



Patient's details

Please complete in BLOCK CAPITALS and tick  as appropriate

Mr  Mrs  Miss  Ms Surname

Date of birth 

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 First names

NHS No. 

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 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><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 a hospital.</i></p>	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

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

Update of Immunisation details and GP details for Child Health

PLEASE WRITE CLEARLY AND IN BLOCK LETTERS (One form per child under 5 years of age)

Following UK Immunisation Schedule YES / NO (Please delete)

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
GP: BLOXHAM & HOOK NORTON SURGERY NHS number: \_\_\_\_\_

Routine Childhood Immunisations	Age usually given	Date Given			Please indicate if Declined
		1st	2nd	3rd	
1 <sup>st</sup> Diphtheria, tetanus, pertussis, polio and Hib	2 months				
Pneumococcal (PCV)					
2 <sup>nd</sup> Diphtheria, tetanus, pertussis, polio and Hib	3 months				
Meningitis C (Men C)					
3 <sup>rd</sup> Diphtheria, tetanus, pertussis, polio and Hib	4 months				
Meningitis C (Men C)					
Pneumococcal (PCV)					
Hib / Men C (Menitorix)	12 - 13 months				
1 <sup>st</sup> MMR (Measles, Mumps, Rubella)					
Pneumococcal (PCV) booster					
2 <sup>nd</sup> MMR	3 years 4 months approx.				
4 <sup>th</sup> Diphtheria, tetanus, pertussis, polio (Pre-School Booster)					
Human Papillomavirus vaccine (HPV)	Females only 12-18 years	1st	2nd	3rd	
5 <sup>th</sup> Diphtheria, tetanus, pertussis, polio (School leavers booster)	13 - 18 years				

NON ROUTINE VACCINES	Date given					Clinical Assessment Outcome (For office use only)	
						Required (meets criteria)	Not Required (does not meet criteria)
Mantoux test							
BCG							
Meningitis C						<b>BCG CRITERIA QUESTIONS (Please indicate Y or N)</b> Please see chart overleaf • Has the child had a BCG immunisation? Y / N • Does the child have a parent or grandparent from a country with high rates of TB, who they have regular contact with? Y / N • Was the child born or have they lived in a country with high rates of TB for more than a total of 3 months of their life? Y / N	
Hib Booster (Haemophilias Influenza B)							
Hepatitis B	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>		
Other Vaccines Received / Other Information.							
<b>UNDER 2</b> Neonatal hearing test					Blood spot test		

HV Name DALE WALKER / MARTINA O'BYRNE

Date / /

Signature .....