

**Bovey Tracey & Chudleigh Practice**

Riverside Surgery, Le Molay-Littry Way, Bovey Tracey, Devon TQ13 9QP - 01626 832666

Tower House Surgery, Market Way, Chudleigh Devon TQ13 0HL – 01626 852379

Website: <http://www.towerhousesurgery.co.uk>**APPLICATION TO REGISTER AN NHS PATIENT****PATIENT DETAILS** Please complete in BLOCK CAPITALS and circle where appropriate. **Please bring along two forms of identification.**

Mr   Mrs   Miss   Ms   other	Surname:		
Date of Birth:		First names:	
NHS No:		Previous name/s:	
Male / Female		Town and country of birth:	
Home Address:			
Postcode:			
Mobile Telephone number:		Work Telephone number:	
Home Telephone No:			
Email Address		Preferred Method of contact ( <i>please circle</i> ) Mobile                      Home number                      Email	
Occupation:			

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

Your previous address in the UK	
Name of previous doctor while at this address:	
Address of previous doctor	

If you are from abroad ....

Your first UK address where registered with a doctor:	
If previous resident in the UK, date of leaving:	
Date you first came to live in UK:	

Armed forces.....

Have you ever served in the armed forces?		YES / NO	
If YES are you still a reservist?		YES / NO	
Address before enlisting:			
Service or Personnel Number:			
Enlistment date:		Leaving Date:	

If you are registering a child under 5, do you wish the above child to be registered with the doctor for Child Health Monitoring?	YES / NO
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#### NHS ORGAN DONOR REGISTRATION

If you want to register your details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after death. Please circle all that apply and sign this box.

Kidneys	Heart	Liver	Pancreas	Corneas	Lungs	Any of my organs & tissue YES/NO	
Signature confirming my agreement to organ/tissue donation:						Date:	

#### NHS BLOOD DONOR REGISTRATION

If you would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood sign this box.

Signature confirming consent to inclusion on the NHS Blood Donor Register	
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#### YOUR ETHNICITY AND LANGUAGE

The NHS requires all medical records to show patients ethnic origin together with native or first language.

WHITE: British or Mixed British		ASIAN: Pakistani or British Pakistani	
WHITE: Irish		ASIAN: Bangladeshi or British Bangladeshi	
WHITE: Any other background		ASIAN: Any other background	
MIXED: White and Black Caribbean		BLACK: Caribbean	
MIXED: White and Black African		BLACK: African	
MIXED: White and Asian		BLACK: Any other background	
MIXED: Any other background		CHINESE:	
ASIAN: Indian or British Indian		ANY OTHER ethnic group	
What is your first spoken language?		I prefer not to specify my ethnic group.	
Do you require a translator?	YES      NO      (please circle)		

We will record your first spoken language as ENGLISH unless you specify otherwise.

**Would you like your prescriptions to be sent to a local pharmacy electronically? If so, please tick the pharmacy you would like to nominate.**

Lloyds Pharmacy, Next to Riverside Surgery, Le Molay Littry Way, Bovey Tracey (01626 835695)	
Lloyds Pharmacy, Fore Street, Bovey Tracey (01626 832275)	
Lloyds Pharmacy, Chudleigh (01626 854977)	
Boots, Courtney Street, Newton Abbot (01626 362124)	
Boots, Queen Street, Newton Abbot (01626 354783)	
Boots, Gladstone Place, Newton Abbot (01626 363195)	
Asda, Newton Abbot (01626 882710)	
Day Lewis, Devon Square, Newton Abbot (01626 365893)	
Superdrug, Courtney Street, Newton Abbot (01626 353307)	
Sainsbury's, Penn Inn, Newton Abbot (01626 333639)	
Boots, Greenhill Retail Park, Kingsteignton (01626 369025)	
Boots, Gestridge Road, Kingsteignton ( 01626 363883)	
Moreton Pharmacy, New St, Moretonhampstead (01647 440234)	
Other (please state):	

**HEALTH PROBLEMS:** Please tick if you have a history of any of the following health problems.

Cancer		Coronary Heart Disease, Heart Failure, or Atrial Fibrillation	
Dementia or Alzheimers		Depression or Mental Health problems	
Hypertension (High Blood Pressure)		Kidney Disease	
Respiratory Difficulties (Asthma or COPD)		Stroke or Transient Ischemic Attacks	
Diabetes		Learning Difficulties	
Epilepsy		Thyroid Disease	
If you have any other history or important illnesses or disabilities not mentioned above please give details here:			

<b>ALLERGIES:</b> Please list any allergies you have:	
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**MEDICATION:** are you taking any regular / repeat medication? If so please make a list below OR attach the most recent repeat prescription list / form from your previous GP surgery, this information is essential to enable your new GP to authorise future repeat medication.

**ADDITIONAL COMMUNICATION NEEDS:** Do you have any additional needs that you would like to make us aware of? E.g. hearing aid worn, sight problems, interpreter required.

**YOUR SMOKING STATUS:** Please tick appropriate box.

Never Smoked		N/A	
Ex- Smoker		Date Stopped?	
Cigarette Smoker		How many per day?	
Roll Own Cigarettes		How many per day?	
Cigar Smoker		How many per day?	
Pipe Smoker		How many ounces per week?	

If you wish to stop smoking our Health Care Assistants are trained advisors & can help you – just book an appointment at the surgery

**YOUR ALCOHOL CONSUMPTION:** Please complete chart(s) below.

	SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	YOUR SCORE
How often do you have a drink containing alcohol	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many unit of alcohol do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more If male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					<b>TOTAL SCORE</b>	

IF YOUR SCORE IS 5 (Five) or above please complete the additional questions below.

	SCORE 0	SCORE 1	SCORE 2	SCORE 3	SCORE 4	YOUR SCORE
How often during the last year have you found that you are not able to stop drinking once you have started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning in to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes but not in last year		Yes during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes but not in last year		Yes during the last year	

#### NEXT OF KIN

In order that your GP can do all they can to help, it is important that they are aware of your next of kin. It would be helpful, therefore if you could provide the information requested below. A Next of Kin is usually is a close family relative or relatives. Patients are often asked to nominate a next of kin when registering with their GP or if you are admitted to hospital. The practice will not be able to share any clinical information with the next of kin without written consent of the patient concerned.

Name:		Relationship to you:	
Address:			
Mobile Telephone:		Home Telephone:	
E-mail:		Permission to contact next of kin in an emergency	YES / NO

**CARER INFORMATION - Who is a Carer?** A Carer is someone, who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to being elderly, physical or mental illness, addiction or disability.

**If you are a Carer please complete the section below:-**

Relationship with the person you care for?			
<b>Details of the person(s) you are caring for</b>			
Surname		Forename	
Date of Birth		Telephone Number	
Address			

**If you are being Cared For please complete the section below:-**

What is your relationship with your Carer?			
<b>Details of your Carer(s)</b>			
Surname		Forename	
Date of Birth		Telephone Number	
Address			

#### **ONLINE ACCESS (SystmOnline)**

By signing up to SystmOnline you can book appointments with a doctor, request repeat prescriptions for any medications you take regularly and look at your medical record online. Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer. **The practice has the right to remove online access to services for anyone that doesn't use them responsibly.**

**If you would like to sign up for these services please complete the following the section below.**

I would like to request a password and login to enable me to access SystmOnline to book appointments, request repeat prescriptions and view the summary care record. I understand the importance of keeping my login and password details safe for security purposes.	YES / NO
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More details on Online Access including 'proxy' user access for children and carers can be obtained via Reception.

<b>SIGNATURE OF PATIENT :</b>	
OR SIGNATURE on behalf of a patient:	
<b>DATE:</b>	
<b>Please note by signing this form you are consenting to receiving texts and emails from the practice</b>	

## 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 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 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 purpose 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 for 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 patient:</b>	
<b>On behalf of:</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			
Do you have a <u>non-UK EHIC or PRC</u> ?		YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
 <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 hospital.</i></p>		If yes, please enter details from your EHIC or PRC below:	
		Country  Code:	
		3: Name	
		4: Given Names	
		5: Date of Birth	
		6: Personal Identification Number	
		7: Identification number of the institution	
		8: Identification number of the card	
		9: Expiry Date	
PRC validity period (a) From:		DD MM YY	(b) To: DD MM YY
Please tick <input type="checkbox"/> 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). <b>Please give your S1 form to the practice staff.</b>			
<b>How will your EHIC/PRC/S1 data be used?</b> 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 purpose 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.			