

## How to register with a GP surgery

To register yourself or someone else with a GP surgery, fill in this form and give it to the surgery you want to register with.

### You should:

- use a 'tick' or 'x' for boxes where necessary
- complete all sections that apply to you or the person you are registering
- provide as much information as possible
- use BLOCK CAPITALS
- if you cannot answer a question or it does not apply write 'Not applicable' or 'N/A'
- only use black or blue ink
- ask at the reception desk of the surgery you want to register with if you need help completing this form

### Which sections should be completed?

- Part A - all sections that apply.
- Part B - this section is optional, but will help the GP provide the best care.
- Part C - only complete these sections if you do not normally live in the UK.

You may be contacted by the GP surgery if you do not complete all the relevant sections.

### Register online

It is quick and secure to register with a new GP surgery online. Check the website of the surgery you want to register with for a link for the 'Register to a GP surgery' service.

## PART A

Try to provide as much information as possible. If a question does not apply to you or the person you are registering write 'Not applicable' or 'N/A'.

### Section 1 - Who is registering?

#### 1 Are you registering

☐

Yourself (Go to Section 2 - Patient details)

☐

Someone else

Only provide your details if you are registering someone else.

#### 2 Your name

#### 3 Your relationship to the person you are registering

#### 4 Your contact phone number



You can help save lives as a blood or organ donor. Become someone's lifeline.

Visit [www.nhsbt.nhs.uk/lifeline](http://www.nhsbt.nhs.uk/lifeline) or call us on 0300 123 23 23.

## Section 2 - Details of patient registering

|           |                                                                        |                                                                                                                                                                                                                                                                                                                                                 |
|-----------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b>  | Title                                                                  | <input type="text"/>                                                                                                                                                                                                                                                                                                                            |
| <b>2</b>  | First name                                                             | <input type="text"/>                                                                                                                                                                                                                                                                                                                            |
| <b>3</b>  | Last name                                                              | <input type="text"/>                                                                                                                                                                                                                                                                                                                            |
| <b>4</b>  | Middle name (if you have one)                                          | <input type="text"/>                                                                                                                                                                                                                                                                                                                            |
| <b>5</b>  | Previous last name                                                     | <input type="text"/>                                                                                                                                                                                                                                                                                                                            |
| <b>6</b>  | Date of birth DD MM YYYY                                               | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                                                                         |
| <b>7</b>  | What is your sex as recorded on your NHS record?                       | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex<br><input type="checkbox"/> Not specified or known                                                                                                                                                                                              |
| <b>8</b>  | NHS number (if you have it)                                            | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                                                                                                                               |
| <b>9</b>  | Village, town or city of birth                                         | <input type="text"/>                                                                                                                                                                                                                                                                                                                            |
| <b>10</b> | Country of birth                                                       | <input type="text"/>                                                                                                                                                                                                                                                                                                                            |
| <b>11</b> | Current address                                                        | <input type="text"/><br><input type="text"/><br><input type="text"/><br>Postcode<br><input type="checkbox"/> No fixed address                                                                                                                                                                                                                   |
| <b>12</b> | What postcode did you give to the last GP surgery you registered with? | <input type="text"/>                                                                                                                                                                                                                                                                                                                            |
| <b>13</b> | Name and address of UK GP surgery you registered with                  | <input type="text"/><br><input type="text"/><br><input type="text"/><br>Postcode                                                                                                                                                                                                                                                                |
| <b>14</b> | Have you ever lived somewhere else in the UK?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                        |
| <b>15</b> | Last address in the UK                                                 | <input type="text"/><br><input type="text"/><br><input type="text"/><br>Postcode                                                                                                                                                                                                                                                                |
|           |                                                                        | The NHS and your GP surgery can use these details to call, text or email you about health care services.<br>All phone numbers must be registered in the UK.                                                                                                                                                                                     |
| <b>16</b> | Home phone number                                                      | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <b>17</b> | Mobile phone number                                                    | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <b>18</b> | Email address                                                          | <input type="text"/><br><input type="text"/>                                                                                                                                                                                                                                                                                                    |
| <b>19</b> | Name of emergency contact                                              | <input type="text"/>                                                                                                                                                                                                                                                                                                                            |
| <b>20</b> | Phone number of emergency contact                                      | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <b>21</b> | Their relationship to you                                              | <input type="text"/>                                                                                                                                                                                                                                                                                                                            |
| <b>22</b> | Name of next of kin                                                    | <input type="text"/>                                                                                                                                                                                                                                                                                                                            |
| <b>23</b> | Phone number of next of kin                                            | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| <b>24</b> | Their relationship to you                                              | <input type="text"/>                                                                                                                                                                                                                                                                                                                            |

## Section 3 - Patients under 18 years

### For children under 12 months only

**1** Where were they born?

- ☐ England ☐ Wales ☐ Northern Ireland  
☐ Isle of Man ☐ Scotland ☐ Outside the UK

**2** Where was the mother living when the baby was born?

  
  
  
 Postcode

### For patients under 18 years

**1** Do you attend any of the following?

- ☐ School ☐ Nursery ☐ Home school  
☐ None of these

**2** Address

  
  
  
 Postcode

**3** Are any of these involved in your care?

- ☐ Hospital specialist ☐ Health worker  
☐ Social worker ☐ None of these

**4** Have you had all your routine vaccinations?

- ☐ Yes ☐ No ☐ Don't know

**5** Did you get your routine vaccinations in the UK?

- ☐ Yes ☐ No ☐ Don't know

## Section 4 - Additional information

**1** What is your ethnic group?

Choose one section from A to E, then tick one box to best describe your ethnic group or background.

**(A) White**

- ☐ English, Welsh, Scottish, Northern Irish or British  
☐ Irish ☐ Gypsy or Irish Traveller

Any other White background

**(B) Mixed or multiple ethnic groups**

- ☐ White and Black Caribbean  
☐ White and Black African  
☐ White and Asian

Any other Mixed or Multiple ethnic background

**(C) Asian or Asian British**

- ☐ Indian ☐ Pakistani ☐ Bangladeshi  
☐ Chinese

Any other Asian background

**(D) Black/African/Caribbean/British**

- ☐ African ☐ Caribbean

Any other Black, African or Caribbean background

**(E) Other ethnic group**

- ☐ Arab

Any other ethnic group

- ☐ Prefer not to say

## Section 4 - Additional information

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>2</b> Have you registered with a UK GP before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>3</b> If you have moved to the UK, what date did you arrive?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>4</b> Have you ever served in the UK Armed Forces or were you ever registered with a Ministry of Defence GP in the UK or overseas?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say</p> <p>If you were given a FMED133A form (sometimes called an FMED1 form) when you left the UK Armed forces, you should give this to your GP surgery.</p> <p><b>5</b> Do you need an interpreter for your appointments?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>6</b> What language?</p> <p><input type="text"/></p> <p><input type="checkbox"/> British Sign Language (BSL)</p> <p><b>7</b> Are you a carer?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>8</b> What is your relationship to the person you are caring for?</p> <p><input type="text"/></p> <p><b>9</b> What type of carer are you?</p> <p><input type="checkbox"/> Young carer, under 18 <input type="checkbox"/> Paid as a job</p> <p><input type="checkbox"/> Unpaid, but may get benefits <input type="checkbox"/> Foster carer</p> | <p><b>10</b> Do you have a carer?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>11</b> What is your relationship to your carer?</p> <p><input type="text"/></p> <p><b>12</b> What type of carer are they?</p> <p><input type="checkbox"/> Young carer, under 18 <input type="checkbox"/> Paid as a job</p> <p><input type="checkbox"/> Unpaid, but may get benefits <input type="checkbox"/> Foster carer</p> <p><b>13</b> Carer's contact telephone number</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>14</b> What pharmacy do you want your prescriptions sent to?</p> <p>Pharmacy address</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Postcode</p> <p><input type="text"/></p> <p>You can sometimes collect your prescription items from your GP surgery instead of having to go to a pharmacy. Your surgery may discuss this with you</p> <p><b>15</b> Do you live more than 1 mile from your nearest pharmacy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>16</b> Would you have serious difficulty getting medicines or appliances from your nearest pharmacy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
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### Sharing your Summary Care Record

Your GP surgery shares your important healthcare information with other healthcare professionals in England when they provide you with direct care, such as emergency care or referral to a specialist service. This is called a Summary Care Record (SCR).

#### Why we share your information

Your SCR is shared with healthcare professionals to ensure the quality and safety of your care. This reduces the risk of things like adverse medical reactions or delays in urgent care.

#### What information is shared

Your SCR contains details of your:

- Medicines
- illnesses and health problems
- allergies and adverse reactions
- past operations and vaccinations

#### Your rights

You can choose not to share your SCR. However, this will mean healthcare professionals will not have access to important information about your healthcare.

If you do not want to share your SCR, speak to your GP.

If you are happy with your SCR being shared you do not need to do anything.

# PART B

You do not have to complete this section. But any information you do give will help the GP give you the best care.

## Section 5 - Patient health

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div><div>1</div><div>Have you ever had any of these conditions?</div><div><div><input type="checkbox"/> Alzheimer's disease or dementia</div><div><input type="checkbox"/> Asthma</div><div><input type="checkbox"/> Epilepsy</div><div><input type="checkbox"/> High blood pressure (hypertension)</div><div><input type="checkbox"/> Stroke</div><div><input type="checkbox"/> Cancer</div><div><input type="checkbox"/> Diabetes</div><div><input type="checkbox"/> Heart disease</div><div><input type="checkbox"/> Thyroid disease</div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <div><div>10</div><div>Did you receive a blood transfusion before 1996?</div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don't know</div></div></div> <div><div>11</div><div>Have you ever spent more than 6 months in a country where there was an increased risk of catching tuberculosis (TB)?</div><div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div><div><input type="checkbox"/> Don't know</div></div></div> <div><div>12</div><div>Allergies</div><div></div></div> <div><div>13</div><div>Mental health conditions</div><div></div></div> |
| <div><div>2</div><div>What best describes you?</div><div><div><input type="checkbox"/> I smoke</div><div><input type="checkbox"/> I used to smoke</div><div><input type="checkbox"/> I have never smoked</div><div><input type="checkbox"/> Prefer not to say</div></div></div> <div><div>3</div><div>On average, how many cigarettes do you smoke a day?</div><div></div></div> <div><div>4</div><div>What date did you stop smoking? DD MM YYYY</div><div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div></div></div> <div><div>5</div><div>How often do you drink alcohol?</div><div><div><input type="checkbox"/> Never</div><div><input type="checkbox"/> Monthly or less</div><div><input type="checkbox"/> 2 to 4 times a month</div><div><input type="checkbox"/> 2 to 3 times a week</div><div><input type="checkbox"/> 4 or more times a week</div><div><input type="checkbox"/> Prefer not to say</div></div></div> <div><div>6</div><div>How many units of alcohol do you drink on a typical day when you are drinking?</div><div>1 pint of 4% beer is 2.5 units. a small 125ml glass of wine is 1.5 units and a 25ml shot of spirits is 1 unit.</div><div><div>Units</div></div></div> <div><div>7</div><div>How often have you had six or more units of alcohol on a single occasion in the last year?</div><div><div><input type="checkbox"/> Never</div><div><input type="checkbox"/> Less than monthly</div><div><input type="checkbox"/> Monthly</div><div><input type="checkbox"/> Weekly</div><div><input type="checkbox"/> Daily or almost daily</div><div><input type="checkbox"/> Prefer not to say</div></div></div> <div><div>8</div><div>What is your weight?</div><div><div><div>Kilograms</div></div><div>Or</div><div><div>Stone</div></div><div><div>Pounds</div></div></div></div> <div><div>9</div><div>What is your height?</div><div><div><div>Centimetres</div></div><div>Or</div><div><div>Foot</div></div><div><div>Inches</div></div></div></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

Section 5 - Patient health (continued)

|                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>14</div> <div>Disabilities</div> <div></div>             | <div>16</div> <div>Give details of any medication you are taking</div> <div></div> <div>Are any of these repeat prescriptions?<div><div>Yes</div><div>No</div></div></div>                                                                                                                                                                                                                                                                                                                                             |
| <div>15</div> <div>Other medical conditions</div> <div></div> | <div>17</div> <div>Do you or your carer need to be communicated in an accessible format?<div>For example, braille, audio, large format or EasyRead.</div><div>Tell us what you need</div></div> <div></div> <div>18</div> <div>Do you or your carer need any reasonable adjustments to make your visit to the GP surgery accessible?<div>For example, an audible or visual alert in the waiting room, access to a hearing loop or the support of a note taker.</div><div>Tell us what you need</div></div> <div></div> |

## PART C

### Section 6 - Patients from abroad

Complete this section if you are:

- visiting the UK and do not normally live here.
- currently living in the UK, but do not think of it as your permanent country of residence. For example, you are studying here or have come to the UK as part of your job.
- a permanent resident in the UK and receive a pension or benefit from a European country.

#### Information on eligibility to free care outside the GP practice

Anyone can register with a GP practice and receive free medical care from that practice. However, should you be referred for treatment outside the practice or need unplanned care, for example at a hospital, charges may apply if you are a visitor or temporary resident.

Some groups of visitors or temporary residents are eligible to receive this care free of charge. Documentation may be required to demonstrate eligibility.

Examples of those eligible include:

- refugees, asylum seekers, those receiving certain forms of state support
- suspected or confirmed victims of modern slavery and human trafficking
- temporary residents with a valid visa of over 6 months. You may have paid the immigration health surcharge with your visa application. Note that assisted conception services remain chargeable to this group
- visitors from the EEA will need to provide their EHIC (European Health Insurance Card), which covers immediately necessary unplanned treatment, or a S2 form which covers planned treatment.

Additionally, some services are free of charge to all visitors, including diagnosis and treatment for infectious diseases and sexually transmitted infections.

Immediate necessary care, maternity care and other urgent care that cannot wait until a chargeable visitor's departure from the UK will not be withheld or delayed due to charges. But non-urgent treatment will not be given until full payment is received.

More information can be found in the patient leaflet available from the GP practice.

#### Select the statement that applies to you

- ☐ I understand I may have to pay for NHS treatment outside of the GP practice.
- ☐ I do not have to pay for NHS treatment outside of the GP practice and have documents to prove this.
- ☐ I do not know if I have to pay for treatment.

# PART C

## Section 6 - Patients from abroad (continued)

Giving us this information means that if you need NHS care outside the GP practice and you are entitled to that care without charge, it will be easier for you to demonstrate this entitlement.

We'll use the information to establish your chargeable status in order to recover NHS costs from countries responsible for your healthcare where applicable. This will not impact your entitlement to register with the GP practice or to receive free GP services.

1

Tick one of the following

☐

I have an S1 form issued by an EU or EEA member state

☐

I am in receipt of a European pension or benefit

☐

I am entitled to an EHIC card, but I do not have one

☐

I am in the UK as part of my employment

☐

I have an EHIC card issued by an EU or EEA member state

☐

None of these

Enter details from your EHIC

1

Country code

2

Name

3

Given name

4

Date of birth DD MM YYYY

5

Personal identification number

6

Identification number of the institution

7

Identification number of the card

8

Expiry date DD MM YYYY

### How will your EHIC and S1 data be used?

By using your EHIC for NHS treatment costs your EHIC 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 or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.