

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

*Not all doctors are
authorised to
dispense medicines

☐ 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:	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 YY
	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

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.

child.

SWC Medical Group

Dr Alex Trompetas & Partners



SELSDON PARK
97 Addington Road
Selsdon
CR2 8LG

WARLINGHAM GREEN
1 Church Road
Warlingham
CR6 9NW

CHALDON ROAD
Chaldon Road
Caterham
CR3 5PG

WHYTELEAFE
19 Station Road
Whyteleafe
CR3 0EP

NHS REGISTRATION POLICY

Registering patients

Introduction

Selsdon Park Medical Practice is currently running an open list for all new patients.

The practice boundary is pictured below.



Any out of area patients will be seen only if they require immediate and necessary treatment and will be registered as such on the clinical system. Any Croydon Services patients attending for minor surgery should be recorded on the system as a separate category and their usual surgery should be added as an alert on the record.

Eligibility for registration

It is a practice policy that before any patient is successfully registered they need to conform to the details below:

- We have a catchment area within which the patient must live.
- We require their **Full name, Date of Birth, Current Address and previous GP details.**

**** Please note patients will not be refused registration or appointments if you do not have proof of address to hand. This also applies to asylum seeker, refugee, homeless patient.****

If the patient has just come into the UK we will need proof that they intend to work or study in the UK. We would require a **Work Permit or supporting letter from their employer or the education provider.**

EVERYONE is eligible for:

- EMERGENCY CARE
- IMMEDIATE & NECESSARY TREATMENT

If the patient is seen by a GP under either of these categories it does not entitle them to permanently register with our practice. Should the patient require further treatment, they can register with us with the necessary documentation. If they cannot provide these, we will see them as a **PRIVATE PATIENT and they will be charged accordingly.**

Patients are entitled to the full range of NHS Services if they are ORDINARILY RESIDENT in the United Kingdom (i.e. in the UK lawfully, voluntarily and as part of settled life.) This is irrespective of nationality, ethnicity or previous payment of UK taxes and National Insurance.

A person who intends to stay in the UK for less than six months would not usually be regarded as ordinarily resident and would therefore not be eligible to full registration.

Asylum seekers and refugees given leave to remain in the UK, or awaiting the results of application to remain, are regarded as ordinarily resident and entitled to full NHS GP treatment.

If a patient resides out of the UK for more than 90 days they **MAY NO LONGER QUALIFY** for the full range of NHS services. There is often confusion as to entitlement where a person goes to live or work overseas and may return intermittently to the UK, for example for a holiday or to see family and friends. A person who may be legitimately registered with a GP practice, but later decides to live, study or work overseas **would not** be entitled to continue to receive free NHS treatment, other than in an emergency if they returned to the UK for a holiday or short period before returning overseas. They should have surrendered their NHS medical card when leaving the country.

This action does not preclude the patient from receiving treatment in an emergency or if they require **Immediate & Necessary treatment.** If however treatment includes a hospital referral or any treatment delivered beyond Accident & Emergency in an Acute Hospital then it will be chargeable as a private patient.

It is strongly advised that patients arrange Private Health Insurance for future visits to the United Kingdom.

If the patient return's permanently to the UK they can apply to register with us but you will be expected to demonstrate that they have returned to re-settle for more than 6 months. Documentation as listed will be required.

Patients must complete the following forms to register with our Practice:

- **Registration Form for New Patients (GMS1)**
- **New Patient Health Check Questionnaire**
- **Ethnicity Form**
- **Consent for alternative methods of contact**
- **Next of Kin / Carer's form**
- **Health Visitor form if under 5**

Childs Name: _____

Health Questionnaire

It often takes a few weeks to get your records from your previous GP. It would be helpful if you could answer the following questions so that we have some background knowledge of your health. Thank you.

Please list any serious illness, operations or long-term health problems (EG: diabetes, blood pressure) that require medication:

Medication: if you currently take regular prescribed medication please make an appointment with the GP to have these added to your medical records

Drug allergies:

Are you a carer? If yes please complete the attached carers form

Do you have any information or communication needs that we should be aware of?

.....

.....

Have any of your blood relations suffered from the following:

Condition	Relative	Age at onset if known
Heart Attack		
Stroke		
High blood pressure		
Cancer		
Diabetes		
Asthma		
Other serious illness (please state)		

Ethnicity

The Government requires us to collect data about the ethnic background of our patients. This information can help the Department of Health plan to meet the needs of the community and ensure that everyone has equal access to healthcare.

Please note that we are not asking about citizenship or nationality but about the ethnic group to which you feel that you belong.

All the information we receive will be used and treated with confidence. All information released is CONFIDENTIAL and anonymous.

Completing this form is entirely voluntary. Your care at the surgery will not be affected by your decision to complete or not complete this form.

If you have any questions about completing this form, please ask a member of staff. Otherwise, please complete the form below by ticking the box of the ethnic group you feel you belong to. If you feel you are descended from more than one group, please tick the one you feel you most belong to, or choose the "Any other ethnic group" box.

AO	White	British	
BO	White	Irish	
CO	White	Any other white background	
DO	Mixed	White and Black Caribbean	
EO	Mixed	White and Black African	
FO	Mixed	White and Asian	
GO	Mixed	Any other mixed background	
HO	Asian or British Asian	Indian	
JO	Asian or British Asian	Pakistani	
KO	Asian or British Asian	Bangladeshi	
LE	Asian or British Asian	Sri Lankan	
LO	Asian or British Asian	Any other Asian background	
MO	Black	Caribbean	
NO	Black	African	
PO	Black	British	
PD	Black	Any other Black background	
RO	Other ethnic groups	Chinese	
SO	Other ethnic groups	Any other ethnic group	

Main Language:	
Religion:	

Patient Consent for Alternative Methods of Contact

In accordance with the Data Protection Act, the Practice requires written consent from any patient who is happy for us to share clinical information with a named third party, leave messages on an answerphone or contact you by email. Please could you complete the following as appropriate:-

I give consent for the Practice to leave messages on the answerphone of:-

Name Telephone:

I give explicit consent for the Practice to discuss any aspect of my medical treatment with the following third party:-

(I understand that I am consenting to the whole of my health record being available to those named below and that I cannot be selective)

Name of third party

Relationship

Contact details of third party

.....

This consent form will remain in force from the date written below until the patient cancels this.

Signed **Date of Birth**

Print Name **Date**

Patient Consent for Alternative Methods of Contact

NEXT OF KIN/ CARER

Patient's Name Date of Birth

Next of Kin

Name

Address

.....

.....

Tel Nos

Relationship to Patient

Consent to Share Information Yes/No

Are you a carer? Yes/No

If yes whom do you care for

Do you have a carer?

If so please provide contact details:

Address

.....

.....

Telephone.....

Mobile.....

E-Mail.....

FOR STAFF USE ONLY
SWC Group
Proof of Name and Proof of Address
Verification

Proof of name

Proof of address

Current signed passport

☐ Utility bill (gas, electric, satellite television, landline phone bill) issued within the last three months ☐

Original birth certificate (UK birth certificate issued within 12 months of the date of birth in full form including those issued by UK authorities overseas such as Embassies High Commissions and HM Forces) ☐

Local authority council tax bill for the current council tax year ☐

EEA member state identity card (which can also be used as evidence of address if it carries this) ☐

Current UK driving licence (but only if not used for the name evidence) ☐

Current UK or EEA photocard driving licence ☐

Bank, Building Society or Credit Union statement or passbook dated within the last three months ☐

Full old-style driving licence ☐

Original mortgage statement from a recognised lender issued for the last full year ☐

Photographic registration cards for self-employed individuals in the construction industry -CIS4 ☐

Solicitors letter within the last three months confirming recent house purchase or land registry confirmation of address ☐

Benefit book or original notification letter from Benefits Agency ☐

Council or housing association rent card or tenancy agreement for the current year ☐

Firearms or shotgun certificate ☐

Benefit book or original notification letter from Benefits Agency (but not if used as proof of name) ☐

Residence permit issued by the Home Office to EEA nationals on sight of own country passport ☐

HMRC self-assessment letters or tax demand dated within the current financial year ☐

National identity card bearing a photograph of the applicant ☐

Electoral Register entry ☐

NHS Medical card or letter of confirmation from GP's practice of registration with the surgery ☐

Seen and verified by:- Name:

Signature:

Date: