



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: _____

Service or Personnel number: _____ Enlistment date: _____ Discharge date: _____ (if applicable)

Postcode _____

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*

*Not all doctors are authorised to dispense medicines

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 _____/_____/_____

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

Signature confirming my consent to join the NHS Organ Donor Register _____ Date _____/_____/_____

Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit www.organdonation.nhs.uk or call 0300 123 23 23 to register your decision.

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 my consent to join the NHS Blood Donor Register _____ Date _____/_____/_____

My preferred address for donation is: (only if different from above, e.g. your place of work) _____

Postcode: _____

All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

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

Practice Stamp

Authorised Signature

Name

Date ____/____/____

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:	
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: NO: If yes, please enter details from your EHIC or PRC below:



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.

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: _____ (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.



HEALTH QUESTIONNAIRE

Please complete this confidential questionnaire (one for each member of the family to be registered with the Practice).

Please complete in BLOCK CAPITALS and tick the boxes as appropriate.

Please complete a separate form for each family member to be registered.

Full Name:				Telephone Number:		
Preferred Name:						
Mr / Mrs / Miss / Ms / Other.....						
Address and Postcode				Mobile Number:		
				Next of Kin:		
				Relationship to you:		
Date of Birth:		Mother's surname if different:		Next of Kin Contact Number		
				if applicable, date you first came to live in Britain:		
Previous Address						
Previous Doctor Name & Address:						
Your height:	Feet / inches	cm	Your weight:	Stones / lbs.	kg	
Your Religion:	C of E	Catholic	Other Christian (state)	Buddhist	Hindu	Muslim
	Sikh	Jewish	Jehovah's Witness	No religion	Other religion (state)	

Electronic Prescribing Service – Patient Nomination

Patients are now able to nominate a pharmacy to which their prescription will be sent. Repeat prescriptions will also be sent to the nominated pharmacy so instead of coming to the surgery to collect your prescription it will be sent directly and securely to the pharmacy where they will process your prescription. You will still need to allow up to 72 hours to collect your medications from the pharmacy.

You can nominate a pharmacy close to home or work.

New Registrations

You must select one of the following options for where you would like your prescriptions to be sent. If you want to collect your paper prescriptions from the surgery please select "Collect from Surgery"

- Boots, 12-14 Castle Quay, Banbury
- Boots, Unit 1C Banbury Cross Retail Park, Banbury
- Superdrug, 34-35 Castle Quay, Banbury
- Frosts, Hardwick Shopping Centre, Ferriston, Banbury
- Rowlands, 58 Orchard Way, Banbury
- Cross Pharmacy, 10 Horsefair, Banbury
- Cox and Robinson, South Bar House, South Bar, Banbury
- The Co-Op, 111 Main Road, Middleton Cheney, Banbury
- Bloxham Pharmacy, High Street, Bloxham, Banbury
- In-store pharmacy, Sainsbury's pharmacy, Oxford Road, Banbury
- Knights Chemist Limited, Unit 2, Burchester place, Banbury
- Other (please be **very** specific and **include the Pharmacy name and address** to ensure your prescription is sent to the correct pharmacy. There may be two pharmacies of the same name in the same town)
Pharmacy name:
- Address:**
- Collect from surgery

Thank you for completing this form. Please hand it in to reception with the Registration Documents.

My Child's Immunisation History



Please write clearly and in **BLOCK CAPITALS**. (1 child per form)

Childs Full Name:

NHS No:

Date of Birth:

GP Surgery:

Routine Childhood Immunisations	Age usually given	Date Given (dd/mm/yy)
1st DTaP/IPV/HIB Diphtheria, tetanus, pertussis, polio and Hib	2 months	
Hepatitis B		
MEN B Meningococcal B		
Rotavirus		
PCV Pneumococcal	3 months	
2nd DTaP/IPV/HIB Diphtheria, tetanus, pertussis, polio and Hib		
Hepatitis B		
Rotavirus		
3rd DTaP/IPV/HIB Diphtheria, tetanus, pertussis, polio and Hib	4 months	
Hepatitis B		
Men B Meningococcal B		
PCV Pneumococcal		
Hib / Men C	12 - 13 months	
1st MMR Measles, Mumps, Rubella		
PCV Pneumococcal booster		
MEN B Meningococcal B		
2nd MMR Measles, Mumps, Rubella	3 yrs 4 months	
4th/Pre School Booster DTaP/IPV Diphtheria, tetanus, pertussis, polio		
HPV 1 Human Papillomavirus(Cervical Cancer)	12-13 years	
HPV 2 Human Papillomavirus(Cervical Cancer)	14 years (Year 9 school)	
Td/IPV Tetanus, diphtheria, polio booster		

NON ROUTINE VACCINES	Date given (DD/MM/YY)				OTHER VACCINES RECEIVED
	1 st	2 nd	3 rd	4th	
BCG					
Meningitis C					
Hib Booster (Haemophilus Influenza B)					
Hepatitis B					

Please return this form to your GP surgery

Or take a photocopy/picture of the schedule and email to the GP.

Are you following the UK Immunisation Schedule? YES / NO (Please circle)

If No, please state which country

Date/...../.....

Parents Name: