Before registering, please be aware we do have a catchment area that we check upon registering. If you fall out of our catchment area you will still be able to register and access us as normal but if you require a home visit, we will put you in touch with a service local to you.

**Personal Information:**

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| Title: |  |
| First Name(s): |  |
| Surname: |  |
| Previous Surnames: |  |
| Date of Birth: |  |
| Address and Postcode: |  |
| Mobile Phone Number:  ***(By giving us this information you are happy for us to text information to you relating to your care)*** |  |
| Home Phone Number: |  |
| E-mail address:  ***(By giving us this information you are happy for us to email information to you relating to your care)*** |  |

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| **Help us trace your previous health records in the UK**  We are now going to ask you some questions to help trace your health records from your previous GP in the UK. If you are new to the UK we will create a new health record for you. It is important to fill out as much detail below as possible.   |  |  | | --- | --- | | Name and Address of Previous GP in the UK (If you are not new to the UK) |  | | Name and Address of Previous GP in the UK |  | | Your Previous Address in the UK (if not new to the UK) |  | | If you are from abroad, the date you first came to live in the UK |  | | Town and Country of Birth |  |   **Demographics**  All of these questions are optional   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Marital status:** | | | | | | Which of the following best describes you? | Single  (never married) |  | Divorced |  | | Married |  | Widowed |  | | Civil Partnership |  | Separated |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Sex and gender identity:** | | | | | | | | | Which of the following best describes you? | Male | |  | | | Non-binary |  | | Female | |  | | | Prefer not to say |  | | Intersex | |  | | | Prefer to self-describe |  | | Is the gender you identify with the same as your sex registered at birth? | Yes | | | No | | | Prefer not to say | | What are your preferred pronouns? | He/him/his | She/her/hers | | | They/their/them | | Prefer to self-describe | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Sexuality:** | | | | | | Which of the following options best describes how you think of yourself? | Heterosexual or straight |  | Do not know or not sure |  | | Gay or Lesbian |  | Undecided |  | | Bisexual |  | Prefer not to say |  | | Other |  | Prefer to self-describe |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Ethnicity:** | | | | | | What is your ethnic group? (Choose one option that best describes your ethnic group or background) | English / Welsh / Scottish / Northern Irish / British |  | Pakistani |  | | Irish |  | Bangladeshi |  | | Gypsy or Irish Traveller |  | Chinese |  | | Any other White background, please describe |  | Any other Asian background |  | | White and Black Caribbean |  | African |  | | White and Black African |  | Caribbean |  | | White and Asian |  | Any other Black / African / Caribbean background |  | | Any other Mixed / Multiple ethnic background, please describe |  | Arab |  | | Indian |  | Any other ethnic group |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Religion:** | | | | | | What is your main religion? | No religion |  | Jewish |  | | Christian (including Church of England, Catholic, Protestant and all other Christian denominations) |  | Muslim |  | | Buddhist |  | Sikh |  | | Hindu |  | Other religion |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Communication needs:** | | | | | | | What is your preferred language? |  | | | | | | Are you a British Sign Language user? | | Yes |  | No |  | | Do you have any specific information or communication needs? If so, please specify how we can meet these for you (e.g. large print, Braille, easy read communications): | |  | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Disability:** | | | | | | Disability: Do you have an impairment, health condition or learning difference that has a substantial or long term (over a year) impact on your ability to carry out day to day activities? (Tick all that apply) | No known impairment, health condition or learning difference |  | Neuro-diverse e.g. dyslexic, dyspraxic or AD(H)D |  | | A long standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, asthma, or epilepsy |  | Deaf or hearing impaired |  | | A physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches |  | Blind or have a visual impairment uncorrected by glasses |  | | A learning difficulty |  | An impairment, health condition or learning difference that is not listed above |  | | Prefer not to say |  | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Military Veteran:** | | | | | | 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 | Yes |  | No |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Housing:** | | | | | | Do you have access to secure housing? If not, are you? | Rough Sleeping |  | Temporary housing |  | | Staying with friends |  | Squatting |  | | Sofa Surfing |  | In a night Shelter |  | | Staying in a hostel |  | Other |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Immigration status** | | | | | | What is your current immigration status? | Asylum Seeker |  | Failed Asylum Seeker |  | | Refugee |  | Other |  | | | |  |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Carers:** | | | | | | | | Do you have caring responsibilities? | None | |  | Primary carer of disabled adult (18 and over) | |  | | Primary carer of a child/children (under 18) | |  | Primary carer of older person | |  | | Primary carer of disabled child/children | |  | Prefer not to say | |  | | Do you have a carer? | Yes |  | | No |  | | | If you do have a carer, please provide us with their name and contact details below: |  | | | | | | | Please provide us with a name and contact details for your Next of Kin: |  | | | | | |   **Your health**   |  |  | | --- | --- | | **Your health:** | | | Height |  | | Weight |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Smoking status:** | | | | | | Which of the following options best describes how you think of yourself? | I am currently smoking |  | Please indicate what you currently smoke and how many per day |  | | I used to smoke |  | I have never smoked |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Alcohol consumption:** | | | | | | | | Questions | Scoring system | | | | | Your score | | 0 | 1 | 2 | 3 | 4 | | How often do you have a drink containing alcohol | Never | Monthly or less | 2-4 times per month | 2-3 times per week | 4+ times per week |  | | How many units of alcohol do you drink on a typical day when you are drinking? | 1-2 | 3-4 | 5-6 | 7—9 | 10+ |  | | How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |  |  |  |  | | --- | --- | | **Family History:** | | | Do you have any significant family history we should be aware of? Please list: |  | | | | |
| **Important registration information**  Prescriptions are sent electronically to your nominated pharmacy. We will automatically nominate the pharmacy closest to your post code as part of your registration. If you prefer to use a different chemist please give the name and address of it below:   |  |  | | --- | --- | | Pharmacy name & address: |  | | | | |
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**Online services**

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| For anyone aged 16 and over we offer online services for appointment booking and repeat prescription ordering. **This is the quickest & easiest way to order your medication.**  Once registered, you will also be able to view your summary record, detailing current medication, allergies and vaccinations. You will receive an email from the practice with your log in details. |

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| **These are confidential: It is your responsibility to ensure they can be received securely by email.** |

**YOUR MEDICAL INFORMATION – SHARING YOUR DATA:**

Under the General Data Protection Regulations (GDPR), we have a responsibility to keep your medical records confidential. We need your consent to share this with other authorised health professionals involved in your care or in planning your care. More information is available on the website or the number below.

Please see the Privacy Notice on our website for more information on how your data is held and used by the practice.

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| **Summary Care Record: (**[**www.nhscarerecords.nhs.uk**](http://www.nhscarerecords.nhs.uk)**)**  This record will contain summary information about any medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had to ensure those caring for you have enough information to treat you safely.  Your Summary Care Record will be available to **authorised healthcare** **staff** providing you with care anywhere in England, but they will ask your permission before they look at it. This means that if you have an accident or become ill away from home, healthcare staff treating you will have immediate access to important information about your health.  **Do you consent to having a Summary Care Record?** | **Yes** | **No** |
| **Your Data Matters: (www.**[**nhs.uk/your-nhs-data-matters**](https://nhs.uk/your-nhs-data-matters) **Tel: 0300 303 5678)**  The NHS wants to make sure you and your family has the best care now and in the future. Your health and adult social care information supports your individual care. It also helps us to research, plan and improve health and care services in England.  There are very strict rules on how this data can and cannot be used, and you have clear data rights. We are committed to keeping patient information safe and will always be clear on how it is used.  You can choose whether or not your confidential patient information is used for research and planning.  If you do not wish your information to be used in this way please opt-out by visiting the  website [nhs.uk/your-nhs-data-matters](https://nhs.uk/your-nhs-data-matters) or calling 0300 303 5678.  **The practice is unable to record this for you.** | | |

**YOUR SIGNATURE: DATE:**