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	islags italicas rockler han istal Estat lav in hasterlestak rokk. A lag stan standar en inn sta							
Yourself (Go to Section 2 - Patient details)	Someone else					990-25 46. 1-1-1-1-1-1-1-1 1-1-1-1-1-1-1-1-1-1-1-		
Only provide your details if you are registering someone	else.	en de la companya de	of attending of the American Linguistics Agent		ga an nga nangga pangga sa a		dente in the second of the sec	
2 Your name	4	Your contac	t phone nu	nber				er gradd Gaerre
2 Your name		Your contac	t phone nu	mber.	Approximation of the second of	The state of the s		
Your name Your relationship to the person you are registering.		Your contac	Ephone nu	mber.				



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 Tourist program program of the control of the		13	Name and address of UK GP surgery you registered with	
2	First name				
				Postcode	
3	Last name		14	Have you ever lived somewhere else in the UK?	
				Yes No	
4	Middle name (if you have one)		15	Last address in the UK	
5	Previous last name				
				Postcode	
6	Date of birth DD MM YYYY			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.	
7	What is your sex as recorded on your NHS record?		16	Home phone number	
	Female Male Intersex				
	Not specified or known		17	Mobile phone number	
8	NHS number (if you have it)				
			18	Email address	
9	Village, town or city of birth				
			19	Name of emergency contact	
10	Country of birth				
		linis	20	Phone number of emergency contact	
11	Current address				
			21	Their relationship to you	
	Postcode			isto. 15. valuda (j. 1911. 1960.) politika juga sa 1900. politika (j. 1900.) politika (j. 1901.) politika (j. 1901. 15. valuda (j. 1901.) politika	
	No fixed address		22	Name of next of kin	
12	What postcode did you give to the last GP surgery				
an a la Legasit	you registered with?		23	Phone number of next of kin	
			24	Their relationship to you	
				s proposition de la completa de la La completa de la co	

Section 3 - Patients under 18 years

Where were they born? England	For children under 12 months only					
For patients under 18 years Do you attend any of the following? School Nursery Home school Hospital specialist New Year None of these Address Address Address Address Addr	Where were they born?	2 V	Ihere was the moth	er living wher	the baby w	as born?
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Yes	None of these		Social worker	None of	these	
Postcode Test	Address	4 H	ave you had all you	ar routine vac	cinations?	
Postcode Yes No Don't know Ction 4 - Additional information What is your ethnic group? (C) Asian or Asian British 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 Black African White and Asian Any other ethnic group Any other ethnic group			Yes	lo Don	't know	
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Preference to say				rengest bliggererer		

Section 4 - Additional information

2	Have you registered with a UK GP before?	10 Do you have a carer?
	Yes No service of the	Yes No
3		11 What is your relationship to your carer?
	you arrive?	
		12 What type of carer are they?
4	Have you ever served in the UK Armed Forces or were you ever registered with a Ministry of Defence GP in	Young carer, under 18 Paid as a job
	the UK or overseas?	Unpaid, but may get benefits Foster carer
		13 Carer's contact telephone number
	If you were given a FMED133A form (sometimes called an FMED1 form) when you left the UK Armed forces,	
		14 What pharmacy do you want your prescriptions sent to?
5	Do you need an interpreter for your appointments?	Pharmacy address
	Yes No	
6	What language?	
	British Sign Language (BSL)	Postcode
7	Are you a carer?	You can sometimes collect your prescription items from your GP surgery instead of having to go to a pharmacy.
LIDES A	Yes No	Your surgery may discuss this with you
8		15 Do you live more than 1 mile from your nearest
		Yes No
9	What type of carer are you?	16 . Would you have serious difficulty getting medicines or
	Young carer, under 18. Paid as a job	appliances from your nearest pharmacy?
	Unpaid, but may get benefits Foster carer	Yes No No De la Caracteria de la Caracte
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	Do you want important information from your GP record to be	available to other health and care professionals?
	Your GP surgery needs permission to share important information Record (SCR). Your SCR can only be shared with health and care	
	care. It gives them access to vital information from your GP record	
	Yes, share a Summary Care Record with additional infon Includes details of your medicines, allergies, adverse reaction	ns and additional information, which includes details of any
posednici) P (17 17 18 18 P (18 18 18 18	significant illnesses and health problems, operations and vac	
	Yes, share a Summary Care Record without additional in Includes details of your medicines, allergies and adverse rea	Charles and the control of the contr
	No, do not share a Summary Care Record	
	Details of your medicines, allergies, adverse reactions and an involved in your direct care	ny additional information will not be shared with anyone

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 ha	d any of these condition	ns?	10	Allergies		
	Alzheimer's c	lisease or dementia				CALBERT PERSONNELSE STEEL	25 (20) (20) (20) (20) (20) (20) (20) (20)
	Asthma	Cancer Diab	etes				
	Epilepsy.	Heart disease		il destud Buttoni			
	High blood p	essure (hypertension)					
	Stroke	Thyroid disease					
2	What best descri	pes you?	Caramina de Ca Caramina de Caramina de Car	erioden ende Eloren en			
	I smoke	Lused to smoke					
m dad Stabin	L have never	smoked Prefer n	of to say				
3	On average, how	many cigarettes do you					
4	What date did vo	u stop smoking? DD Mi					
5	How often do you		1645 et Paris de Ser et augustus. 1665 eta da Varia de Ser eta de S 1666 eta de Ser eta de				
	Never.	Monthly or less		ip deschere			
		A CONTROL OF THE PROPERTY OF T		11	Mental health con-	ditions	
	2 to 4 times a	Tritaliani katika k	es a Week				
	4 or more tim		not lo say				
6	day when you are		DESCRIPTION SOCIETATION				
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	Units	Greek jeding willigend pasteck boeden	i intrinsi serini verikte er i				
7	ewild is a fine by the treates speed for such thinkely edding the	ou had six or more unit	itt i kreikteit ja och förren i stock tottorikkarrieranskrikt				
		le occasion in the last y	ear?				
	Never	Less than monthly					
	Monthly	_ Weekly Daily	or almost daily				
	Prefer not to	sayı ili kiriliğin de kirili ili ili ili ili ili ili ili ili il					
8	What is your weig						FILE (1997) (199
	Kilograms	Or Stone	Pounds				PETER SE
9	What is your heig	ht?					
	Centimetres	Or Foot	Inches				

Section 5 - Patient health (continued)

12 Disabilities	14	Give details of any medication you are taking
		2015 1215 1215
	A STATE OF THE STATE OF T	
		Are any of these repeat prescriptions?
		Yes No
13 Other medical conditions		DENTATE PASA DELEMANTE ESTA DA PARA ESTA ESTA DA PARA LA ESTA DA PARA LA LA PARA DA PARA DA PARA DA PARA DA PA DENTA DE DESENDE POR DESENDA DE LA PARA DE L
	15	Do you or your carer need to be communicated in an
	15	Do you or your carer need to be communicated in an accessible format? For example, braille, audio, large format or EasyRead.
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		accessible format? For example, braille, audio, large format or EasyRead. Tell us what you need 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.
		accessible format? For example, braille, audio, large format or EasyRead. Tell us what you need 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.
		accessible format? For example, braille, audio, large format or EasyRead. Tell us what you need 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.

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.

Tick one of the following	
I have an S1 form issued by an EU or EEA. member state	I am in receipt of a European pension or benefit
I am entitled to an EHIC card, but I do not have o	one I am in the UK as part of my employment
I have an EHIC card issued by an EU or EEA member state	None of these
Enter details from your EHIC Country code	5 Personal identification number:
Name	6 Identification number of the institution
Given name	7 Identification number of the card
Date of birth DD MM YYYY	8 Expiry date DD MM YYYY

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.

Please complete for anyone under the age of 16

Northamptonshire Healthcare Foundation Trust Child Health Record New Patient Registration Details

Please Write Clearly and in Block letters: (One form per child)

Child's Current Details	Child's Previous Details if different
Surname:	
Forename(s):	
NHS No:	DOB:
Current Address:	
Temp/Permanent (Delete as applicable)	
(
Postcode:	Tel No:
GP Practice:	GP Practice:
Name:	Nome
ivame.	Name:
Address:	Address:
Parent/Carer details	
i dichi dalai detana	
Surname:	DOB:
Forename(s):	Relationship to child:
, -	·

Text Messaging Service

When you register as a new patient, you will automatically opt in to our text service and you will receive your first text when you have been registered.

Practice staff will also use this service to receive health promotion information or reminders to book in for medication reviews etc.

If you would like to opt out of this service, please inform reception staff.

Responsibility of the Patient

It is the responsibility of the patient to:

- Ensure the Practice is informed of your correct mobile phone number or any changes to your contact details.
- · Keep your phone secure and control access to your SMS text messages.
- Keep in mind that an unlocked mobile phone means that others could have access to your information.
- Please be aware of your text message settings keep in mind that messages may appear as a notification on your lock screen or on a linked device such as a PC or tablet.

If you would like complete the fol		e to speak about y	our medical reco	rds on your bel	half, please
Person's name_		Contact I	Number		
Relation to you Signed (by yourself)					
What access would you like them to have? (please tick)					
Appointments	Medication	Consultations	Test Results	Referrals	Next of Kin

Feedback Service

As a Practice we are committed to improving the services we provide to our patients. To do this, it is vital we hear from people about their experiences, views, and ideas for improving our services. You can do this by visiting our website and having your say by visiting https://forms.office.com/e/G1QcGpW1Dx?origin=lprLink

Registration form Received by:	Today's Date:
ID Checked (staff use only)	