



New Patient Registration Pack

Thank you for wanting to register at Elmwood Family Doctors. We aim to give you the best care possible. We would like to meet you within the first 3 months of registration in order for us to meet your health needs as effectively as possible.

The first section of this pack contains information about the practice (you should keep these – pages 3 & 4)

The second contains instructions on how to register. Any information you provide will be completely confidential and will help us while we wait for your records to come from your previous GP. Please ask for help if you have any problems completing this form.

To register please follow these instructions;

1. Complete pages 5 - 6 of this pack & **complete & sign the purple form.**
2. Present them at reception along with 2 proofs of identity
3. Book a telephone appointment for a 20 minute 'New Patient Health Check'.
4. If you need to see a GP or are on any repeat medication, please contact the surgery by phone.

WHAT TO DO NEXT:

1. **Bring this pack into reception having completed pages 5 - 6**
2. **Please also complete the purple form found on pages 7-8, or alternatively can be found [here](#). Please remember to sign this form (halfway down on page 7)**
3. **Bring 2 forms of proof of identity**
 - a. One must be photographic
 - b. One must show your current address
(Documents must be no more than 3 months old)
4. **Book your “new patient check”** and any other relevant appointments that our staff will advise you on

Please bring all your medications with you when you come for your first appointment.

During this appointment you will be shown how to access services such as appointment booking and medication requests ‘online’. You will be informed of how to ensure your medication requests are sent directly to a chemist.

You will also have the opportunity to opt out of the “Summary Care Record” and the School nursing scheme which will be explained.

Practice Information

We currently provide services in two locations - Elmwood Health Centre in Holmfirth and Meltham Village Surgery, Parkin Lane in Meltham. New patients will register at their more local site but may then book routine appointments at either.

OPENING TIMES

SURGERIES AND CLINICS:

	<u>ELMWOOD HEALTH CENTRE</u>		<u>MELTHAM VILLAGE SURGERY</u>	
	T: 01484 943000		T: 01484 943000	
	From	To	From	To
Monday	08:00 AM	08:00 PM	08:00 AM	06:00 PM
Tuesday	08:00 AM	08:00 PM	08:00 AM	06:00 PM
Wednesday	08:00 AM	08:00 PM	08:00 AM	08:00 PM
Thursday	08:00 AM	06:30 PM	08:00 AM	06:00 PM
Friday	08:00 AM	06:30 PM	08:00 AM	06:00 PM
Saturday	Closed	Closed	Closed	Closed
Sunday	Closed	Closed	Closed	Closed

RECEPTION:

Open for enquiries Monday to Friday: 8:00 am – 6:00pm

Elmwood Health Centre & Meltham Village Surgery 01484 943000

Be prepared to give the name and date of birth of the patient, full address and telephone number. You will be asked for a brief indication of the nature and urgency of the problems to enable us to decide how best to deal with your problem.

Online

At Elmwood we offer access to “**SystemOnline**”. This is the national online service that allows you to do the following securely over the internet;

- book appointments
- order prescriptions
- view your test results
- view your medical record

Please provide us with your current email address at registration and you will automatically be registered for this service unless you choose to opt out.

www.elmwoodfamilydoctors.co.uk

We have an excellent website that is kept up to date. Please use the search function on this site to answer your questions about the practice and the services we offer. It also links you easily to SystemOnline.

Confidentiality Statement

We hold your patient records in the strictest confidence, regardless of whether they are electronic or on paper. We take all reasonable precautions to prevent unauthorised access to your records, however they are stored. Any information that may identify you is only shared with the practice team, or, if you are referred to hospital, to the clinician who will be treating you. We will only share information about you with anyone else if you give your permission in writing.

FOR OFFICIAL USE ONLY:

New Patient check booked (date & time)	
Documents seen to verify patient identity:	1.
	2.
Scanned to record (date & Initials)	

New Patient Questionnaire

DATE:		
Have you been registered with our practice before?	YES / NO	
SURNAME:		
FORENAME(S):		
TITLE:		
DATE OF BIRTH:	/ /	
ADDRESS:		
POSTCODE:		
GENDER (please tick as appropriate)	WOMAN (inc. trans woman)	Non-binary
	MAN (inc. trans man)	In another way
Is this the gender you were assigned at birth?	Yes / No	
NHS NUMBER (if known)		

CONTACT DETAILS:

It is your responsibility to maintain the safety of your mobile and email account to avoid anyone else being able to access the services we provide via SMS (text) and online. If you change your details, lose your mobile or no longer wish to use this facility, it is your responsibility to inform us as soon as possible.

*Please indicate with * your preferred number to contact*

Email address	
Home telephone	
Mobile telephone	
Work telephone	
Emergency contact name and telephone	

Please sign the appropriate box below:

	I have understood the above and agree to receive communications from the practice via SMS (Text) messaging
	I do not wish to receive any SMS (Text) messages

OCCUPATION:																									
ARE YOU A MILITARY VETERAN?	YES / NO																								
MARITAL STATUS:																									
PLACE OF BIRTH:																									
MAIN SPOKEN LANGUAGE:																									
OTHER LANGUAGES SPOKEN:																									
SEXUAL ORIENTATION (please tick)	Straight / Heterosexual (X766q)										Bisexual (X766r)														
	Lesbian / Gay (Y1d9c)										Other - please specify..														

ETHNIC ORIGIN:

The NHS is required to collect details about your ethnicity. This information is used for monitoring purposes only. Please tick or write in Other;

White British		White Other		Black British		Other	
Black Other		Asian British		Asian Other		I do not wish to disclose my ethnicity	

NOMINATED PHARMACY: (where you will be able to collect your prescriptions from)	
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ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard aims to ensure patients or their carers, easily receive, access and understand information. If you have any communication needs relating to a disability, impairment or sensory loss, or anything else you feel may be relevant to your needs, please let us know below. You may also ask at Reception for a form to complete, which will help you give this information.

CARERS

Are you a Carer?	No	Yes
A carer is someone who looks after a relative, friend or neighbour who could not manage without their help.		
If you are a carer then please specify the relationship of the person you care for e.g. parent, child, neighbour, friend		

Patient's details

Please complete in **BLOCK CAPITALS** and tick as appropriate

Mr Mrs Miss Ms Surname _____
 Date of birth _____ First names _____
 NHS No. _____ Previous surname/s _____
 Male 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

Patient signature required here

¹ Please note, this is a national form and cannot be edited by the practice. The response to the Male / Female question will determine which screening the patient is called for nationally, which we recommend is your gender assigned at birth. If you have any questions regarding this, please contact the practice.

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

Practice Stamp

Authorised Signature

Name Date

____/____/____

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: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
<p>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.</p>	Country Code: <input type="text"/>	
	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

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.