

CONFIDENTIAL MEDICAL REGISTRATION FORM (CHILDREN UNDER 13)

All patients registering at Mere Surgery will be allocated a named General Practitioner depending on their surname. Patients with a surname beginning with A-K will be allocated under Dr Halsey and patients with a surname beginning with L-Z will be allocated under Dr King. Patients are however free to see any doctor of their choice for each consultation although we would encourage you to see the same doctor for the duration of each problem to ensure continuity of care.

Online access to GP records is available for booking appointments, ordering repeat medication and to view information including immunisations, medications and test results. If you would like to have online access, please ask for an application form at reception.

Please complete all pages in FULL using BLOCK capitals

Surname						
First Names (in full)						
Previous Surnames						
Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth (day/month/year)		NHS Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		(if known)				
Town & country of Birth						
Address						
					Post Code:	
Telephone number:		Mobile number:				
Email address:						

Please help us trace your previous medical records by providing the following information:

Your previous address in UK			
			Post Code:
Name of previous Doctor while at that address			
Address of previous Doctor			
			Post Code:

If you are from abroad:

Your first UK address where Registered with a GP			
			Post Code:

If previously resident in UK
date of leaving

Date you first
came to UK

If registering a child under 5:

I wish the child above to be registered with Mere Surgery for Child Health Surveillance

Dispensing - If you live more than 1 mile in a straight line from the nearest chemist:

I live more than 1 mile in a straight line from the nearest chemist and would like to collect my dispensed medications from the Dispensary at Mere Surgery

Non - Dispensing - If you live less than 1 mile in a straight line from the nearest chemist:

I would like my prescriptions to be sent to Mere Pharmacy for collection

I would like my prescriptions to be sent to the following pharmacy for collection

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 Any part of my body

Signature to confirm agreement to organ/tissue donation is at the bottom of this form.

For more *information please ask at reception for an information leaflet or visit the website*

www.uktransplant.org.uk or call 0300 123 23 23

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 to confirm consent to inclusion on the NHS Blood Donor Register at the bottom of this form.

For more information, please ask for the leaflet on joining the NHS Blood Donor Register. My preferred address for donation is (only if different from above eg your place of work)

..... Post code:

Personal Medical History.....

Type of Birth:

(eg normal, forceps, Caesarean
If under 5)

Birth Weight:

(If under 5)

Feeding:

(Breast or bottlefed
If under 5)

Does your child have any special communication needs?

Yes No

If yes:

Sign Language Large Print Other

Has your child ever suffered from any important medical illness, operation or admission to hospital? If so please enter details below:

Condition	Year diagnosed	Ongoing
		Yes/No
		Yes/No
		Yes/No

Family History.....

Have any close relatives (*father, mother, sister, brother only*) ever suffered from: (please indicate who in the boxes)

Heart attack	Stroke	Diabetes	High blood pressure	Asthma	Glaucoma	Cancer

Immunisations

Please provide details of your child's immunisations with dates if possible (under 5's). If possible please give your Red Book to Reception to photocopy:

Immunisation	Date	Immunisation	Date
Tetanus		Booster: Tetanus	
Whooping Cough		Booster: Diphtheria	
Polio		Booster: Polio	
HiB		Booster: MMR	
Measles			
MMR			
BCG (TB)			
Meningitis			

List of current medication

Name of medication	Dosage

Allergies

Please list any allergies you have to any drugs/medication:

Name of medication	What was the problem or upset?

Ethnicity

- British or mixed British Irish African Caribbean Indian Pakistani
 Bangladeshi Chinese Other (please state):
 Decline to state

Next of kin

Name: Tel. contact number:
Relationship:

Data sharing consent choices

To maintain continuity of clinical care, we upload **certain** medical information so that it is available to other healthcare organisations (eg Emergency Departments). Details of how we share your information are found in the Privacy Notice available on our website or ask for a copy at reception.

If you wish to **OPT OUT** information is available at <https://www.nhs.uk/your-nhs-data-matters/> or ask for a form at reception.

Where you have provided information on how to contact you, can you confirm you are happy for Mere Surgery to contact you by the following:

- By text Yes No Reminders for appointments, invitations to book into clinics and updating information about the surgery
- By Email Yes No

SUPPLEMENTARY QUESTIONS

Registration with a GP practice is not dependent on the answering of these 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:		Relation ship 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 <u>non-UK</u> EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If YES, please enter details from your EHIC or PRC below:
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	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

Please tick if you have an S1 (eg. 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.

Identification

For all patients registering at our practice we need to verify your identify by seeing proof of identification. These documents ideally should be:

	<i>For office use only</i>
Birth Certificate	
Other	
Other	

If you are unable to provide any of the above or have difficulties obtaining them, please contact Reception who will be able to discuss other options with you.

Signature

I confirm that the information that has been provided is true to the best of my knowledge.

Signed:

Date:

Signature on behalf of patient Signature of patient