

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"/>
3 Your relationship to the person you are registering	<input type="text"/>
4 Your contact phone number	<input type="text"/>



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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"/>	14	Name and address of UK GP surgery you registered with <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
2	First name <input type="text"/>	15	Have you ever lived somewhere else in the UK? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Last name <input type="text"/>	16	Last address in the UK <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/>
4	Middle name (if you have one) <input type="text"/>		The NHS and your GP surgery can use these details to call, text or email you about health care services. All phone numbers must be registered in the UK.
5	Previous last name <input type="text"/>	17	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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6	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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	18	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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7	What best describes you <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer to self-describe	19	Email address <input type="text"/> <input type="text"/>
8	Is this description the same as when you were born? <input type="checkbox"/> Yes <input type="checkbox"/> No	20	Name of emergency contact <input type="text"/>
9	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"/> <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"/>	21	Phone number of emergency contact <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10	Village, town or city of birth <input type="text"/>	22	Their relationship to you <input type="text"/>
11	Country of birth <input type="text"/>	23	Name of next of kin <input type="text"/>
12	Current address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="checkbox"/> No fixed address	24	Phone number of next of kin <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
13	What postcode did you give to the last GP surgery you registered with? <input type="text"/>	25	Their relationship to you <input type="text"/>

Section 3 - 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 4 - 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

--

(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 4 - Additional information

2 Have you registered with a UK GP before?

Yes No

3 If you have recently moved to the UK, what date did you enter the country?

4 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.

5 Do you need an interpreter for your appointments?

Yes No

6 What language?

British Sign Language (BSL)

7 Are you a carer?

Yes No

8 What is your relationship to the person you are caring for?

9 What type of carer are you?

Young carer, under 18 Paid as a job
 Unpaid, but may get benefits Foster carer

10 Do you have a carer?

Yes No

11 What is your relationship to your carer?

12 What type of carer are they?

Young carer, under 18 Paid as a job
 Unpaid, but may get benefits Foster carer

13 Carer's contact telephone number

14 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

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

Yes No

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

Yes No

Summary Care Record (SCR)

When you register with a GP surgery in England, a SCR is automatically created for you, unless you have already chosen not to have one. Your SCR has information about the medicines you take, any allergies or adverse reactions you might have and may contain additional information. This additional information has additional details of any significant illnesses and health problems, operations and vaccinations you have had, how you would like to be treated (such as where you would prefer to receive care), what support you might need and who should be contacted for more information about you. Your SCR can only be shared with healthcare staff treating you and provides them with vital information from your health record.

I would like a Summary Care Record with medicines, allergies, adverse reactions and additional information

I would like a Summary Care Record with medicines, allergies and adverse reactions only

I would not like a Summary Care Record

It is not compulsory for you to select any of these options. If you choose not to then your SCR consent preference held at your previous GP surgery will be transferred to your new GP surgery.

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 5 - 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 What best describes you?

- I smoke I used to smoke
 I have never smoked Prefer not to say

3 On average, how many cigarettes do you smoke a day?

4 What date did you stop smoking? DD MM YYYY

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.

Units

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 What is your weight?

Kilograms Or Stone Pounds

 Or

9 What is your height?

Centimetres Or Foot Inches

 Or

10 Allergies

11 Mental health conditions

Section 5 - Patient health

12 Disabilities

13 Other medical conditions

14 Give details of any medication you are taking

Are any of these repeat prescriptions?

Yes No

15 Do you or your carer need to be communicated in an accessible format?

For example, braille, audio, large format or EasyRead.

Tell us what you need

16 Do you or your carer need any reasonable adjustments to make your visit to the GP surgery accessible?

For example, an audible or visual alert in the waiting room, access to a hearing loop or the support of a note taker.

Tell us what you need

PART C

Section 6 - 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

