled	Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/>			