



<b>1</b>	<b>Today's Date</b>	...../...../.....
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<b>2 Personal Details</b>			
Title		Surname	
First Name(s)			
Previous Surname(s)			
Date of Birth	...../...../.....	NHS Number	
Gender		Marital Status	
Ethnic Origin			
First Language		Interpreter Required:	Yes / No
Place of Birth	Town:	Country:	

<b>3 Contact Details</b>			
Current Address			
	Postcode:		
Contact Details	Home:	Work:	Mobile:
	Email:		
County			
<b>Please do not provide any contact details for methods you do not wish to be contacted through</b>			

<b>4 Tracing Your Medical Records</b>	
Previous Address	Postcode:
Previous Surgery	
Surgery Address	

<b>5 If You Are from Abroad</b>			
First UK Address	Postcode:		
If Previously Registered in UK	Date of Arriving: .....	Date of Leaving: .....	



# Snaith & Rawcliffe Medical Group

## 6 If You Are Returning from The Armed Forces OR have ever been in The Armed Forces

Are you a Veteran?	Yes / No	
Enlistment Dates	Date of Joining: ...../...../.....	Date of Leaving: ...../...../.....
Address Before Enlisting	Postcode:	

## 7 Do You Live in A Care Home?

Nursing: Yes / No

Residential: Yes / No

## 8 Are You a Carer or Are You Cared For?

Are You a Foster Carer?	Yes / No	If Yes Who For?	Name:	Tel:
Are You in Foster Care?	Yes / No	If Yes Who By?	Name:	Tel:
Are You an Unpaid Carer?	Yes / No	If Yes Who For?	Name:	Tel:
Are You Cared For?	Yes / No	If Yes Who By?	Name:	Tel:

## 9 Are You Currently Being Seen by A Specialist?

Consultant:	Speciality:	Hospital:
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## 10 Confirmed Allergies or Adverse Reactions

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## 11 Dispensing Medicines and Appliances

We will automatically dispense your medications in-house unless you live in Snaith, West Cowick or Eggborough. This applies unless you advise us otherwise. **Collect from, Snaith or Rawcliffe, Please Circle**

Residents of Snaith, West Cowick, Eggborough specify your preferred pharmacy.

Please Specify:

## 12 Summary Care Records (SCR)

Choose how much health information held by the practice will be available to other health providers including in emergencies. You will be asked for permission each time this is viewed. **We will update your SCR from time to time during the course of your registration with the practice only sharing information you have permitted us to.**

Basic Information (Medication and allergies only)

Additional Information (Medication and allergies PLUS medical problems, procedures, measurements, immunisations, care preferences)

No Information – I do not want a Summary Care Record



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<b>13</b>	<b>Smoking Status</b>	Smoker		Ex-Smoker		Never Smoked		How Many Per Day?
	<b>What is your height</b>		CM					
	<b>What is your weight</b>		KG					

<b>14 Alcohol Consumption – Age 16 and Over</b>					
How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times per month	2 to 3 times per week	Over 4 times per week
How many alcoholic drinks do you have on a typical day when you drink alcohol?	0 to 2	3 to 4	5 to 6	7 to 8	Over 9
How often do you have 6 or more alcoholic drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily

<b>15 Additional Guidance</b>	
<b>Out of Area</b> – When your registration form is processed, we will check to see that you live within our boundary. If you do not live within the boundary, we cannot accept you. We will inform you of this, and you will have to register elsewhere. <b>Please tick the box to say you accept this.</b>	<input type="checkbox"/>
<b>Not Ordinarily A UK Resident</b> – Please fill in the supplementary questionnaire on the back of this form. <b>Please tick the box to say you accept this.</b>	<input type="checkbox"/>
<b>Online Patient Access App/NHS App</b> – Online Access allows you to access your medical history, book appointments, order medications and obtain test results, without the need to contact the practice directly. You can register for online access by downloading the NHS app or by visiting our reception; you must provide two forms of ID to do this (photo and address but not a mobile phone bill) & complete the form. Please note that there are additional guidelines for proxy access.	
<b>Form Completion</b> – if there are any omissions on the form, we may need to contact you for further information. All areas of the form should be complete when handed in.	

<b>16 Signature of Patient or Representative</b>		
Print Name:	Signature:	Date: ...../...../.....

<b>17 FOR PRACTICE USE ONLY</b>									
Checked By		ID Evidenced		EMIS No.					
Registered By		Date Registered							
Dispensing		Non-Dispensing		EPS Nomination		In Area		Out of Area	



# Snaith & Rawcliffe Medical Group

## SUPPLEMENTARY QUESTIONS

### 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 non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:	
	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:	DD MM YYYY

*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.*

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.