



## Section 2 - Details of patient registering

<b>1</b> Title	<input type="text"/>
<b>2</b> First name	<input type="text"/>
<b>3</b> Last name	<input type="text"/>
<b>4</b> Middle name (if you have one)	<input type="text"/>
<b>5</b> Previous last name	<input type="text"/>
<b>6</b> 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"/>
<b>7</b> 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
<b>8</b> 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"/>
<b>9</b> Village, town or city of birth	<input type="text"/>
<b>10</b> Country of birth	<input type="text"/>
<b>11</b> Current address	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="checkbox"/> No fixed address
<b>12</b> What postcode did you give to the last GP surgery you registered with?	<input type="text"/>
<b>13</b> Name and address of UK GP surgery you registered with	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
<b>14</b> Have you ever lived somewhere else in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15</b> Last address in the UK	<input type="text"/> <input type="text"/> <input type="text"/> Postcode <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.
<b>16</b> Home 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"/>
<b>17</b> Mobile 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"/>
<b>18</b> Email address	<input type="text"/> <input type="text"/>
<b>19</b> Name of emergency contact	<input type="text"/>
<b>20</b> Phone number of emergency contact	<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"/>
<b>21</b> Their relationship to you	<input type="text"/>
<b>22</b> Name of next of kin	<input type="text"/>
<b>23</b> Phone number of next of kin	<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"/>
<b>24</b> Their relationship to you	<input type="text"/>

### Section 3 - Patients under 18 years

For children under 12 months only	
<b>1</b> Where were they born?	<b>2</b> Where was the mother living when the baby was born?
<input type="checkbox"/> England <input type="checkbox"/> Northern Ireland <input type="checkbox"/> Wales	<input type="text"/>
<input type="checkbox"/> Isle of Man <input type="checkbox"/> Scotland <input type="checkbox"/> Outside the UK	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>

For patients under 18 years	
<b>1</b> Do you attend any of the following?	<b>3</b> Are any of these involved in your care?
<input type="checkbox"/> School <input type="checkbox"/> Nursery <input type="checkbox"/> Home school	<input type="checkbox"/> Hospital specialist <input type="checkbox"/> Health worker
<input type="checkbox"/> None of these	<input type="checkbox"/> Social worker <input type="checkbox"/> None of these
<b>2</b> Address	<b>4</b> Have you had all your routine vaccinations?
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<input type="text"/>	<b>5</b> Did you get your routine vaccinations in the UK?
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Postcode <input type="text"/>	

### Section 4 - Additional information

<b>1</b> What is your ethnic group?	
Choose one section from A to E, then tick one box to best describe your ethnic group or background.	
<b>(A) White</b>	<b>(C) Asian or Asian British</b>
<input type="checkbox"/> English, Welsh, Scottish, Northern Irish or British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller	<input type="checkbox"/> Chinese
Any other White background	Any other Asian background
<input type="text"/>	<input type="text"/>
<b>(B) Mixed or multiple ethnic groups</b>	<b>(D) Black/African/Caribbean/British</b>
<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> African <input type="checkbox"/> Caribbean
<input type="checkbox"/> White and Black African	Any other Black, African or Caribbean background
<input type="checkbox"/> White and Asian	<input type="text"/>
Any other Mixed or Multiple ethnic background	<b>(E) Other ethnic group</b>
<input type="text"/>	<input type="checkbox"/> Arab
	Any other ethnic group
	<input type="text"/>
	<input type="checkbox"/> Prefer not to say

## Section 4 - Additional information

<p><b>2</b> Have you registered with a UK GP before?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>3</b> If you have moved to the UK, what date did you arrive?</p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><b>4</b> 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?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say</p> <p>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.</p> <p><b>5</b> Do you need an interpreter for your appointments?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>6</b> What language?</p> <p><input type="text"/></p> <p><input type="checkbox"/> British Sign Language (BSL)</p> <p><b>7</b> Are you a carer?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>8</b> What is your relationship to the person you are caring for?</p> <p><input type="text"/></p> <p><b>9</b> What type of carer are you?</p> <p><input type="checkbox"/> Young carer, under 18 <input type="checkbox"/> Paid as a job</p> <p><input type="checkbox"/> Unpaid, but may get benefits <input type="checkbox"/> Foster carer</p>	<p><b>10</b> Do you have a carer?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>11</b> What is your relationship to your carer?</p> <p><input type="text"/></p> <p><b>12</b> What type of carer are they?</p> <p><input type="checkbox"/> Young carer, under 18 <input type="checkbox"/> Paid as a job</p> <p><input type="checkbox"/> Unpaid, but may get benefits <input type="checkbox"/> Foster carer</p> <p><b>13</b> Carer's contact telephone number</p> <p><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"/></p> <p><b>14</b> What pharmacy do you want your prescriptions sent to?</p> <p>Pharmacy address</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Postcode</p> <p>You can sometimes collect your prescription items from your GP surgery instead of having to go to a pharmacy. Your surgery may discuss this with you</p> <p><b>15</b> Do you live more than 1 mile from your nearest pharmacy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>16</b> Would you have serious difficulty getting medicines or appliances from your nearest pharmacy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	--

### 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

## PART B

You do not have to complete this section. But any information you do give will help the GP give you the best care.

### Section 5 - Patient health

<p><b>1</b> Have you ever had any of these conditions?</p> <p><input type="checkbox"/> Alzheimer's disease or dementia</p> <p><input type="checkbox"/> Asthma    <input type="checkbox"/> Cancer    <input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Epilepsy    <input type="checkbox"/> Heart disease</p> <p><input type="checkbox"/> High blood pressure (hypertension)</p> <p><input type="checkbox"/> Stroke    <input type="checkbox"/> Thyroid disease</p> <p><b>2</b> What best describes you?</p> <p><input type="checkbox"/> I smoke    <input type="checkbox"/> I used to smoke</p> <p><input type="checkbox"/> I have never smoked    <input type="checkbox"/> Prefer not to say</p> <p><b>3</b> On average, how many cigarettes do you smoke a day?</p> <p><input type="text"/></p> <p><b>4</b> What date did you stop smoking? DD MM YYYY</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p><b>5</b> How often do you drink alcohol?</p> <p><input type="checkbox"/> Never    <input type="checkbox"/> Monthly or less</p> <p><input type="checkbox"/> 2 to 4 times a month    <input type="checkbox"/> 2 to 3 times a week</p> <p><input type="checkbox"/> 4 or more times a week    <input type="checkbox"/> Prefer not to say</p> <p><b>6</b> How many units of alcohol do you drink on a typical day when you are drinking?</p> <p>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.</p> <p><input type="text"/> Units</p> <p><b>7</b> How often have you had six or more units of alcohol on a single occasion in the last year?</p> <p><input type="checkbox"/> Never    <input type="checkbox"/> Less than monthly</p> <p><input type="checkbox"/> Monthly    <input type="checkbox"/> Weekly    <input type="checkbox"/> Daily or almost daily</p> <p><input type="checkbox"/> Prefer not to say</p> <p><b>8</b> What is your weight?</p> <p><input type="text"/> Kilograms    Or    <input type="text"/> Stone    <input type="text"/> Pounds</p> <p><b>9</b> What is your height?</p> <p><input type="text"/> Centimetres    Or    <input type="text"/> Foot    <input type="text"/> Inches</p>	<p><b>10</b> Allergies</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p><b>11</b> Mental health conditions</p> <div style="border: 1px solid black; height: 250px; width: 100%;"></div>
--	--

## Section 5 - Patient health (continued)

<b>12</b> Disabilities	<b>14</b> Give details of any medication you are taking
<b>13</b> Other medical conditions	<p>Are any of these repeat prescriptions?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>15</b> Do you or your carer need to be communicated in an accessible format? For example, braille, audio, large format or EasyRead.</p> <p>Tell us what you need</p> <p><b>16</b> 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.</p> <p>Tell us what you need</p>

## PART C

### Section 6 - Patients from abroad

Complete this section if you are:

- visiting the UK and do not normally live here.
- currently living in the UK, but do not think of it as your permanent country of residence. For example, you are studying here or have come to the UK as part of your job.
- a permanent resident in the UK and receive a pension or benefit from a European country.

#### Information on eligibility to free care outside the GP practice

Anyone can register with a GP practice and receive free medical care from that practice. However, should you be referred for treatment outside the practice or need unplanned care, for example at a hospital, charges may apply if you are a visitor or temporary resident.

Some groups of visitors or temporary residents are eligible to receive this care free of charge. Documentation may be required to demonstrate eligibility.

Examples of those eligible include:

- refugees, asylum seekers, those receiving certain forms of state support
- suspected or confirmed victims of modern slavery and human trafficking
- temporary residents with a valid visa of over 6 months. You may have paid the immigration health surcharge with your visa application. Note that assisted conception services remain chargeable to this group
- visitors from the EEA will need to provide their EHIC (European Health Insurance Card), which covers immediately necessary unplanned treatment, or a S2 form which covers planned treatment.

Additionally, some services are free of charge to all visitors, including diagnosis and treatment for infectious diseases and sexually transmitted infections.

Immediate necessary care, maternity care and other urgent care that cannot wait until a chargeable visitor's departure from the UK will not be withheld or delayed due to charges. But non-urgent treatment will not be given until full payment is received.

More information can be found in the patient leaflet available from the GP practice.

#### Select the statement that applies to you

☐

I understand I may have to pay for NHS treatment outside of the GP practice.

☐

I do not have to pay for NHS treatment outside of the GP practice and have documents to prove this.

☐

I do not know if I have to pay for treatment.

## Summary Care Record patient consent form

Please read the information on the previous page regarding your choices, then choose **one** of the options below and return the completed form to your GP practice:

### Yes – I would like a Summary Care Record (only choose one option)

- ☐ Express consent to share medication, allergies and adverse reactions *only* or
- ☐ Express consent for medication, allergies, adverse reactions and additional information (Enhanced Summary care record)

### No – I would not like a Summary Care Record

- ☐ Express dissent for Summary Care Record (opt out).

Name of patient: .....

Date of birth: ..... Patient's postcode: .....

Surgery name: ..... Surgery location (Town): .....

NHS number (if known): .....

Signature: ..... Date: .....

If you are filling out this form on behalf of another person, please ensure that you fill out their details above; you sign the form above and provide your details below:

Name: .....

### Please circle one:

Parent	Legal Guardian
--------	----------------

For more information, please visit <https://www.digital.nhs.uk/summary-care-records/patients>, call NHS Digital on 0300 303 5678 or speak to your GP Practice.

### For GP practice use only

To update the patient's consent status, use the SCR consent preference dialogue box and select the relevant option or add the appropriate read code from the options below.

Summary Care Record consent preference	Read 2	CTV3
The patient wants a core Summary Care Record (express consent for medication, allergies and adverse reactions only)	9Ndm.	XaXbY
The patient wants a Summary Care Record with core and additional information (express consent for medication, allergies, adverse reactions and additional information)	9Ndn.	XaXbZ
The patient does not want to have a Summary Care Record (express dissent for Summary Care Record – opt out)	9Ndo.	XaXj6