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 Yourself (Go to Section 2 - Patient details) Someo	ne else					
Only p	Only provide your details if you are registering someone else.						
2	Your name	4 Yo	our contact phone number				
3	Your relationship to the person you are registering						

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	13	Name and address of UK GP surgery you registered with
2	First name		
			Postcode
			1 030000
3	Last name	14	Have you ever lived somewhere else in the UK?
			Yes No
4	Middle name (if you have one)	15	Last address in the UK
5	Previous last name		
J	Trevious lust fluine		Postcode
			Fosicode
6	Date of birth DD MM YYYY		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.
7	What is your sex as recorded on your NHS record?	16	Home phone number
	Female Male Intersex		
	Not specified or known	17	Mobile phone number
	_	.,	
8	NHS number (if you have it)		
		18	Email address
9	Village, town or city of birth		
10	Country of birth	19	Name of emergency contact
		20	Phone number of emergency contact
11	Current address		
		21	Their relationship to you
	Postcode		
	No fixed address	22	Name of next of kin
12	What postcode did you give to the last GP surgery		
	you registered with?	23	Phone number of next of kin
		24	Their relationship to you

Section 3 - Patients under 18 years

For children under 12 months only	
Mhere were they born? England Northern Ireland Wales Isle of Man Scotland Outside the UK	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	3 Are any of these involved in your care? Hospital specialist Health worker
Address Postcode	Social worker None of these Have you had all your routine vaccinations? Yes No Don't know 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	(C) Asian or Asian British Indian Pakistani Bangladeshi Chinese Any other Asian background (D) Black/African/Caribbean/British African Caribbean
(B) Mixed or multiple ethnic groups White and Black Caribbean White and Black African White and Asian Any other Mixed or Multiple ethnic background	Any other Black, African or Caribbean background (E) Other ethnic group Arab Any other ethnic group Prefer not to say

Section 4 - Additional information

2	Have you registered with a UK GP before?	10	Do you have a carer?	
	Yes No		Yes No	
3	If you have moved to the UK, what date did	11	What is your relationship to your carer?	
	you arrive?	12	What type of carer are they?	
4	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? Yes No Prefer not to say 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.	13	Young carer, under 18 Paid as a job Unpaid, but may get benefits Foster carer Carer's contact telephone number	
5	Do you need an interpreter for your appointments?	14	What pharmacy do you want your prescriptions sent to?	
	Yes No		Pharmacy address	
6	What language?			
	British Sign Language (BSL)		Postcode You can sometimes collect your prescription items from	
7	Are you a carer? Yes No	15	your GP surgery instead of having to go to a pharmacy. Your surgery may discuss this with you Do you live more than 1 mile from your nearest	
8	What is your relationship to the person you are caring for?		pharmacy? Yes No	
9	What type of carer are you? Young carer, under 18 Paid as a job	16	Would you have serious difficulty getting medicines or appliances from your nearest pharmacy? Yes No	
	Unpaid, but may get benefits Foster carer			
Do you want important information from your GP record to be available to other health and care professionals? Your GP surgery needs permission to share important information from your GP record. This is called a Summary Care Record (SCR). Your SCR can only be shared with health and care staff across England who are providing you with direct care. It gives them access to vital information from your GP record. Yes, share a Summary Care Record with additional information Includes details of your medicines, allergies, adverse reactions and additional information, which includes details of any significant illnesses and health problems, operations and vaccinations Yes, share a Summary Care Record without additional information Includes details of your medicines, allergies and adverse reactions only No, do not share a Summary Care Record Details of your medicines, allergies, adverse reactions and any additional information will not be shared with anyone involved in your direct care				

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 GPDPR.				
	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

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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 onli	ne services:			
Booking Appointments Reque	esting Repeat Prescriptions Accessing my coded medical records			
By requesting access to your medical reco	ords, 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. 				
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 colleting these forms.				
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Once your registration has been processed online services, please bring a form of pho	d by the surgery, you will need to collect a set of unique codes to access your oto identification with you when colleting these forms. SURGERY USE ONLY Patient EMIS Number			
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PART B

Section 5 - Patient health

1	Have you ever had any of these conditions?	10	Allergies	
	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	11	Mental health conditions	
	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			

Section 5 - Patient health (continued)

12	Disabilities	14	Give details of any medication you are taking
			Are any of these repeat prescriptions?
13	Other medical conditions		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
		40	De vers en company de vers de vers en la company de vers en la com
		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