

ADULT NEW PATIENT REGISTRATION FORM and HEALTH QUESTIONNAIRE

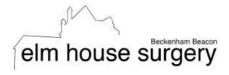
Please complete in BLOCK Capitals

Section A

Mr/ Mrs/ Miss/Ms/ Other		NHS Number (if known	າ)	
Surname:		Forename(s):		
Previous surname(s)				
Date of Birth:		Male □ Fema	le 🗆	
Home Address:				
		Postcode:		
Email:				
Mobile:		Home tel:		
Town and Country of Birth:				
Nominated Pharmacy (eg United/Kams	sons/TT/Macks/B	oots/etc)		
Name of Pharmacy:		Address:		
Occupation: First Language				
What is your Ethnicity (please tick)				
110 %				
White Welsh / English / Scottish /	Mixed White and Black	k Caribbean □	Asian or British Asian Indian □	
Northern Irish or British □	White and Black Caribbean □		Pakistani □	
Irish □	White and Asian □		Bangladeshi □	
Gypsy or Irish Traveller □	Any other mixed background (please		Chinese □	
Any other White background (please write in)	write in)		Any other Asian background (please write in)	
Black or Black British	Other Ethnic G	roup	Prefer not to say □	
Caribbean □	Arab □			
African □	Any other? (please write in)			
Any other Black background (please write in)				

Do you consider yourself to have a disability? Yes \square No \square

Bromley online registration form version 0.3



If ticked "Yes" to the above, please indicate your disability:

Learning disability/difficulty □	Long-standing illness	Mental	Health Condition	Physical Impairment	
Sensory Impairment	Not declared	Other	please state):		
Section B					
Please help us trace your p	evious medical	records by p	oviding the following	ng information	
Your previous address in U	K :				
		Pos	stcode:		
Name and address of previo	ous GP practice:				
		Pos	stcode:		
<i>If you are from abroad:</i> You	first UK address	where registe	red with a GP:		
		Pos	stcode:		
If previously resident in UK: Date you first came to live in UK:					
Were you ever registered w	ith an Armed Fo	rces 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 (please tick next to relevant field):					
☐ Regular ☐ Reservist	☐ Veteran		•	Partner, Service Child)	
Address before enlisting:			Posto	code:	
Service or Personnel number:					
Enlistment date:		Dis	charge date: (if appli	cable)	
Footnote: These questions an services from the NHS but ma			•	9	

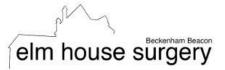


Section C

If you need your docto ☐ I live more than 1.6kr	-		••	ease tick)
☐ I would have serious	•			
Signature:			Date:	
Signature on behalf of	the patient:			
* Not all doctors are auti	horised to dispense	e medicines		
Section D				
NHS Organ Donor re	gistration			
I want to register my d for transplantation afte		•	_	omeone whose organs/tissue may be used
☐ Any of my organs and	d tissue or			
□ Kidneys □ Hear	rt 🗆 Liver	☐ Corneas	☐ Lungs	☐ Pancreas
Signature confirming my	consent to join the	e NHS Organ Do	nor	
Signature:			Date:	

Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit www.organdonation.nhs.uk or call 0300 123 23 to register your decision.

c) I do not know my chargeable status \Box



Section E

NHS Blood Donor registration I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.			
Tick here if you have given blood in the last 3 years $\ \Box$			
Signature confirming my consent to join the NHS Blood Don	or Register		
Signature:	Date:		
My preferred address for donation is: (only if different from a	bove, e.g. your place of work)		
	Postcode:		
All blood types are needed, especially O negative and B neg	gative. Visit <u>www.blood.co.uk</u> or call 0300 123 23 23.		
Section F			
SUPPLEMENTARY QUESTIONS - These questions and the not affect your entitlement to register or receive services from			
PATIENT DECLARATION for all patients who are not ord	linarily 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 boxes:	details you have provided. Please tick one of the following		
a) I understand that I may need to pay for NHS trea	tment outside of the GP practice \square		
	ng for NHS treatment outside of the GP practice. This e Immigration Health Charge ("the Surcharge"), when ments to support this when requested \Box		



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:
Print Name:	Relationship to Parent:
On Behalf of:	

Section G

from your home country.

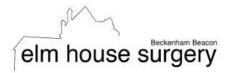
GMS1

Complete this section if you live in another EEA 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

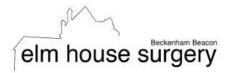
DETAILS and S1 FORMS		
Do you have a non-UK EHIC or PRC?	YES ☐ If yes, please enter details from your EHIC or PRC below:	NO 🗆
The state of the s	Country Code:	
- 100	Name:	
	Given Names:	
	Date of Birth (DD MM YYYY):	
If you are visiting from another EEA	Personal Identification Number:	
country and do not hold a current	Identification number of the institution:	
EHIC (or Provisional Replacement		
Certificate (PRC))/S1, you may be billed for the cost of any treatment received	Identification number of the card:	
outside of the GP practice, including		
at a hospital.	Expiry Date (DD MM YYYY):	
PRC validity period (DD MM YYYY):	(a) from	(b)to:
Please tick ☐ if you have an S1 (e.g. you are ret	iring to the UK or you have been po	sted here by your
employer for work or you live in the UK but work	in another EEA member state). Plea	ase give your S1 form to
the practice staff.		
How will your EHIC/PRC/S1 data be used? By using		
data and GP appointment data will be shared with N		
purposes of cost recovery. Your clinical data will not		
information will be shared with The Department for V	Vork and Pensions for the purpose of I	recovering your NHS costs



Section H

NEW PATIENT HEALTH QUESTIONN	IAIRE		
SMOKING			
Do you smoke? Yes □ No □			
If Yes, how many:			
Cigarettes per day Cigars per da	ay Ounc	es of tobacco per day	
How old were you when you started sm	noking?		
EX-SMOKERS			
How old were you when you stopped so	moking?		
How much did you smoke per day?			
PASSIVE SMOKING			
Are you exposed to smoke at work? You	es □ No □	At home?	Yes □ No □
ALCOHOL			
How many units of alcohol do you drink	k per week?		
(1 unit = half pint of beer, 1 glass of wir	ne, or a pub mo	easure of spirits)	
DIET			
Do you add salt to your food after cook	ing?		Yes / No
Do you have a varied diet including mill	k, meat, veget	ables and fruit?	Yes / No
Has your Cholesterol been checked in the last 2 years? Yes / No			Yes / No
EXERCISE			
Do you take regular exercise? Yes \square	No □		
If yes, what sort of exercise?			
How many times per week?			
FAMILY HISTORY			
Is there any of the following in your fam	nily (father, mo	ther, brother, sister) b	efore age of 65?
Heart Disease (heart attacks, angina)	Yes / No	Which family men	nber?
Stroke?	Yes / No	Which family men	nber?
Cancer?	Yes / No	Which family men	nber?
		Site of cancer?	

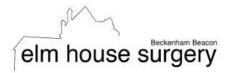
Bromley online registration form version 0.3



MEDICATION

Please give details of any medication which you take (prescribed or otherwise):
Name of drug:
Dosage:
Name of drug:
Dosage:
Name of drug:
Dosage:
ALLERGIES
Are you allergic to any substances or foods? Yes \square No \square
If yes, please give details:
PAST MEDICAL HISTORY
Please give details of any hospital treatment as an in-patient:
r leade give detaile of any hospital treatment as an in patient.
Please give details of any treatment for any chronic medical conditions:
Please give dates of any X-ray, MRI or CT scans, Mammogram, Ultrasound:
IMMUNISATIONS
Dates of Triple/polio/HIB:
Dates of MMR:
Data of last Tatamus.
Date of last Tetanus:

Bromley online registration form version 0.3



FEMALE PATIENTS

Signature on behalf of the patient:	Date:		
I understand and agree with all the above statements: Signature: Date:			
Do you care for anyone else?	Yes □ No □		
Name: Contact No:			
(the receptionist can help with these arrangements)			
If "Yes", would you like them to deal with your health affairs here?	Yes □ No □		
CARERS Do you need / have anyone who looks after you or your daily needs as Carer?	? Yes □ No □		
Result of most recent smear:			
Date of most recent cervical smear:			