

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.

Register online

It is quick and secure to register with a new GP surgery online. Check the website of the surgery you want to register with for a link for the 'Register to a GP surgery' service.

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"/>
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"/>	11	Current address <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="checkbox"/> No fixed address
2	First name <input type="text"/>	12	Have you ever lived somewhere else in the UK? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Last name <input type="text"/>	13	Last address in the UK <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="checkbox"/> No fixed address
4	Middle name (if you have one) <input type="text"/>	14	If you have recently moved to the UK, what date did you enter the country? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	Previous last name <input type="text"/>	15	Are you a carer? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	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"/> <input type="text"/> <input type="text"/> <input type="text"/>	16	What is your relationship to the person you are caring for? <input type="text"/>
7	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	What type of carer are you? <input type="checkbox"/> Young carer, under 18 <input type="checkbox"/> Paid as a job <input type="checkbox"/> Unpaid, but may get benefits <input type="checkbox"/> Foster carer
8	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"/>		
9	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"/>		
10	Email address <input type="text"/>		

Section 3 - Previous GP

1	Have you registered with a UK GP before? <input type="checkbox"/> Yes <input type="checkbox"/> No	3	Name and address of UK GP surgery you registered with <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
2	What postcode did you give to the last GP surgery you registered with? <input type="text"/>		

Section 4 - 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 5 - 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

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(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

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(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 5 - Additional information

2 Village, town or city of birth

3 Country of birth

4 What best describes you

Female Male Non-binary

Prefer to self-describe

5 Is this description the same as when you were born?

Yes No

6 Name of emergency contact

7 Phone number of emergency contact

8 Their relationship to you

9 Name of next of kin

10 Phone number of next of kin

11 Their relationship to you

12 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 What pharmacy do you want your prescriptions sent to?

Pharmacy address

Postcode

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

14 Do you live more than 1 mile from your nearest pharmacy?

Yes No

15 Would you have serious difficulty getting medicines or appliances from your nearest pharmacy?

Yes No

16 Do you need an interpreter for your appointments?

Yes No

17 What language?

British Sign Language (BSL)

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 6 - 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 Have you ever smoked?

- Yes No Prefer not to say

3 What best describes you?

- I smoke I used to smoke

4 What date did you stop smoking? 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"/>
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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.

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 Allergies

9 Mental health conditions

Section 6 - Patient health

10 Disabilities

12 Give details of any medication you are taking

11 Other medical conditions

Are any of these repeat prescriptions?

Yes No

PART C

Section 7 - Visitors and temporary UK residents

Complete this section if you are visiting the UK and do not normally live here, or you are currently living in the UK, but do not think of it as your permanent country of residence.

Giving us this information means you'll be able to register with this practice and get free GP services. It will also be easier for you to get secondary care, for example in a hospital.

We'll use the information to identify your chargeable status for the purposes of validation, invoicing and cost recovery where applicable. It will only be shared with secondary care organisations.

Information on eligibility to free care outside the GP practice

Whilst anyone can register with a GP practice and receive free medical care for that practice, should you be referred for treatment outside the practice or need unplanned care, for example at a hospital, charges may apply to visitors and temporary residents.

However, some groups of visitors or temporary residents are eligible to this care free of charge too. Documentation may also be required to demonstrate eligibility.

Examples of these 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 (assisted conception services remain chargeable)
- visitors from the EEA - you will need to provide your EHIC, which covers pre-planned treatment

Additionally, some services are free of charge to all visitors, including diagnosis and treatment for most infectious diseases and sexually transmitted infection. More information can be found in the patient leaflet available from the GP practice.

1 Tick one of the following

- I have an EHIC issued by an EU or EEA member state
(Please provide details below)
- I have an S1 form issued by an EU or EEA member state
(Give this form to practice staff)
- None of these

Enter details from your EHIC

2 Country code

3 Name

4 Given name

5 Date of birth DD MM YYYY

6 Personal identification number

7 Identification number of the institution

8 Identification number of the card

9 Expiry date DD MM YYYY

10 PRC validity period

From DD MM YYYY

To DD MM YYYY

Section 8 - Overseas charging

You must read and agree to the following:

Patient declaration for all patients who do not normally live in the UK.

Anybody in England can register with a GP practice and receive free medical care. You may have to pay for medical care outside of the GP practice if you do not have 'indefinite leave to remain' or 'settlement' in the UK. For more information read the 'Visitor and Migrant' patient leaflet available from your GP practice.

You will always get necessary or urgent treatment, no matter what your status.

1 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.

2 Tick this box only if you have read and understand it

- 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 or guardian should complete the form on behalf of a child under 16.

3 Your name

4 Child's name

5 Your relationship to the child

6 Today's date DD MM YYYY

To be completed by the GP surgery

1 Practice name:

2 Practice code

4 I will dispense medicines/appliances to this patient subject to NHS England approval.

5 I have accepted this patient for general medical services on behalf of the practice.

6 Authorised signature

7 Name

8 Date DD MM YYYY

9 Practice stamp