

Patient's details

Please complete in BLOCK CAPITALS and tick ☐ as appropriate

| | |
|--|---------------------------|
| <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms | Surname |
| Date of birth | First names |
| NHS No. | Previous surname/s |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | Town and country of birth |
| Home address | |
| Postcode | |
| Telephone number | |

Please help us trace your previous medical records by providing the following information

Your previous address in UK

Name of previous GP practice while at that address

Address of previous GP practice

If you are from abroad

Your first UK address where registered with a GP

If previously resident in UK, date of leaving

Date you first came to live in UK

Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: ☐ Regular ☐ Reservist ☐ Veteran ☐ Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting:

Postcode

Service or Personnel number: Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

*Not all doctors are authorised to dispense medicines

- ☐ I live more than 1.6km in a straight line from the nearest chemist
☐ I would have serious difficulty in getting them from a chemist

☐ Signature of Patient ☐ Signature on behalf of patient

Date / /

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

White: ☐ British ☐ Irish ☐ Irish Traveller ☐ Traveller ☐ Gypsy/Romany ☐ Polish

☐ Any other white background (please write in):

Mixed: ☐ White and Black Caribbean ☐ White and Black African ☐ White and Asian

☐ Any other Mixed background (please write in):

Asian or Asian British: ☐ Indian ☐ Pakistani ☐ Bangladeshi

☐ Any other Asian background (please write in):

Black or Black British: ☐ Caribbean ☐ African ☐ Somali ☐ Nigerian

☐ Any other Black background (please write in):

Other ethnic group: ☐ Chinese ☐ Filipino

☐ Any other ethnic group (please write in):

Not stated: ☐

Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

NHS England use only

Patient registered for

☐ GMS

☐ Dispensing

To be completed by the GP Practice

Practice Name

Practice Code

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

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

I declare to the best of my belief this information is correct

Authorised Signature

Name Date

Practice Stamp

SUPPLEMENTARY QUESTIONS – These questions and the patient declaration are optional and your answers will not affect your entitlement to register or receive services from your GP.

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Anybody in England can register with a GP practice and receive free medical care from that practice.

However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being. In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK.

Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes:

- a) ☐ understand that I may need to pay for NHS treatment outside of the GP practice
- b) ☐ understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- c) ☐ do not know my chargeable status

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

| | | |
|---------------|--------------------------|----------|
| Signed: | Date: | DD MM YY |
| Print name: | Relationship to patient: | |
| On behalf of: | | |

Complete this section if you live in an EU country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS

Do you have a non-UK EHIC or PRC? YES: ☐ NO: ☐ If yes, please enter details from your EHIC or PRC below:



If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC)/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.

Country Code:

3: Name

4: Given Names

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

PRC validity period (a) From: DD MM YYYY (b) To: DD MM YYYY

Please tick ☐ if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

How will your EHIC/PRC/S1 data be used? By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process.

Your EHIC, PRC or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.

| | | |
|--|--|---|
| Dr. Haroon Mufti Dr. Carolyn Prior Dr. Pandu Balaji Dr. Emanuel Hacıaturian Dr. Anna Draper Dr. Tom Nicholson | WOODLANDS PRIMARY CARE  | Forms Updated: May 2023 Telephone: 020 8300 1680 www.woodlandssurgerysidcup.nhs.uk Our website will give you all the latest surgery news and information. |
|--|--|---|

Adult Registration Forms (aged 16 and over)

Please check that you are in the catchment area for registering with the surgery, which is available on our surgery website, and complete this registration form in full.

Very Important: Please make sure you complete the front page - the purple GMS1 form - in full also. This is essential to register you fully and accurately.

There is usually a delay in transferring medical records when you change doctors. Therefore, it would be helpful if you could answer all the following questions. This information is confidential and will be part of your medical record.

From June 2015, all patients are allocated a named GP. This will be allocated by surname, as follows; A-D: Dr Mufti; E-H: Dr Prior, I-P: Dr Hacıaturian, Q-Z: Dr Balaji. However, this does not mean you can only book appointments with your named GP.

Registrations Details

Please circle and answer as appropriate

First Name: _____

Middle Name(s): _____

Surname: _____

Date of Birth: _____

NHS Number: _____

Home Number: _____

Mobile Number: _____

**By supplying us with your mobile number, you are consenting to the practice sending you text messages.*

Email Address: _____

**By supplying us with your email address, you are consenting to the practice sending you emails.*

Medical History

Please circle and answer as appropriate

Are you registered disabled? YES/NO

If yes, please provide details: _____

Do you have any current illnesses or conditions? YES/NO

If yes, please provide details: _____

Are you currently taking any medication? YES/NO

If yes, please provide details: _____

Very Important: If yes, please provide a copy of your repeat prescription slip. If you are set up so your prescriptions are sent automatically to a pharmacy, please inform them if you want that to stop now that you are registering with Woodlands Primary Care. Your pharmacy nomination will remain the same once you are registered with us.

Do you have any allergies? YES/NO

If yes, please provide details: _____

If you or your family have a history of the following conditions, please tick the appropriate boxes;

| | You | Mother | Father | Sister | Brother | Other (Please State Who) |
|----------------------|-----|--------|--------|--------|---------|--------------------------|
| High Blood Pressure | | | | | | |
| Diabetes | | | | | | |
| Asthma | | | | | | |
| Stroke | | | | | | |
| Heart Disease | | | | | | |
| High Cholesterol | | | | | | |
| Other (Please State) | | | | | | |

Do you smoke? YES/NO

If yes, how many a day: _____

Have you ever smoked? YES/NO

If yes, when did you stop smoking: _____

How would you describe your exercise level: None/Light/Intermediate/Moderate/Heavy

Please provide your current height: _____

Please provide your current weight: _____

Do you have a Blood Pressure Monitor at home? YES/NO

If yes, please provide a current reading: _____

and the date of this reading: _____

Would you like weight management or dietary advice from our Nursing team? YES/NO

If yes, we will be in contact once you are fully registered.

If there are any other medical details or history that is important for us to know, please write below;

Alcohol Intake

Do you drink alcohol? YES/NO

If yes, please complete the below chart, by placing your score in the right-hand column;

| Questions | Scoring system | | | | | Your score |
|--|----------------|-------------------|-------------------------------|-----------------------|---------------------------|------------|
| | 0 | 1 | 2 | 3 | 4 | |
| How often do you have a drink containing alcohol? | Never | Monthly or less | 2 to 4 times per month | 2 to 3 times per week | 4 times or more per week | |
| How many units of alcohol do you drink on a typical day when you are drinking? | 0 to 2 | 3 to 4 | 5 to 6 | 7 to 8 | 10 or more | |
| How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| How often during the last year have you failed to do what was normally expected from you because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | |
| Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? | No | | Yes, but not in the last year | | Yes, during the last year | |

Total Score: _____

Alcohol unit reference

One unit of alcohol



Half pint of "regular" beer, lager or cider



Half a small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs

Drinks more than a single unit



Pint of "regular" beer, lager or cider



Pint of "strong" or "premium" beer, lager or cider



Alcopop or a 275ml bottle of regular lager



440ml can of "regular" lager or cider



440ml can of "super strength" lager



250ml glass of wine (12%)



75cl Bottle of wine (12%)

Sharing of your Health Records

National Data Opt-Out:

Your health records contain a type of data called confidential patient information. This data can be used to help with research and planning. You can choose to stop your confidential patient information being used for research and planning. If you're happy with your confidential patient information being used for research and planning you do not need to do anything.

Please visit www.nhs.uk/your-nhs-data-matters or call 0300 303 5678 (Monday to Friday, 9am to 5pm) to read more information, and to make your choice. You cannot register your choice through the surgery.

Summary Care Record:

A Summary Care Record is an electronic record of important patient information, created from your GP medical record. This can be seen and used by authorised staff in other areas of the health and care system, involved in a patient's direct care. This means staff can give better care, if you need health care away from the GP surgery. For example, in an emergency, or whilst on holiday.

You will automatically be created a Summary Care Record once registered. If you **do not** want a Summary Care Record, please request and complete an opt-out form. This form is available on our website, or at reception.

Bexley Linked Care:

Bexley Linked Care is a local electronic record, which allows important information to be viewed quickly and securely by staff directly involved in a patient's care on a need-to-know basis. Bexley Linked Care does not gather new information; it makes existing information via a GP patient record, more readily available with local services. This may include Doctors and Nurses at Queen Mary's Hospital and Erith Hospital Urgent Care Centres (UCCs) and GP out-of-hours services.

You will automatically be created a Bexley Linked Care record once registered. If you **do not** want a Bexley Linked Care record, please request and complete an opt-out form. This form is available on our website, or at reception.

Organ Donation:

Organ donation in England has moved to an opt-out system from May 2020. This means that all adults in England will be considered to have agreed to be an organ donor when they die, unless they have recorded a decision not to donate, or are in one of the excluded groups.

More information can be found at www.organdonation.nhs.uk. You can withdraw from the register via this website, or by calling 0300 303 2094 (Monday to Friday, 8am to 8pm, or Saturday to Sunday, 8am to 4pm).

Thank you for completing the registration forms.

Please ensure that all section are completed in full, and make sure you complete the front page - the purple GMS1 form - in full also. This is essential to register you fully and accurately.

Please also include a copy of your repeat prescription slip alongside these forms, and contact your pharmacy if you would like to remove them as your nomination. This is very important, as medication issued once you are registered with us, will continue to be sent to the same pharmacy you have previously used.

Please bring the completed forms and any other documents to surgery reception, or email them to selicb.woodlandsregistrations@nhs.net.

We aim to action registration forms within 10 working days. Please speak to our reception team on 020 8300 1680 if you have any queries.

Checklist for Registering:

- Check that you are in the catchment area for registering with the surgery.
- Complete the registration forms fully. Sign and date where required. Please visit nhs.uk/nhs-services/online-services/find-nhs-number to find your NHS number if you do not know it.
- Attach a copy of your repeat prescription slip (if applicable). This is for information purposes only, whilst the medical records from your previous GP surgery are being transferred to us. You will still need to request medication when it is due.
- Inform your pharmacy if you no longer want to collect your prescriptions from them (if applicable).
- Bring the completed forms and any other documents to surgery, or email them to selicb.woodlandsregistrations@nhs.net.

For Office Use Only

Registration completed on (date): _____

Please pass to scanning once complete.