WONFORD GREEN SURGERY

Do you have any spe	cial communication needs? ☐ Yes ☐ No						
If yes: □ Sign Language □ Large Print □ Other							
CONFIDENTIAL MEDICAL REGISTRATION FORM (CHILDREN UNDER 16)							
Please complete all pages in Surname	FULL using BLOCK capitals						
First Names (in full)							
Previous Surnames							
Title: ☐ Mr ☐ Mrs ☐ Missipate of Birth (day/month/year)	Ms □ Male □ Female NHS Number □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						
Town & country of Birth							
Address	Post Code:						
l							
Telephone number: Email address:	Mobile number:						
Please help us trace you	previous medical records by providing the following information:						
Your previous address in UK							
	Post Code:						
Name of previous Doctor while at that address							
Address of previous Doctor							
	Post Code:						
If you are from abroad:							
Varin Grat I IIZ addraga ishana 🏴							
Your first UK address where Registered with a GP	Post Code:						
If previously resident in UK date of leaving	Date you first came to UK						

	If registering a child under 5:				
	I wish the child above to be registered with [insert name of practice] for Child Health Survelliance				
	If you need your doctor to dispense medicines & appliances*:				
For Dispensing Practices only: I live more than 1 mile in a straight line from the nearest chemist					
NHS Organ Donor registration:					

Practices will no longer be able to record this information and patients should visit the organ donation website to <u>make their choices</u>. If you would like to speak to somebody about your choices, please call the NHS dedicated line: **0300 123 23 23.**

The Organ Donation opt out system in England came into effect on 20 May 2020. This means that all <u>adults</u> in England will be considered to have agreed to be an organ donor when they die unless they have recorded a decision not to donate or are in one of the <u>excluded groups</u> below:

- Those under the age of 18
- People who lack the mental capacity to understand the new arrangements and take the necessary action
- Visitors to England, and those not living here voluntarily
- People who have lived in England for less than 12 months before their death

You still have a choice whether or not you wish to become a donor. <u>Get the facts</u> about organ donation to help you decide.

More information can also be found at https://www.organdonation.nhs.uk/uk-laws/organ-donation-law-in-england/

NHS Blood Donor registration:

You can give blood if you:

- are fit and healthy
- weigh between 7 stone 12 lbs and 25 stone, or 50kg and 158kg
- are aged between 17 and 66 (or 70 if you have given blood before)
- are over 70 and have given a full blood donation in the last two years

For information, please see https://www.blood.co.uk or call 0300 123 23 23

Patient Declaration for all patients who are not ordinarily resident in the UK

Please see appendix 1 for patient declaration (last page of form)

Persona	al Medical Hi	story							
Type of Birth: (eg normal, forcep If under 5)	os, Caesarean								
Birth Weight: (If under 5)			(eeding Breast of f under 5	r bottlefed				
Has your child please enter de		d from any import			•	n or ac	dmission to	hospital? If so	
Condition			Ye	ar diag	nosed	I	Ongoing		
					,		Yes/No		
							Yes/No		
							Yes/No		
Far	mily History.		,						
Have any <u>close relatives</u> (father, mother, sister, brother only) ever suffered from: (please indicate who in the boxes)									
Heart attack	Stroke	Diabetes	High bl pressu		Asthma	Gla	aucoma	Cancer	
lmm	unications								
Immunisations Please provide details of your childs immunisations with dates if possible (under 5's). If possible pelase give your Red Book to Reception to photocopy:									
Immunsation	1	Date	ate		Immunisation			Date	
Tetanus				Booster: Tetanus					
Whooping Cough		-		Booster: Diphtheria					
Polio HiB				Booster: Polio Booster: MMR					
Measles				Boook	<u> </u>				
MMR									
BCG (TB)									
Meningitis				I					
List of current medication									
Name of med	dication			Dosa	ge				
					-				

Allergies		
Please list any allergies you have to any dru	ıgs/medic	ation:
Name of medication		What was the problem or upset?
Ethnicity		
☐ British or mixed British ☐ Irish ☐ Bangladeshi ☐ Chinese ☐ Decline to state	□ Africa □ Other	n □ Caribbean □ Indian □ Pakistani (please state):
Next of kin		
Name:		Tel. contact number:
Relationship:		number.
Data sharing consent choices		
other healthcare organisations (eg Emergen	ncy Depai	tain medical information so that it is available to rtments). Please read the accompanying leaflet d how it is used to help other NHS organisations.
If you wish to OPT OUT please complete the	e form fo	und with this leaflet.
Where you have provided information on ho name of practice] to contact you by the follow		act you, can you confirm you are happy for [insert
By email	s 🗆 N	This will be to send you letters, newsletter and the like
By text	s 🗆 N	o This will be to send you reminders of appointments via text
Signature		
I confirm that the information that has been	provided	is true to the best of my knowledge.
	-	
Signed:		Date:
Signature on behalf of patient ☐ Signature	e of patie	nt 🗆

Appendix 1						
PATIENT DECLARATION for all patients who are not ordinarily resident in the UK						
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					
SUPPLEMENTARY QUESTIONS	ION for all patients who ar	re no	ot ordinarily residen	t in the UV		
Anybody in England can register with a						
However, If you are not 'ordinarily reside	•		•			
ordinarily resident broadly means living of countries outside the European Econo	lawfully in the UK on a properlomic Area must also have the st	ly set tatus	tled basis for the time b of 'indefinite leave to r	peing. In most cases, nationals remain' in the UK.		
Some services, such as diagnostic tests of all people, while some groups who are r More information on ordinary residence	not ordinarily resident here are	exen	npt from all treatment (charges.		
patient leaflet, available from your GP p	ractice.					
You may be asked to provide proof of e you may be charged for your treatment						
Immediately necessary or urgent treatm The information you give on this form you	_			and may be shared including		
with NHS secondary care organisations	(e.g. hospitals) and NHS Digital	l, for	the purposes of validat			
recovery. You may be contacted on beh	alf of the NHS to confirm any o	detall	is you have provided.			
Please tick one of the following boxes: a) I understand that I may need to	pay for NHS treatment outside	oft	the GP practice			
b) I understand I have a valid exen				practice. This includes for		
example, an EHIC, or payment of the In provide documents to support this whe c) I do not know my chargeable sta	n requested	e Sur	rcharge"), when accom	panied by a valid visa. I can		
I declare that the Information I give on		ete. I	understand that If It Is	not correct, appropriate		
action may be taken against me. A parent/quardian should complete the	form on behalf of a child und	der 16	6.			
Signed:			Date:	DD MM YY		
Print name:		1.				
On behalf of:		_	Relationship to patient:			
				1		
Complete this section if you live in a the UK but work in another EEA me						
NON-UK EUROPEAN HEALTH INSURA						
DETAILS and S1 FORMS Do you have a non-UK EHIC or PRC?	YES: NO:	_	If yes, please enter	details from your EHIC or		
Do you have a <u>non-ox</u> Enic of PRC?			PRC below:			
ESHORIFF-IBALTH RESIRENCE CAND	Country Code:	_				
	4: Given Names	\vdash				
	5: Date of Birth	DD	MM YYYY			
	6: Personal Identification					
If you are visiting from another EEA country and do not hold a current	Number	***************************************				
EHIC (or Provisional Replacement	of the institution	Identification number of the institution				
Certificate (PRC))/S1, you may be billed for the cost of any treatment received	8: Identification number					
outside of the GP practice, including at a hospital.	of the card 9: Expiry Date DD MM YYYY					
PRC validity period (a) From: DD MM YYYYY (b) To: DD MM YYYYY			DD MM YYYY			
Please tick if you have an S1 (e.g.)						
work or you live in the UK but work i						
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 The Department for Work and Pensions for the purpose of						
recovering your NHS costs from your home country.						

Scan and send this page of form to: $\underline{\text{NHSDigital-EHIC@nhs.net}}$