**REGISTRATION PACK**

**We hope you will find our services friendly and efficient, providing you with excellent patient-centered care. For further information please visit our website** [**www.whitehallmed.co.uk**](http://www.whitehallmed.co.uk)

**Due to Covid-19 we are trying to reduce footfall where possible, so if you are able please return this form completed in its entirety to rwmp@nhs.net along with a screenshot of your passport.**

**If you do not have access to the internet, then please hand to the receptionist.**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  | | |
| Date of Birth |  | Gender | Male/Female |
| Place of Birth |  | | |
| NHS No (if known) |  | | |
| Full Address |  | | |
| Email Address | We will automatically register you for online services upon registration | | |
| Telephone No | Home:  Mobile: | | |
| **Help us trace your previous medical records by providing the following information** | | | |
| Previous Address |  | | |
| Previous GP |  | | |
| Previous GP Address |  | | |
| **If you are from abroad (we may require additional documents which we shall contact you about)** | | | |
| Your first address in the UK |  | | |
| Date first entered the UK |  | | |
| **Were you ever registered with an Armed Forces GP?** | | | |
| Which service? |  | | |
| Address before enlisting |  | | |
| Service / Personnel Number |  | | |
| Enlistment date |  | | |
| Discharge date |  | | |

**If you are not “ordinarily resident” in the UK, please complete this page:**

**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 the GP. Being ordinarily resident broadly means living lawfully in the UK on a properly settled bases for the time being. In most cases, nationals of countries outside the European Economic Area must also have the stated 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:**







*By completing this form and returning it to the practice you declare that the information you give on this form is correct and complete. You understand that if it is not correct, appropriate action may be taken against me.*

**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** | | |
| |  | | --- | | *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.* | | |
| **Name** |  |
| **Date of Birth** |  |
| **Personal identification number** |  |
| **Identification Number of the Institution** |  |
| **Identification number of the card** |  |
| **Expiry Date** |  |
| **PRC Validity Period:** | **From: To:** |
| If you have an S1 (e.g. you are retiring to the UK or have been posted here by your employer for work or you live in the UK but with in another EEA member state) **Please email your S1 form to the practice.** | |

**For All Patients please complete the following pages**

It takes time for your medical records to arrive at the practice so please answer the following questions to the best of your ability. If completing on a computer, you should be able to “click” the boxes you wish to tick. If this doesn’t work just delete what isn’t appropriate to you.

**Please answer the following questions to the best of your ability:**

**Are you currently pregnant? Yes  No**

**Please tell us about your weekly alcohol consumption per week:**

**I drink units per week**

*1 pint of beer = 2 units Pub measure wine or spirits= 1.5 units Bottles/cans may vary*

Drinks Alcohol  Former Drinker  Lifelong Teetotal

**If you have answered that you drink alcohol, please complete the following:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | **Your Score** |
| **How often do you have a drink that contains alcohol?** | **Never**  **(Score 0)** | **Monthly or less**  **(Score 1)** | **2-4 times a month**  **(Score 2)** | **2-3 times a**  **Week**  **(Score 3)** | **4 or more**  **times a week**  **(Score 4)** |  |
| **How many standard alcoholic drinks do you have a typical day when you are drinking?** | **1 – 2**  **(Score 0)** | **3 – 4**  **(Score 1)** | **5-6**  **(Score 2)** | **7-8**  **(Score 3)** | **10 or more**  **(Score 4)** |  |
| **How often do you have 6 or more standard drinks on one occasion?** | **Never**  **(Score 0)** | **Less than monthly**  **(Score 1)** | **Monthly**  **(Score 2)** | **Weekly**  **(Score 3)** | **Daily or almost daily**  **(Score 4)** |  |
|  | | | | | **Total =** |  |

**Do you smoke?**







*If you are a CURRENT SMOKER you can obtain support to help you quit by contacting either a local pharmacy or the*

*Whitehall Medical Practice 01788 542212 all of whom offer a one-to-one stop smoking service.*

**Are you a Carer for someone with a serious illness or physically / mentally disabled?**

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**If yes – if this person is registered with our practice please answer below.**

Name of the person you care for: Relationship:

*We will register you onto our carers list. Please visit the following website for information and support:* [*https://www.warwickshire.gov.uk/carers*](https://www.warwickshire.gov.uk/carers)

**Armed Forces**

Have you ever been in the armed forces (even if only for one day)?

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*If you are a Military Veteran, we will send you the leaflet “Top Tips for the Military Veteran” which gives you advice*

*and information about how to get the best from our practice.*

**In order to meet the health needs of the population we are required to record patients’ ethnicity and first / main language spoken. This information will be kept completely confidential.**

What is your Ethnic Group? Please choose ONE section from A to E and tick the appropriate box:













Please State:

**What is your first / main language?**

**Electronic Prescribing**

This practice only uses Electronic Prescribing which means that your prescription will be sent through to a nominated pharmacy of your choice so that you don’t have to come into the surgery to collect your prescription. **Please nominate a pharmacy now:**

**Pharmacy: Town/area:**

To order your prescription you can do so in the following ways:

* Via telephone to POD 02476 246072
* Order online (if you are set up for online services – see below)
* Order via email [prescriptionswmp@nhs.net](mailto:prescriptionswmp@nhs.net)

**FOR ALL ORDERS PLEASE ALLOW 48 WORKING HOURS.**

**Online Services:**

A full range of online services are available including ordering of prescriptions and access to medical records. Your online service will automatically be activated upon registering subject to us having a copy of your passport or driving licence and a valid email address.

**If you do not wish your data to be shared to another care provider or you do not wish your data to be sent to the Summary Care Record, there is an opt out form at the very end should you need it.**

**SHARING YOUR HEALTH RECORDS - OPT OUT FORM**

|  |
| --- |
| **Your Name:**  **Your Date of Birth:**  **Date:** |
| **Sharing Your Health Record for the Purposes of Your Direct Care:** |
| **As a default, we will set your record as available to share out in both in EMIS Web and the Summary Care Record.**  If your choice is to Opt out of ‘Sharing out’ from your GP record please tick below:  I wish to opt out  *(this will mean that if you attend another healthcare provider and give consent for them to access your GP records, these will not be available)* |
| **Your Summary Care Record (SCR)** |
| If your choice is to opt out of having a Summary Care Record please tick here |
| **National Data Opt-out scheme** |
| The national data opt-out allows a patient to choose that they do not want their confidential information to be used for purposes beyond their individual care and treatment, such as for planning and research. It will be made available to the public from 25th May 2018.  Visit [www.nhs.uk/my-data-choice](http://www.nhs.uk/my-data-choice) for more information and to set or change your national data opt-out choice. |
| **Your Signature:**  **(either copy in your signature or an electronic signature will suffice)** |

***Office Use Only:***

All coded and added to EMIS Web record Yes/No

**IF COMPLETED THIS FORM TO BE SCANNED ONTO THE PATIENT RECORD.**

**Scanned by:**

**Date:**