



## **ADULT (16 or over) Registration**

Welcome to Wellington Practice.

Please complete the registration form below.

Once you are on the system you will receive a couple of text to confirm

1. That you are registered
2. Where to find the additional patient information on our website regarding:
  - i. Patient Online access
  - ii. National data Opt Out
  - iii. Privacy Notice
3. Who your usual GP is
4. Any medication review needed (only if relevant)



# Family doctor services registration

GMS1



## Patient's details

Please complete in BLOCK CAPITALS and tick  as appropriate

Mr  Mrs  Miss  Ms

Surname

Date of Birth

dd		mm		yyyy			

First Names

NHS No

Previous surname(s)

Town of Birth

Male  Female

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 the UK

Your previous GP Practice Name and Address and Dr's name

### If you are from abroad:

Your 1<sup>st</sup> UK address where you first registered with a GP

Date you first came to live in the UK

Date you then left the UK

Give all dates

Date you the returned back to the UK

Give all dates

**Were you ever registered with a UK Armed Forces GP:**

Please indicate if you have ever served in the UK Armed Forces and / or been registered with a Ministry of Defence GP in the UK or overseas. *These forces questions are optional, and your answers will not affect your entitlement to register or receive primary care services form the NHS but may improve access to some NHS priority and service charities services.*

Regular    Reservist    Veteran    Family Member (Spouse, Civil Partner, Services Child)

Address before enlisting

Service or Personnel Number

Enlistment Date

Signature of applying Patient

Signature of Parent / Guardian of a child/young person  
applying Patient

Date form completed

### 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](http://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](http://www.blood.co.uk) or call 0300 123 23 23.

NHS England use only      Patient registered for      GMS       Dispensing



## Family doctor services registration

GMS1

### 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

## 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.

<b>Signed:</b>		<b>Date:</b>	DD MM YY
<b>Print name:</b>		<b>Relationship to</b>	

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

<b>Do you have a non-UK EHIC or PRC?</b>	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>	<b>Country Code:</b> <input type="text"/>	
	<b>3: Name</b>	
	<b>4: Given Names</b>	
	<b>5: Date of Birth</b>	DD MM YYYY
	<b>6: Personal Identification Number</b>	
	<b>7: Identification number of the institution</b>	
	<b>8: Identification number of the card</b>	
	<b>9: Expiry Date</b>	DD MM YYYY
	<b>PRC validity period</b>	<b>(a) From:</b> <input type="text"/>

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.

# Wellington Practice

## ADULT (16 or over) Registration Checks and Short Questionnaire

From a clinical safety and probity perspective, it is very important that you give us accurate information (ie your actual address where you are currently living, your current contact and personal information details). Failure to do so may mean that we will have to review your registration status and/or refer any concerns to NHS Protect.

Please tell us your self-defined ethnicity

Ethnic Category	Sub-Category	Ethnicity code used
White	British	9i0
	Irish	9iL
	Other	9i2
Mixed	White and black Caribbean	9i3
	White and Black African	9i4
	White and Asian	9i5
	Other	9i6
Asian or Asian British	Indian	9i7
	Pakistani	9i8
	Bangladeshi	9i9
	Nepali	9T9
	Other	9iA
Black or Black British	Black Caribbean	9iB
	Black African	9iC
	Other	9iD
Other ethnic	Chinese	9iE
	Other	9iF
Not stated	Not stated	9iG

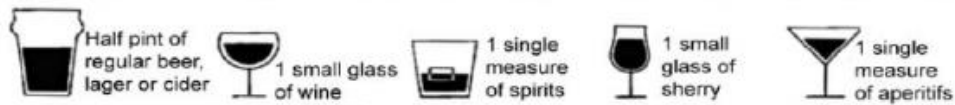
# NHS Health Check Questionnaire Audit-C

For the following questions please tick the answer which best applies

1 drink = ½ pint beer or 1 glass of wine or 1 single spirit

**This is one unit**

**of alcohol...**



**...and each of these is**

**more than one unit**



1. How often did you have a drink containing alcohol in the past year?	Never <input type="checkbox"/>	Monthly or Less <input type="checkbox"/>	Two to four times a month <input type="checkbox"/>	Two to Three times a week <input type="checkbox"/>	Four or more times a week <input type="checkbox"/>
2. How many drinks did you have on a typical day when you were drinking in the past year?	1 to 2 <input type="checkbox"/>	3 to 4 <input type="checkbox"/>	5 to 6 <input type="checkbox"/>	7 to 9 <input type="checkbox"/>	10 or more <input type="checkbox"/>
3. How often did you have six or more drinks on one occasion in the past year?	Never <input type="checkbox"/>	Monthly or Less <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly <input type="checkbox"/>	Daily or almost daily <input type="checkbox"/>

What date did you move into your new home that you wish to be registered under with us?	
Are you moving in or moved in with other people that are registered with us already? (This helps us to register you along with your family members)	YES / NO

## Parental Responsibility Questionnaire

### SMOKING QUESTIONNAIRE

Have you ever smoked? Yes / No

If the answer is Yes, do you still smoke Yes / No

If Yes how many per day on average? Less than 10 10-20 20-30 More than 30

If you have stopped smoking on a permanent basis, when did you give up :.....

**Please confirm below who has guardian or carer responsibility for the person being registered with us. Please complete the details below:**

Name of responsible Person:.....	Role:.....
Name of responsible Person:.....	Role:.....
Name of responsible Person:.....	Role:.....
Name of responsible Person:.....	Role:.....

*For example*  
*Parent / Guardian / Carer / Parental Responsibility by Order of the Court / Fostering*

<p>Are you a carer?          and if so are you caring for a patient registered at our surgery? If so we would like to know who it is so we can offer them appropriate information/support</p> <p>Name of patient(s) .....</p> <p>Please do look at our carers display in our waiting room for information that may help / support you.</p>	<p>Yes / No          Yes / No</p>
<p>Are you being cared for?          and if so is it by someone registered at our surgery? If so we would like to know who it is so we can offer them appropriate information/support</p> <p>Name of carer ..... and/or .....</p>	<p>Yes / No          Yes / No</p>



# New Registration Medication Questionnaire

Are you on long term medication? Yes ? No (Circle applicable)

What is the reason for the long term medication? (Complete the details in the box below)

## Do you need to re-order any repeat medication?

Please complete below if you do

Items Needed (Continue on the other side if more than 8)	
1	How many days' supply left.....
2	How many days' supply left.....
3	How many days' supply left.....
4	How many days' supply left.....
5	How many days' supply left.....
6	How many days' supply left.....
7	How many days' supply left.....
8	How many days' supply left.....

If any of these items are not on repeat ordering you may be required to make an appointment with the GP or Nurse.

**Please note we may not be able to issue you with medication until you have been seen by the Doctor or our clinical pharmacist for patient safety reasons. Prior to transferring to us you should ensure you have sufficient supplies of your medication from your previous GP surgery if at all possible.**

# New into Country - Registration Checks and Short Questionnaire

From a clinical safety and probity perspective, it is very important that you give us accurate information (ie your actual address where you are currently living, your current contact and personal information details). Failure to do so may mean that we will have to review your registration status and/or refer any concerns to NHS Protect.

## New into Country with Passport Check List

Are you living in our catchment area ?		<input type="checkbox"/>
How long do you intend to stay in the UK for this visit?		<input type="checkbox"/>
Have you been to the UK before and if so what was your NHS Number?		<input type="checkbox"/>
NHS Number .....		
If you have previously visited the UK can you confirm the address where you lived below		<input type="checkbox"/>
Previous Address	..... ..... ..... .....	
Have you been registered under a UK Doctor before? If so please tell us their name here and where they were based  Name of Dr .....  Area where based .....		
Have you been under the care of an Army Doctor before?		<input type="checkbox"/>
If so which barracks were you based at?		
Barracks Name and area .....		
Please can you confirm your Date of Birth (day / month / year) / /		
Are you registering with other family members either arriving with yourself or who may already be in the UK		<input type="checkbox"/>
and if so		<input type="checkbox"/>
are they already registered with us?		<input type="checkbox"/>

# Summary Care Records My Choice Wellington Practice

Forename (s) .....

Surname .....

Date of Birth .....

Signature ..... Date .....

	Office coding	Tick (only ONE) box as applicable
<p><b>1. Yes I would like a Summary Care Record created containing my medications, allergies and adverse reactions or sensitivities to medications</b></p> <p>This summary record will be held on an NHS Central Database and may be used in an emergency when your GP surgery is closed</p>	9Ndm	<input type="checkbox"/>
<p><b>2. Yes I would like a Summary Care Record created containing my medications, allergies and adverse reactions PLUS additional important information held on my GP record (e.g. diagnoses – Asthma (Lung disease), Kidney disease, Renal disease, Epilepsy, Cancer etc, and end of life requests)</b></p> <p>AND / OR</p> <p>I will come and see my GP to discuss any additional information I would like added to my Summary care Record as soon as possible</p>	9Ndn	<input type="checkbox"/>
		<input type="checkbox"/>
<p><b>3. No I do not want a Summary Care Record</b></p> <p>Please be aware that if you choose not to have a Summary care Record healthcare staff may not have access to important information about you in an emergency but be assured that you will be cared for to the best of their ability</p>	9Nd1	<input type="checkbox"/>

Sharing continued

	Office coding	Tick (only ONE) box as applicable
4. Declined to share upload to local shared record (MIG)	93C1	<input type="checkbox"/>

If you do **NOT** want your anonymised data shared with the national database for research and development use, you will need to visit the following website and enter your NHS number plus a few details about yourself.

This then means your data from the surgery record will not be uploaded to the National Data Team for them to use as part of their statistical research purposes.

No personal identifiable data is uploaded if you do not register onto their site to remove yourself from the data upload.

<https://www.nhs.uk/your-nhs-data-matters/manage-your-choice/>

## TEXT SERVICE

For ease of communication we would like to send you a text to remind you of your appointment or to say that your results are in and can you call the surgery. We may also use text service to ask you to book a review appointment or a flu vaccination being a number of other things we need to communicate to you. This might for some people not be desirable. So that we can record consent or declining this service please can you tick one of the boxes below.

Your number will **NOT** be used by any other third party – it is only for our use to contact you. However it is **YOUR** responsibility to keep us informed of the correct mobile number to use and for any information sent to you to be in your control. If you choose to share, we cannot be held responsible.

We cannot text where the patient is under 16 years of age. If you wish to have a reminder text for your child under the age of 16 you will need to record a parent or responsible guardian mobile number and explicitly state whose number it relates to

I give consent for Wellington Practice to text me relevant information or reminders	<input type="checkbox"/>
I DO NOT give consent for Wellington Practice to text me relevant information or reminders	<input type="checkbox"/>

I give consent for Wellington Practice to text me relevant information or reminders on behalf of my son / daughter as detailed below	
Name of son / daughter .....	<input type="checkbox"/>
Name of son / daughter .....	<input type="checkbox"/>
Name of son / daughter .....	<input type="checkbox"/>
My name for consent is .....	
And my role is that of (circle the one that applies to you)	
Mother / father / legal guardian being .....	
And I confirm I have parental responsibility to sign this consent	<input type="checkbox"/>

## EMAIL SERVICE

For ease of communication we may need to send you an email for example to provide you with a patient information leaflet or advice about a condition or for possible vaccination / flu vaccination reminders. This might for some people not be desirable. So that we can record consent or declining this service please can you tick one of the boxes below. Your email will **NOT** be used by any other third party – it is only for our use to contact you for something specific. We will not send you marketing information.

My email address is .....

**PLEASE BE VERY CLEAR AND ACCURATE AS WE WISH TO AVOID ANY ERRORS**

However it is **YOUR** responsibility to keep us informed of the correct email address to use and for any information sent to you to be in your control. If you choose to share, we cannot be held responsible. If you change your email address please do let us know.

We will not email where the patient is under 16 years of age unless we have consent to email the parent/guardian. If you wish to have an email communication for your child under the age of 16 you will need to record a parent or responsible guardian email address and explicitly state whose email it relates to

I give consent for Wellington Practice to email me relevant information or reminders	<input type="checkbox"/>
I <b>DO NOT</b> give consent for Wellington Practice to email me relevant information or reminders	<input type="checkbox"/>

I give consent for Wellington Practice to email me relevant information or reminders on behalf of my son / daughter as detailed below	
Name of son / daughter .....	<input type="checkbox"/>
Name of son / daughter .....	<input type="checkbox"/>
Name of son / daughter .....	<input type="checkbox"/>
My name for consent is .....	<input type="checkbox"/>
And my role is that of (circle the one that applies to you)	
Mother / father / legal guardian being .....	
And I confirm I have parental responsibility to sign this consent	