

## IDENTIFICATION AND ELIGIBILITY DOCUMENTS

Photocopies will be taken for our records

Nationality \_\_\_\_\_

Country of Birth \_\_\_\_\_

Date of arrival in the UK \_\_\_\_\_

Photo Identification Document:  Passport or  ID Card

### Eligibility Documentation:

Please provide one of the following in addition to Photo ID

- |                                            |                                                 |
|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Tenancy Agreement | <input type="checkbox"/> Contract of Employment |
| <input type="checkbox"/> Utility Bill      | <input type="checkbox"/> UK Driving Licence     |
| <input type="checkbox"/> EHIC Card         | <input type="checkbox"/> Other _____            |

In order for you to be registered with this practice you must be 'lawfully living in the UK voluntarily for a settled purpose' for over six months and reside in the practice area.

Please confirm that you fulfil these criteria by signing below.

SIGNED \_\_\_\_\_ Date \_\_\_\_\_

### Which ethnic group do you belong to? (*Please tick*)

- |                                                          |                                                      |                                      |                                      |
|----------------------------------------------------------|------------------------------------------------------|--------------------------------------|--------------------------------------|
| British White <input type="checkbox"/>                   | British/Mixed <input type="checkbox"/>               | Irish <input type="checkbox"/>       | Other White <input type="checkbox"/> |
| W&B Caribbean <input type="checkbox"/>                   | W&B African <input type="checkbox"/>                 | White/Asian <input type="checkbox"/> | Other Mixed <input type="checkbox"/> |
| Indian/British Indian <input type="checkbox"/>           | Pakistani/British Pakistani <input type="checkbox"/> |                                      |                                      |
| Bangladeshi/British Bangladeshi <input type="checkbox"/> | Other Asian <input type="checkbox"/>                 | Caribbean <input type="checkbox"/>   |                                      |
| African <input type="checkbox"/>                         | Other Black <input type="checkbox"/>                 | Chinese <input type="checkbox"/>     | Other <input type="checkbox"/>       |
|                                                          |                                                      | Not stated <input type="checkbox"/>  |                                      |

What is your first language? \_\_\_\_\_

If any of your details change, please advise the Surgery as soon as possible so that we can amend your records.

Practice use only: Nurse / HCA \_\_\_\_\_ Date: \_\_\_\_\_  
Condition Review  NHS HC  H/W/BP

## LONGFLEET HOUSE SURGERY NEW PATIENT REGISTRATION

Mr/Miss/Mrs \_\_\_\_ First Name(s) \_\_\_\_\_

FAMILY NAME \_\_\_\_\_

Former Name (If applicable) \_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Postcode \_\_\_\_\_

Special Access Instructions eg Keycode (Confidential)  
\_\_\_\_\_

Tel Home \_\_\_\_\_ Work/Daytime \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

May we send text reminders to your mobile?  Y  N

### Children 16 years and under

Current School \_\_\_\_\_

### Former members of the Armed Forces

Date of Discharge \_\_\_\_\_

Occupation (former occupation if retired) \_\_\_\_\_

Is there anyone already registered, or going to register at Longfleet House Surgery, who is living at the same address?

Name(s) \_\_\_\_\_

Do you live alone?  Y  N

LONGFLEET HOUSE SURGERY IS REGISTERED UNDER THE DATA PROTECTION ACT

**NEXT OF KIN**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Relationship to you \_\_\_\_\_ Tel \_\_\_\_\_

**EMERGENCY CONTACT** (If different to above)

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Family  Friend  Neighbour **CARERS & CARED FOR** *(Please only complete if applicable)*I care for / I am cared for by: *(Please delete as appropriate)*

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Relationship to you \_\_\_\_\_ Tel \_\_\_\_\_

Name of their GP \_\_\_\_\_ Tel \_\_\_\_\_

**PERSONAL INFORMATION**

Do you have any special needs? If so, please give details: -

\_\_\_\_\_  
\_\_\_\_\_Do you wish to register for online services such as making  
appointments and requesting repeat prescriptions (please tick)? **ALLERGIES** \_\_\_\_\_**ALCOHOL**

How many units of alcohol do you drink per week? \_\_\_\_\_

One unit of alcohol is about equal to:

- half a pint of ordinary strength beer or lager
- a small measure of spirits
- a small glass (125 ml) of wine

I would welcome advice regarding my alcohol consumption **SMOKING**

Please advise us of your smoking history

Smoker  Number of cigarettes per day \_\_\_\_\_Ex-smoker  Never Smoked I would welcome advice on giving up smoking **LONG TERM CONDITIONS** *(tick all that apply)*High Blood Pressure  Diabetes  Asthma  COPD Kidney Disease  Heart Disease  Atrial Fibrillation Peripheral Arterial Disease  Learning Disabilities  Dementia Epilepsy  Thyroid Disorder  Mental Health 

Other \_\_\_\_\_

Family History \_\_\_\_\_

**Regular Medication** *(If possible please attach your current Repeat Prescription slip which lists your regular prescription items)*\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_In order to improve emergency care for patients, NHS England holds a Summary Care Record for every patient unless they choose to opt out. For more information visit [www.nhscarerecords.nhs.uk](http://www.nhscarerecords.nhs.uk)