

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*

*Not all doctors are
authorised to
dispense medicines

☐ 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

☐ Signature of Patient

☐ Signature on behalf of patient

Date / /

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

White: ☐ British ☐ Irish ☐ Irish Traveller ☐ Traveller ☐ Gypsy/Romany ☐ Polish

☐ Any other white background (please write in):

Mixed: ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian

☐ Any other Mixed background (please write in):

Asian or Asian British: ☐ Indian ☐ Pakistani ☐ Bangladeshi

☐ Any other Asian background (please write in):

Black or Black British: ☐ Caribbean ☐ African ☐ Somali ☐ Nigerian

☐ Any other Black background (please write in):

Other ethnic group: ☐ Chinese ☐ Filipino

☐ Any other ethnic group (please write in):

Not stated: ☐

Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

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 an EU 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:
 <p>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.</p>	Country Code: <input type="text"/>	
	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 (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 Business Service Authority for the purpose of recovering your NHS costs from your home country.

ST GEORGE'S MEDICAL PRACTICE

NEW PATIENT REGISTRATION FORM

PERSONAL DETAILS

NAME: _____ DOB: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

NEXT OF KIN

NAME: _____ RELATIONSHIP TO YOU: _____

TELEPHONE NUMBER: _____

ETHNIC ORIGIN

MAIN SPOKEN LANGUAGE: _____

White British ☐ White, Other ☐ Black African ☐ Bangladeshi ☐
Black Caribbean ☐ Vietnamese ☐ Chinese ☐ Pakistani ☐
Other – please specify _____

HEIGHT: _____ WEIGHT: _____

SMOKING STATUS

☐ Never Smoked ☐ Ex-Smoker ☐ Current Smoker (please state amount smoked per day) _____

WE STRONGLY RECOMMEND ALL PATIENTS STOP SMOKING AS IT SERIOUSLY DAMAGES YOUR HEALTH.

DETAILS OF ANY ALLERGIES: _____

ARE YOU A CARER?

Yes ☐ No ☐

IF YES:-

NAME OF PERSON YOU CARE FOR: _____ RELATIONSHIP TO YOU: _____

PLEASE STATE HERE ANY COMMUNICATION CONSIDERATIONS YOU WOULD LIKE TO MAKE US AWARE OF:

Blind ☐ Learning Disability ☐
Partially sighted ☐ Other, please specify _____
Deaf ☐

ARE YOU CURRENTLY TAKING ANY MEDICATION?

☐ Yes (If yes you will need to provide your repeat request slip or make an appointment to see a GP).
☐ No

NOMINATED PHARMACY: _____

AS A NEW PATIENT, YOU ARE INVITED TO HAVE A REGISTRATION HEALTH CHECK. PLEASE MAKE AN APPOINTMENT WITH ONE OF OUR PRACTICE NURSES. YOU WILL NEED TO BRING A URINE SAMPLE WITH YOU TO THIS APPOINTMENT.

ST GEORGE'S MEDICAL PRACTICE

Name:

Date of Birth:.....

Nominated Pharmacy.....

Photo ID

- PASSPORT
- DRIVING LICENCE (NEW STYLE)
- BUS PASS
- STUDENT CARD

Proof of Address

- UTILITY BILL
- DRIVING LICENCE
- BANK STATEMENT
- LETTER RE: CHILD BENEFIT

Staff Signature: Date:

**PLEASE DO NOT ACCEPT ONE PIECE
OF ID FOR BOTH AREAS.
PLEASE MARK ON THE NEW PATIENT
FORM WHICH ID HAS BEEN SEEN
AND SIGN.**

ST GEORGE'S MEDICAL PRACTICE

ALCOHOL QUESTIONNAIRE

This form to be returned with registration documents

Questions	Score 0	Score 1	Score 2	Score 3	Score 4	Your Score
How often do you have a drink that contains alcohol?	Never	Monthly or less	2-4 times per month	2-4 times per week	4+ times per week	
How many standard alcoholic drinks do you have on a typical day when you are drinking?	1-2	3-4	5-6	7-8	10+	
How often do you have 6 or more standard drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

TOTAL:

Scoring: A total of 5+ indicates hazardous or harmful drinking

NAME:

Date of Birth:

DRINKING WITHIN THE LOWER RISK GUIDELINES

Men should not exceed 3-4 units per day on a regular basis

Women should not exceed 2-3 units per day on a regular basis

Drinking within the lower risk guidelines means that in most circumstances

you have a low risk of causing yourself future harm

ONLINE SERVICES PATIENT INFORMATION

Why should I have online access?

Online access enables the patient or their representative (proxy access) to book appointments, order repeat prescriptions and view the electronic medical record.

How do I get online access?

Please complete an online access form which is available from reception or can be downloaded from our website stgeorgesmp.co.uk. You will need to bring photo ID and proof of address with you when handing in the completed form to reception.

On receipt of the completed form the reception team will issue you with a username and password unique to you, you can then book appointments and order repeat prescriptions via the NHS app or systmonline.

If you would like access to your historic medical record the form will be passed to the administration team for processing and you will be notified by email or text that access has been granted. This can take up to 28 days from date of request.

I am a parent or guardian and would like access to my child's record/book appointments/order prescriptions on their behalf

You will need to complete the proxy access consent form which you can get from reception. If the child is aged 11 and above they will also need to sign the form to enable you to access their record/booking appointments or order prescriptions on their behalf.

I am the patient's representative and would like access to their record/book appointments/order prescriptions on their behalf.

You will need to complete the proxy access consent form which you can get from reception. We will need to see sight of proof of ID when you hand in the completed form.

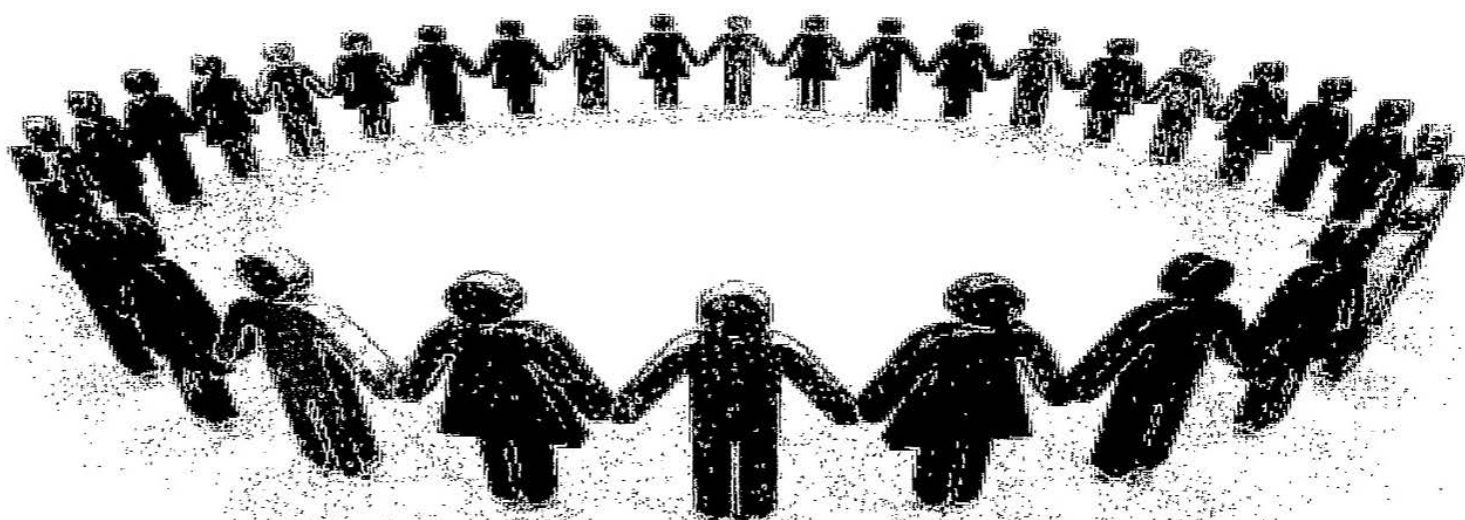
I am a new patient to the practice and had access to online services at my previous surgery can I still access?

Yes, you can and your username and password should remain the same as before. On registering with the surgery your online services should automatically continue.

From 1st November 2022 any patient registering with the surgery with online access will be able to view their medical record, you will only be able to see information added to your record after the registration date.

If you would like to view your record information prior to the registration date you will need to complete the online access form which can be obtained from reception or via the website Stgeorgesmp.co.uk. The form should be handed to reception and will be processed by the administration team, this can take up to 28 days from the date of request.

Patient Participation Groups



Are you interested in finding out more about your GP Practice and the Health and Wellbeing needs of your community?

- GP surgeries welcome anyone in their community to be an active member of their Patient Participation Group.
- Involvement could be attending regular practice meetings or communicating via email to discuss any changes or ideas for your surgery or services in Darlington.
- What services work well, what services can be improved?
- This is a great opportunity to become involved in local health issues which affect you and your GP Practice.
- Your GP Surgery is interested in what you think and how we can all make a difference to the health and wellbeing of our population.
- Influence decision making in the heart of your community by becoming your practice representative on the Darlington Clinical Commissioning Group's Community Council.
- Please contact your GP Surgery for further details.