



Clapham Park Group Practice – New Patient Registration Form

Please Complete in **BLOCK CAPITALS** and Tick as appropriate

PERSONAL DETAILS

TITLE (e.g. Ms, Miss, Mrs, Mr, Mx, etc):		
FIRST NAME:	MIDDLE NAME(S):	LAST NAME:
PREVIOUS SURNAMES (IF ANY):	DATE OF BIRTH:	
KNOWN AS:	NHS NUMBER:	
GENDER (e.g. woman (including trans woman), man (including trans man), non-binary, etc. If other, please state):	IS YOUR GENDER IDENTITY THE SAME AS THE GENDER YOU WERE GIVEN AT BIRTH?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ETHNICITY (e.g. white British, other white, African, Caribbean, Asian, etc):	TOWN AND COUNTRY OF BIRTH:	
MAIN SPOKEN LANGUAGE:	DO YOU REQUIRE A TRANSLATOR?:	

YOUR CONTACT DETAILS

HOME TELEPHONE:	MOBILE TELEPHONE:
WORK TELEPHONE:	*EMAIL ADDRESS:
PREFERRED COMMUNICATION METHOD (i.e. mob, email, etc.):	

YOUR CURRENT ADDRESS

YOUR FLAT NUMBER/STREET NAME:	
TOWN/CITY:	POSTCODE:



Clapham Park Group Practice – New Patient Registration Form

PLEASE HELP US TRACE YOUR PREVIOUS MEDICAL RECORDS

YOUR PREVIOUS ADDRESS IN THE UK:

FULL ADDRESS OF PREVIOUS GP SURGERY WHILE AT THAT ADDRESS:

IF YOU ARE FROM ABROAD

DATE YOU FIRST CAME TO LIVE IN THE UK (*If this is your first time registering with a GP in the UK this information is essential*):

ABOUT YOU

WHAT IS YOUR SEXUALITY:

- HETEROSEXUAL (STRAIGHT)
- BISEXUAL
- GAY/LESBIAN
- ASEXUAL
- I DO NOT WISH TO DISCLOSE

HEIGHT:

WEIGHT:

WHAT ARE YOUR PREFERRED PRONOUNS?:

- HE/HIM
- SHE/HER
- THEY/THEM

SMOKING STATUS (*e.g. never smoked, current smoker, ex-smoker*):

HOW MANY CIGARETTES IN A DAY IF CURRENT SMOKER?:

WOULD YOU LIKE AN HIV SCREENING TEST?

- YES
- NO



Clapham Park Group Practice – New Patient Registration Form

PLEASE PROVIDE DETAILS OF ANY SIGNIFICANT MEDICAL HISTORY OR CONDITIONS YOU HAVE

MEDICAL CONDITION	DATE OF DIAGNOSIS IF KNOWN
<input type="checkbox"/> DIABETES	
<input type="checkbox"/> HIGH BLOOD PRESSURE	
<input type="checkbox"/> HEART ATTACK	
<input type="checkbox"/> ASTHMA	
<input type="checkbox"/> STROKE	
<input type="checkbox"/> CANCER	Cancer type and date of diagnosis/clarify if active diagnosis:
<input type="checkbox"/> MENTAL HEALTH ILLNESS	
<input type="checkbox"/> ANY OTHER MEDICAL CONDITION/DATE OF DIAGNOSIS:	

ARE YOU HOUSEBOUND?

(This means someone who is unable to leave their home environment due to a physical or psychological illness)

<input type="checkbox"/> YES (please detail your condition):	<input type="checkbox"/> NO
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PLEASE PROVIDE DETAILS OF ANY RELEVANT MEDICAL HISTORY IN YOUR IMMEDIATE FAMILY

DIAGNOSIS	FAMILY MEMBER (e.g. mother, paternal grandmother, maternal grandfather, brother, uncle, etc.)
<input type="checkbox"/> HIGH BLOOD PRESSURE	
<input type="checkbox"/> DIABETES	
<input type="checkbox"/> MENTAL ILLNESS	



Clapham Park Group Practice – New Patient Registration Form

<input type="checkbox"/> STROKE	
<input type="checkbox"/> CANCER	
<input type="checkbox"/> HEART ATTACK	
<input type="checkbox"/> ASTHMA	

PLEASE PROVIDE DETAILS OF ANY ALLERGIES THAT YOU HAVE AND WHAT YOUR REACTION IS *(i.e. rash and short of breath when taking penicillin)*

PLEASE PROVIDE DETAILS OF ANY MEDICATION YOU ARE CURRENTLY BEING PRESCRIBED AND THE REASON FOR IT *(e.g. Salbutamol inhaler for asthma)*

PLEASE SELECT A PHARMACY TO HAVE ANY FUTURE PRESCRIPTIONS SENT TO ELECTRONICALLY *(Please note that if you do not select a pharmacy we will automatically set your pharmacy as Phillips Pharmacy, 46 Poynders Rd, London, SW4 8PN)*

FULL ADDRESS OF PHARMACY:

ARE YOU A CARER?

Let us know if you are looking after someone who is ill, frail, disabled or has mental health and/or emotional support needs, or substance misuse problems. Are you looking after someone? YES NO

What is your relationship to the person you care for and are they registered at Clapham Park Group Practice?

IS SOMEONE LOOKING AFTER YOU



Clapham Park Group Practice – New Patient Registration Form

Do you have a carer? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Carer's name:		
Relationship to you:		
Address and contact number:		
NEXT OF KIN (This means someone that we can call in the case of an emergency *UK NUMBERS ONLY*)		
NAME OF NEXT OF KIN: Title: First Name: Surname:	RELATIONSHIP (e.g. Wife, Dad etc.):	NEXT OF KIN TELEPHONE NO:
IS YOUR NEXT OF KIN REGISTERED/REGISTERING AT CLAPHAM PARK GROUP PRACTICE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF PATIENT (OR ON BEHALF OF PATIENT)		
SIGNATURE:	DATE:	

* Where an email address has been provided, you will automatically be opted into Patient Access to book and cancel routine appointments, view blood test results and view your consultations and immunisation history. Should you **NOT** wish to be signed up to Patient Access please tick here.

SUMMARY CARE RECORD

The Summary Care Record (SCR) is an electronic record of important patient information, created from GP medical records. It can be seen and used by authorised staff in other areas of the health and care system involved in your direct care.

Access to SCR information means that care in other settings is safer, reducing the risk of prescribing errors. It also helps avoid delays to urgent care.

As standard, the SCR holds:

- Your name, address, date of birth and NHS number
- Your current medication
- Your allergies and details of any previous bad reactions to medicines

You can also choose to share an **enhanced record**. This is particularly useful if you are elderly, or have complex or long term conditions. The enhanced SCR holds:

- Significant medical history (past and present)
- Reason for medications



Clapham Park Group Practice – New Patient Registration Form

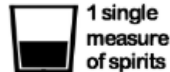
- Anticipatory care information (such as information about the management of long term conditions)
- End of life care information
- Immunisations

Summary Care Record Consent

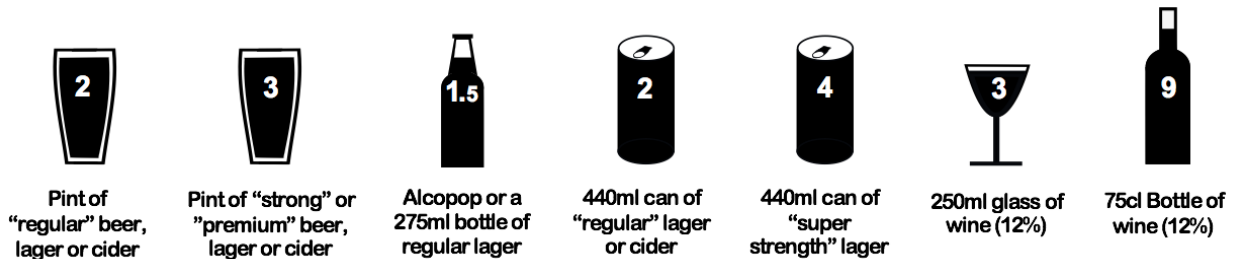
- I consent to share standard information via the Summary Care Record
- I consent to share enhanced information via the Summary Care Record
- I do not consent to share any information via the Summary Care Record

ALCOHOL AUDIT SCORING

This is one unit of alcohol...



...and each of these is more than one unit



FAST	Scoring system					Your score
	0	1	2	3	4	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only answer the following questions if the answer above is Never (0), Less than monthly (1) or Monthly (2). Stop here if the answer is Weekly (3) or Daily (4).						
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	



Clapham Park Group Practice – New Patient Registration Form

How often during the last year have you been unable to remember what happened the night before because you had been 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	

Scoring:

If score is 0, 1 or 2 on the first question continue with the next three questions

If score is 3 or 4 on the first question – stop here.

An overall total score of 3 or more is FAST positive.

What to do next?

If FAST positive, complete remaining AUDIT questions (this may include the three remaining questions above as well as the six questions on the second page) to obtain a full AUDIT score.

Score from FAST (other side)

Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
1 How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10+	
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 needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

SCORE:

SCORE:



Clapham Park Group Practice – New Patient Registration Form

How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	

TOTAL AUDIT Score (all 10 questions completed):

0 – 7 Lower risk,

8 – 15 Increasing risk,

16 – 19 Higher risk,

20+ Possible dependence

TOTAL SCORE:

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 circle one of the following:

a) I understand that I may need to pay for NHS treatment outside of the GP practice



Clapham Park Group Practice – New Patient Registration Form

b) I 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) I 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.

Signature

First Name:

Surname:

Complete this section if you live in another EEA 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?		If YES, please enter details from your EHIC or PRC below:	
<div style="text-align: center;">  <p style="font-size: small; margin-top: 10px;"><i>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.</i></p> </div>	Country Code:		
	3: Name		
	4: Given Names		
	5: Date of Birth		
	6: Personal Identification Number		
	7: Identification number of the institution		
	8: Identification number of the card		
	9: Expiry date		
PRC validity period (a) From:		(b) To:	
Please tick if you have an S1 (eg. 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.			



Clapham Park Group Practice – New Patient Registration Form

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 The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.