Patient Registration Form — Over 16

Please note: if you have been removed from your previous practice under the special allocation scheme within the last 12 months, you will be unable to register at this practice. You will have been notified of your allocated practice by NHS England.

How to return this form: complete, save and either email it to r.quayside@nhs.net or bring the saved/printed copy to reception. Completing this PDF alone does not send it to us. Please also bring photo ID (passport or driving licence) and proof of address with your name on it (utility bill, council tax bill or bank statement).

1. Background Details

NHS number

☐ I do not know my NHS number

Full name *

Date of birth *

Previous surname (if applicable)

Which best describes how you think of yourself?

- ○ Non-binary
- ○ Female
- ○ Male
- ○ Prefer not to say
- ○ Unable to answer

Is your gender the same as the sex you were assigned at birth?

- ○ Yes
- ○ No
- ○ Prefer not to say
- ○ Unable to answer

Current address *

Previous address

Home telephone

Work telephone

Mobile telephone

☐ I consent to be contacted by SMS on the mobile number above

Email address

☐ I consent to be contacted by email at the address above

Next of kin — name

Telephone

Relationship

Other family members registered with us

Have you been registered in the NHS before?

- ○ Yes
- ○ No

If no, date entered UK

Previous GP name and address

Country of birth

Ethnicity (optional)

- ☐ White (UK)
- ☐ White (Irish)
- ☐ White (Other)
- ☐ Black Caribbean
- ☐ Black African
- ☐ Black Other
- ☐ Bangladeshi
- ☐ Indian
- ☐ Pakistani
- ☐ Chinese
- ☐ Other

Religion (optional)

- [ ] C of E
- [ ] Catholic
- [ ] Other Christian
- [ ] Buddhist
- [ ] Hindu
- [ ] Muslim
- [ ] Sikh
- [ ] Jewish
- [ ] Jehovah's Witness
- [ ] No religion
- [ ] Other

Housing

- [ ] Own house
- [ ] Rented house
- [ ] Shared house
- [ ] Nursing home
- [ ] Residential home
- [ ] Sheltered home
- [ ] Homeless
- [ ] Housebound

Employment

- [ ] Employed
- [ ] Self-employed
- [ ] Student
- [ ] Unemployed
- [ ] House husband
- [ ] House wife
- [ ] Carer
- [ ] Retired

Overseas visitor / Armed forces

- [ ] Overseas visitor
- [ ] EHIC held (bring details)
- [ ] Military veteran
- [ ] Family member of armed forces

Communication needs

Main spoken language

Do you need an interpreter?

- ○ Yes
- ○ No

Do you have any communication needs?

- ○ Yes
- ○ No

If yes, please specify

- [ ] Hearing aid
- [ ] Lip reading
- [ ] Large print
- [ ] Braille
- [ ] British Sign Language
- [ ] Makaton Sign Language
- [ ] Guide dog

Do you have a learning disability? (if yes, ask us for a screening tool form)

- ○ Yes
- ○ No

Carer details

Are you a carer for someone else?

- [ ] Yes — informal / unpaid carer
- [ ] Yes — occupational / paid carer
- [ ] No

Do you have a carer? (only add details with the carer's consent)

- ○ Yes
- ○ No

Carer's name

Telephone

Relationship

2. Medical History

Have you suffered from any of the following conditions?

- ☐ Asthma
- ☐ COPD
- ☐ Epilepsy
- ☐ Heart Disease
- ☐ Heart Failure
- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ Kidney Disease
- ☐ Stroke
- ☐ Depression
- ☐ Underactive Thyroid
- ☐ Cancer

If cancer, please state type

Any other conditions, operations or hospital admission details

If currently under the care of a hospital/consultant outside our area, tell us here

Family history — please note conditions AND which relative (e.g. mother, father)

- ☐ Asthma
- ☐ COPD
- ☐ Epilepsy
- ☐ Heart Disease
- ☐ Stroke
- ☐ Blood Pressure
- ☐ Diabetes
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Depression
- ☐ Thyroid
- ☐ Cancer

Relative(s) affected and details

Allergies or sensitivities

Have you had all your routine vaccinations?

- ○ Yes
- ○ No

Did you get all your routine vaccinations in the UK?

- ○ Yes
- ○ No

Current medication (a medication review appointment may be needed)

3. Your Lifestyle — Alcohol (AUDIT-C)

Validated screening questions for alcohol use. Score each answer 0-4 (left to right); a total of 5 or more on AUDIT-C means the further AUDIT questions on the next page should also be completed.

How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2-4x/month
- 2-3x/week
- 4+x/week

Units of alcohol on a typical drinking day?

- 1-2
- 3-4
- 5-6
- 7-9
- 10+

How often 6+ units (female) / 8+ units (male) on one occasion in the last year?

- Never
- <Monthly
- Monthly
- Weekly
- Daily/almost

AUDIT-C total score

Full AUDIT questions (complete if AUDIT-C score is 5 or more)

Unable to stop drinking once started, in the last year?

- Never
- <Monthly
- Monthly
- Weekly
- Daily/almost

Failed to do what was normally expected because of drinking?

- Never
- <Monthly
- Monthly
- Weekly
- Daily/almost

Needed a drink in the morning after a heavy session?

- Never
- <Monthly
- Monthly
- Weekly
- Daily/almost

Felt guilt or remorse after drinking?

- Never
- <Monthly
- Monthly
- Weekly
- Daily/almost

Unable to remember the night before because of drinking?

- Never
- <Monthly
- Monthly
- Weekly
- Daily/almost

Injured yourself or someone else as a result of drinking?

- No
- Yes, not in last year
- Yes, during last year

Has anyone been concerned about your drinking or suggested you cut down?

- No
- Yes, not in last year
- Yes, during last year

AUDIT total score

Smoking

Do you smoke?

- Never smoked
- Ex-smoker
- Yes

Do you use an e-cigarette?

- No
- Ex-user
- Yes

Cigarettes per day (if applicable)

- Less than one
- 1-9
- 10-19
- 20-39
- 40+

Would you like help to quit smoking?

- Yes
- No

Height, weight & measurements

Height (cm)

Weight (kg)

Waist (cm)

Blood pressure

Women only

Do you use any contraception, or have a coil/implant in situ?

- Yes
- No

If yes, date inserted

Are you currently pregnant, or think you may be?

- Yes
- No

If yes, expected due date

Students only

Under 24, had two doses of MMR vaccination?

- Yes
- No
- Unsure

Under 25, had a Meningitis C vaccination?

- Yes
- No
- Unsure

4. Further Details

How well do you use a mobile phone or internet to communicate with your GP practice?

- Able to use IT
- Have difficulty using IT
- Unable to use IT

Preferred pharmacy for electronic prescriptions

Would you like to be involved in our Patient Participation Group?

- Yes
- No

Interested in donating blood? Visit blood.co.uk. Interested in registering your organ donation decision? Visit organdonation.nhs.uk.

5. Sharing Your Health Record

Your health record contains the clinical information about the care you receive. Sharing it helps ensure you get the best care wherever and whenever you need it. You can change your mind about sharing at any time — just let us know.

Consent to your GP Practice sharing your health record with other organisations who care for you?

- Yes (recommended)
- No, never

Consent to your GP Practice viewing your health record from other organisations that care for you?

- Yes (recommended)
- No

Consent to an Enhanced Summary Care Record with additional information (e.g. care plans)?

- Yes (recommended)
- No

6. Access to GP Online Services

You can use the internet to book appointments, request repeat prescriptions and view your record online, or continue to use the phone/in person. Keeping your login and any printed records secure is your responsibility. Please bring photo ID to complete sign-up.

Name

NHS number

Date of birth

Address

Telephone (home)

Telephone (mobile)

Email address

I wish to have online access to: (tick all that apply)

- ☐ Book appointments
- ☐ Request medication
- ☐ View my medical record (subject to policy)
- ☐ View my Summary Care Record
- ☐ Complete online questionnaires

I understand and agree with each statement: (tick all that apply)

- ☐ I have read and understood the Important Information section
- ☐ I will be responsible for the security of information I see or download
- ☐ Sharing my information with anyone else is at my own risk
- ☐ I will contact the practice promptly if my account is accessed without agreement
- ☐ If I see information not about me, I will log out and contact the practice

7. Declaration & Signature

- ☐ I confirm the information I have provided is true to the best of my knowledge
- ☐ Signed on behalf of patient

Full name (signature)

Date

8. For Practice Use Only (staff completes this section)

Checklist

- ☐ Completed & signed above form
- ☐ Completed & signed GMS1 form
- ☐ Photo proof of ID
- ☐ Proof of address (last 3 months)

Appointment

- ○ Required
- ○ Not required

Photo ID

- ☐ Passport
- ☐ Driving licence
- ☐ Identity card
- ☐ Other

Proof of address

- ☐ Utility bill
- ☐ Council tax
- ☐ Bank statement
- ☐ Other

Identity verified through

- ☐ Self vouching
- ☐ Vouching with info in record
- ☐ Photo ID
- ☐ Proof of residence
- ☐ Professional vouching

Name of verifier

Date

Authorised & added to SystmOne by

Date

Photocopied this page — name

Passed for scanning — name