

# New Patient Registration Form

Welcome to Stanford Medical Centre. Please complete every section of this registration form. Once complete please return this form with a copy of **PHOTO ID** and **CURRENT PROOF OF ADDRESS**. Brighton University students should submit a copy of their **STUDENT ID CARD**.

*To be checked by the surgery reception team:*

|   |  |
|---|--|
| ID <input type="checkbox"/> Proof of Address <input type="checkbox"/> NHS no. <input type="checkbox"/> Contact Details <input type="checkbox"/> Emergency Contact <input type="checkbox"/> SCR <input type="checkbox"/> | Checked by:  |
| Preston Road <input type="checkbox"/> Islingword Road <input type="checkbox"/> Cockcroft <input type="checkbox"/>   | Date on system: _____ Registered <input type="checkbox"/> Online <input type="checkbox"/> Emailed <input type="checkbox"/> |

All sections in this form marked with an \* are compulsory, we will not be able to process your registration without this information. **If completing by hand then please complete this form in BLOCK CAPITALS.**

|   |   |
|---|---|
| *Title: eg: Mrs, Dr, Mx: _____  | *Date Of Birth: _____<br>D D / M M / Y Y Y Y                                  |
| *First Name: _____  | *Surname: _____   |
| Pronouns: eg: She/Her, They/Their: _____  | Gender Identity: eg: male, non-binary: _____                                  |
| *Sex Assigned at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex | Sexuality : _____   |
| We ask for your assigned sex to help us screen for sex-specific diseases such as cervical/prostate cancer.              |   |
| *NHS Number: Obtainable via your current GP   | _____   |
| *Ethnic Origin: _____   | <input type="checkbox"/> I do not wish to disclose.                           |
| *Main Spoken Language: _____  |   |
| *Do You Require An Interpreter: <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Unfortunately we are unable to book an interpreter for same day appointments. |
| *Town And Country Of Birth: _____   |   |
| *Brighton Address: _____  |   |
| *Post Code: _____   |   |
| *UK Mobile no: _____  | UK Landline no: _____   |
| *Email Address: _____   | Please print  |

Online access details and a confirmation of registration will be sent to this email. **Not available for under 16s.**

**Previous Medical Details:**

|   |  |
|---|--|
| *Your Previous Address In The UK: _____ |  |
| *Name Of Previous GP/Practice: _____    |  |

**If you are from outside England:**

|  |  |
|--|--|
| *The first address you were registered with a GP: _____  |  |
| *Date you first came to the England: _____               |  |
| *If previously a resident, date of leaving the UK: _____ |  |

\*Emergency Contact Details: Please provide a contact in the UK. Ideally Children should have two contacts.

|  |  |
|--|--|
| Are you studying with the University of Brighton International College?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Title and Full Name: _____  |  |
| *Relationship to you: _____  |  |
| *UK Contact Number: _____  |  |
| *Is this person your next of kin: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Prescriptions: Please bring your repeat prescription slip with you to your first GP appointment.**

|  |  |
|--|--|
| Please provide the details of the pharmacy you wish your prescriptions to go to: _____ |  |
| Please tell us if you need your medication to be:                                      | <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan |

