

Filling in the registration forms.

The top section is for practice staff to complete, please leave blank:

return this form along with a form of PHOTO ID and a CURRENT PROOF OF ADDRESS.

To be checked by the 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"/>

The next section is for your personal details and contact information. Every section of the form must be completed. If not applicable please enter this as incomplete forms will be returned and delay your registration.

All sections in this form marked with an * are compulsory, we will not be able to process your registration without this information. All other information is optional to provide. Please complete this form in BLOCK CAPITALS.

*Title: eg: Mrs, Dr, Mx:		*Date Of Birth:	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:			
*Home Address: (In Brighton)			
*Post Code:			
*Mobile Number:		Landline Number:	
*Email Address:	Please print		

Providing an email will sign you up for online access on which you can book appointments and see test results and immunisation history. Once you are registered your log in details will be sent via email. Not available for under 16s.

It would help if this was all printed rather than free hand to make it easier to read/process.

The email address needs to be clear as we will send a registration confirmation and online access details when we have you registered at the practice.

The next section is completed differently depending on your country of origin. For patients previously registered with NHS England we need your previous home address and GP name or GP practice name

Previous Medical Details:

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

If You Are From Over Seas:

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

For overseas patients and those from the rest of the UK we have to have the date you arrived in the UK.

We ask for at least one emergency contact and ideally children should have two. These should be based in the UK but if you have no UK emergency contact / next of kin please indicate this on the form .

***Emergency Contact Details: You must have a contact in the UK. Children with two guardians/ next of kin need both.**

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:					
*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	

We send our prescriptions electronically so if you are on regular medication we need to have the name of a pharmacy in Brighton to which it can be sent. It is possible to send prescriptions throughout England electronically if you are away from home.

If you are a registered carer, or have one, please complete this section. We can provide assistance and advice for carers support services.

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

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***Carers:**

Do you have a registered carer? If yes, please provide name and contact information:	
Are you a registered carer? If yes, please provide name and contact information of the person you care for:	

The next section deals with health matters. We are asking these so we can ensure ongoing health issues are monitored correctly by the practice.

***Health Questionnaire:**

*Height:		*Weight:		*Blood Pressure:	
Do you currently smoke?	Yes No	If yes, how many do you smoke a day?			
Have you ever smoked?	Yes No	If yes, when did you stop smoking?			
Would you like to receive smoking cessation advice?	Yes No	Please speak to our receptionists about our stop smoking service.			

***Medical History:**

*Are you currently suffering from any significant health conditions? Which require monitoring or medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please Specify:
If yes, you may need to come in for a 20 new patient appointment with the Practice Nurse Sarah, Eileen or Maddie. Please ask the reception team.	

Allergies:

<input type="checkbox"/> Penicillin Allergy	<input type="checkbox"/> Egg Allergy	If 'Other' please can you specify which and if you are currently on any medication for this:
<input type="checkbox"/> Peanut/Nut Allergy	<input type="checkbox"/> Animal Allergy	
<input type="checkbox"/> Food Allergy	<input type="checkbox"/> Other Allergy:	

Adaptations:

Are you visually impaired?	Yes No	If Yes, do you require large print documents?	Yes No
Do you have hearing difficulties?	Yes No	This Practice Has A Hearing Loop	

Please talk to reception about any other measures we could take in order for you to help you with your requirements.

The final section is giving authority to share your clinical record held at the surgery with NHS England. We do not share information outside of the NHS and the decision is entirely yours, it will not affect your registration.

We also ask if we can contact you via SMS/email. We only contact our patients to do with their ongoing care. We do not send marketing/spam messages and if you decline consent we are unable to send you reminders etc.

The last section of the form is for you to sign & date acknowledging your decision to register with the practice.

***Summary Care Records**

<input type="checkbox"/> YES – I consent to my GP creating a Summary Care Record for me and uploading it to the National Electronic Database: (this includes only limited information i.e. Current Medications & Allergies) <input type="checkbox"/> YES – I consent to my GP creating a Summary Care Record with additional information for me and uploading it to the National Electronic Database: (this included Current medications, allergies and any active problems)
Signature:
<input type="checkbox"/> NO – I do not consent for my GP creating a Summary Care Record for me and uploading it to the National Electronic Database.
Signature:
What does it mean if you DO NOT have a Summary Care Record? NHS healthcare staff caring for you may not be aware of your current medications, allergies, or bad reactions to medicines you have had, in order to treat you safely in an emergency. Your records will stay being shared by letter, email, fax or phone. If you have any questions, or if you want to discuss your choices: Phone the Summary Care Record Information Line on 0300 123 3020, contact your local Patient Advice Liaison Service (PALS).01273 664511

*Consent I declare to the best of my belief that the information I have provided is correct, and do consent for the appropriate use of this information by Practice Staff.

Consent to receive SMS notification for non-clinical services: Yes No
 Consent to receive email notification for non-clinical services Yes No

Print Name:			
Signature:		Date:	

If you have completed this form correctly and provided an email address you will receive an email confirming your registration and welcoming you to the practice. You will also receive your online access information separately. For an information leaflet or to set up online access in person, please talk to the reception team.

The GMS1 form

The GMS1 form is required by NHS England. The Top section of the front page needs to be completed. This repeats some of the information on our form.

The image shows the top portion of the NHS GMS1 form. It includes the NHS logo and the title 'Family doctor services registration (GMS1)'. The 'Patient's details' section contains fields for sex (Male, Female), name (Surname, First name), date of birth, previous surname, date and country of birth, and home address. Below this is a section for 'Please help us trace your previous medical records by providing the following information', which includes fields for previous address in UK, name of previous doctor, and address of previous doctor. There are also sections for 'If you are from abroad' (previous residence in UK, date of entry) and 'If you are returning from the Armed Forces' (address before enlisting). The form ends with fields for 'Service or Personnel number' and 'Enlistment date'.

The bottom section of the first page is no longer relevant/required.

The image shows the bottom portion of the NHS GMS1 form. It includes a section for 'If you are registering a child under 5' with a checkbox for 'I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance'. Below this is a section for 'If you need your doctor to dispense medicines and appliances*' with checkboxes for 'I live more than 1 mile in a straight line from the nearest chemist' and 'I would have serious difficulty in getting them from a chemist'. There are also checkboxes for 'Signature of Patient' and 'Signature on behalf of patient' with a date field. The 'NHS Organ Donor registration' section includes checkboxes for 'Any of my organs and tissue of' (Kidneys, Heart, Liver, Cornea, Lungs) and 'Any part of my body'. The 'NHS Blood Donor registration' section includes a checkbox for 'I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood' and a checkbox for 'I have given blood in the last 3 years'. There is also a checkbox for 'Signature confirming consent to inclusion on the NHS Blood Donor Register' with a date field. The 'NHS use only' section includes checkboxes for 'Patient registered for' (GMS, CHS, Expensing, Rural Practice).

The Supplementary Questions section on the rear needs to be completed by patients from overseas.

The image shows the 'Supplementary Questions' section of the NHS GMS1 form. It includes a section for 'Patient's details' for patients who are not ordinarily resident in the UK, with checkboxes for 'I want to register my details on the NHS Organ Donor Register as someone whose organ/tissue may be used for transplantation and my death. Please tick the boxes that apply.' and 'I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood'. Below this is a section for 'NHS use only' with checkboxes for 'Patient registered for' (GMS, CHS, Expensing, Rural Practice). The 'Supplementary Questions' section includes checkboxes for 'I have given blood in the last 3 years', 'Signature confirming consent to inclusion on the NHS Blood Donor Register', and 'I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood'. There is also a checkbox for 'I have given blood in the last 3 years'. The 'NHS use only' section includes checkboxes for 'Patient registered for' (GMS, CHS, Expensing, Rural Practice).

In particular you need to enter your EHC number if known and tick the relevant boxes a,b or c to identify your chargeable status.