

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.

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
<input type="checkbox"/> Yourself (Go to Section 2 - Patient details) <input type="checkbox"/> Someone else

Only provide your details if you are registering someone else.

2 Your name <input type="text"/>	4 Your contact 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3 Your relationship to the person you are registering <input type="text"/>	



You can help save lives as a blood or organ donor. Become someone's lifeline. Visit www.nhsbt.nhs.uk/lifeline or call us on 0300 123 23 23.

Section 2 - Details of patient registering

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

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(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

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(E) Other ethnic group

- Arab

Any other ethnic group

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- Prefer not to say

Section 4 - Additional information

Do you want information from your GP Record to be used for research and planning purposes?

From September 2021 NHS Digital will be collecting data from GPs for research and planning purposes. The data includes details of health conditions (such as diabetes, heart disease, cancer, high blood pressure, etc.) in the form of codes. The data collected will NOT include codes that relate to sensitive information (such as sexually transmitted infections), nor will it include notes written by the GP. Further information can be found at: <https://digital.nhs.uk/> and searching for GDPR.

Yes, share my information for research and planning purposes

No, opt out of sharing my information for research and planning purposes

Section 4 - Online Access

Your GP surgery offers online services for requesting prescriptions, booking appointments and viewing your medical records online. If you would like your surgery to set this service up for you, please fill in this section, otherwise please skip to section 5. **Please note this is for patients aged 16 and over only, please bring 1 form of photo ID with you when returning this form if you are requesting online access.**

I wish to have access to the following online services:

Booking Appointments Requesting Repeat Prescriptions Accessing my coded medical records

By requesting access to your medical records, you agree to the following:

- I will be responsible for the security of the information I see or download
- If I choose to share my information with anyone else, this is at my own risk
- If I suspect that my account has been accessed by someone without my agreement, I will contact the surgery as soon as possible
- If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible.
- If I think I may come under pressure to give access to someone else unwillingly, I will contact the practice as soon as possible.

I agree to the above terms and conditions Signed _____

Once your registration has been processed by the surgery, you will need to collect a set of unique codes to access your online services, please bring a form of photo identification with you when collecting these forms.

SURGERY USE ONLY

Patient NHS Number Patient EMIS Number

Form of ID Seen _____ Seen by _____ Date _____

Access Enabled:

Lab Results Problems Consultations Documents

Level of record Access Enabled (DRCA)

All Limited Parts

Notes/Explanation

Authorised By _____ Date _____

PART B

Section 5 - Patient health

1 Have you ever had any of these conditions?

- Alzheimer's disease or dementia
 Asthma Cancer Diabetes
 Epilepsy Heart disease
 High blood pressure (hypertension)
 Stroke Thyroid disease

2 What best describes you?

- I smoke I used to smoke
 I have never smoked Prefer not to say

3 On average, how many cigarettes do you smoke a day?

4 What date did you stop smoking? DD MM YYYY

5 How often do you drink alcohol?

- Never Monthly or less
 2 to 4 times a month 2 to 3 times a week
 4 or more times a week Prefer not to say

6 How many units of alcohol do you drink on a typical day when you are drinking?

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.

Units

7 How often have you had six or more units of alcohol on a single occasion in the last year?

- Never Less than monthly
 Monthly Weekly Daily or almost daily
 Prefer not to say

8 What is your weight?

Kilograms Or Stone Pounds

9 What is your height?

Centimetres Or Foot Inches

10 Allergies

11 Mental health conditions

Section 5 - Patient health (continued)

12 Disabilities

13 Other medical conditions

14 Give details of any medication you are taking

Are any of these repeat prescriptions?

Yes No

15 Do you or your carer need to be communicated in an accessible format?

For example, braille, audio, large format or EasyRead.

Tell us what you need

16 Do you or your carer need any reasonable adjustments to make your visit to the GP surgery accessible?

For example, an audible or visual alert in the waiting room, access to a hearing loop or the support of a note taker.

Tell us what you need