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| **Bennfield Surgery**  Hilton House,  Corporation Street,  Rugby. CV21 2DN  **Tel: 01788 540860**  **Fax: 01788 866039** | Dr C J Warburton MB ChB MRCGP  Dr N J Doherty MB ChB MRCGP  Dr H C Barnes BMBS MRCGP  Dr C Busby MB ChB MRCGP  Dr C Williams MBBS BSc MRCGP |

## **New Patient Registration Form**

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| **Patient Details** | | | |
| Title: |  | Surname: |  |
| First name(s) |  | Previous Surname: |  |
| Date of birth: |  | NHS Number: |  |
| Gender: |  | Town and country of birth: |  |
| Home address: |  | Postcode: |  |
| Telephone number(s): |  | Email address: |  |
| Main spoken language: |  | Interpreter required? | Yes No |
| If registration is for a child of school age, please indicate which school they attend: | |  | |

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| **Next of Kin/Emergency contact:** | | | |
| Full name: |  | | |
| Telephone number (s): |  | Relationship to patient: |  |
| *Please note: Unless we receive written consent from you, we will not discuss details of your medical record with this person.* | | | |

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| **Please help us trace your previous medical records by providing the following information:** | | | |
| Previous address in the UK: |  | | |
| Name of previous GP whilst at that address: |  | Address of previous GP practice: |  |

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| **If you are from abroad:** | | | |
| Your first UK address where registered with a GP: |  | | |
| If previously a resident in the UK, date of leaving: |  | Date you first came to live in the UK: |  |

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| **Accessible information standard**  From 01 August 2016 onwards, all organisations that provide NHS care or publicly funded adult social care are legally required to follow the Accessible Information Standard (DCB1605 Accessible Information). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing, and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment, or sensory loss. | | | | | |
| Do you have any communication or information support needs? (please specify) |  | | | | |
| **Were you ever registered with an Armed Forces GP?** | | | | | |
| Please indicate if you have served in 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: |  | | | | |
| Service or personnel number: |  | Enlistment date: |  | Discharge date: |  |
| *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.* | | | | | |

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| **I confirm that the information I have provided is correct, for the purposes of registering as a patient at Bennfield Surgery.** |
| **I confirm that the information I have provided is correct for the child (under the age of 16) who I have legal responsibility for, for the purposes of registering as a patient at Bennfield Surgery.** |

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| Signed: |  | Date: |  |
| If signing on behalf of patient, please state your name and relationship to patient. |  | | |

**NHS Organ Donation law in England**

On 20 May 2020, the law in England around organ donation was changed to allow more people to save lives.

It will be considered that you agree to become an organ donor automatically when you die if:

  · You are over 18 years of age

· You have not **opted out**

· You are not in an excluded group

If you do not wish to become an organ donor, you must **opt-out.**

Excluded groups are:

· Those under the age of 18

· People who lack mental capacity to understand the new arrangements and take the necessary actions.

· Visitors to England, and those not living here voluntarily.

· People who have lived in England for less than 12 months before their death.

The current New Patient Registration form does not give you the option to opt-out, you must register your decision online at:

<https://www.organdonation.nhs.uk/register-your-decision>

**NHS Blood Donor registration**

New and existing blood donors can use the online service to book an appointment to donate blood. New donors must be between the ages of 17 and 65.

You can register online at: [Registering online - NHS Blood Donation](https://www.blood.co.uk/the-donation-process/registering-online/)

Once registered, you can download the NHSGiveBlood app to manage your appointments and account on the move. This app is not available for platelet donors.

**New patient Registration Checklist:**

* New Patient Registration Form
* Supplementary Questions – patient registration (optional for those who do not ordinarily reside in the UK)
* Register your Type 1 Opt-out preferences (optional)
* Information for new patients about your Summary Care Recor

**Supplementary Questions**

**If you are not ordinarily resident in the UK, you will be asked to complete supplementary questions and sign a patient declaration by the Practice. These questions and the declaration are optional, and your answers will not affect your entitlement to register or receive services from the GP.**

Anybody in England can register with a GP 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, national 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 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 at 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:**

1. I understand that I may need to pay for NHS treatment outside of the GP practice.
2. 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.
3. I do not know my chargeable status.

I declare that the information I have 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 the age of 16 years.**

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| Signed: |  | Date: |  | |
| Print name: |  | | | |
| On behalf of: |  | Relationship to patient: | |  |

**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.**

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| **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 No** | 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 | |  | |
| 6: Personal identification number | |  | |
| 7: Identification number of the institution | |  | |
| 8: Identification number of the card | |  | |
| 9: Expiry date | |  | |
| PRC Valid period | 1. Date from: |  | 1. Date to: |  |
| 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 you EHIC/PRC/S1 data be used?**  By using your EHIC or PRC for NHS treatment costs your EHIC aor 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 purposes of recovering your NHS costs from your home country. | | | | |

**Ethnicity**

The collection of ethnicity data is crucial in increasing understanding of the inequalities faced by different ethnic groups in order to improve the planning and delivery of services for those who identify as an ethnic minority. Sensitive personal data will only be processed and used only for medical purposes in accordance with data protection legislation.

Please indicate which if the ethnic groups you belong to:

|  |  |  |  |
| --- | --- | --- | --- |
| **Asian or Asian British** |  | **Black, Black British, Caribbean or African** |  |
| Indian |  | Caribbean |  |
| Pakistani |  | African |  |
| Bangladeshi |  | Any other Black background |  |
| Chinese |  |  |  |
| Any other Asian background |  | **Mixed or multiple ethnic groups** |  |
|  |  | White and Black Caribbean |  |
| **White** |  | White and Black African |  |
| British |  | White and Asian |  |
| Irish |  | Any other mixed background |  |
| Any other White background |  |  |  |
|  |  |  |  |
| **Other Ethnic Group** |  | I prefer not to say |  |
| Arab |  |  |  |
| Any other ethnic group |  |  |  |