

## Patient's details

Please complete in BLOCK CAPITALS and tick  as appropriate

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Surname
Date of birth				First names
NHS No.				Previous surname/s
<input type="checkbox"/> Male <input type="checkbox"/> 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
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## 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\*

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*\*Not all doctors are authorised to dispense medicines*

### 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

## 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*

Authorised Signature

Name

Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

Practice Stamp

**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 charged 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)  I understand that I may need to pay for NHS treatment outside of the GP practice
- 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.

**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><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>	Country Code:	
	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.



# WOODLANDS & CLERKLANDS GP PARTNERSHIP

## Adult (Over 16) Registration Pack

### Your Registering Address

<b>SURNAME:</b>			
<b>FORENAME(S):</b>			
<b>ADDRESS:</b>			
	POSTCODE:		
DATE OF BIRTH: / /	COUNTRY OF BIRTH:		
<b>PLEASE ONLY PROVIDE YOUR OWN PERSONAL CONTACT DETAILS</b>			
<b>LANDLINE:</b>			
<b>MOBILE:</b>	Consent to SMS Yes <input type="checkbox"/>   No <input type="checkbox"/>		
<b>EMAIL ADDRESS:</b>	Consent to email Yes <input type="checkbox"/>   No <input type="checkbox"/>		
We may wish to send you messages not related to your medical care, e.g. holiday opening hours. Do you consent to receiving these messages?			Yes <input type="checkbox"/>   No <input type="checkbox"/>
Would you like to receive via email our Patient Participation Group newsletter on updates and services at the surgery?			Yes <input type="checkbox"/>   No <input type="checkbox"/>

### Medical History and Family History

Complaint	My History		First Degree Family History (Which relatives? i.e. Parents, siblings, children)
Diabetes	Yes [ ]	No [ ]	
Hypertension	Yes [ ]	No [ ]	
Heart Disease	Yes [ ]	No [ ]	
Asthma	Yes [ ]	No [ ]	
Cancer	Yes [ ]	No [ ]	
High Cholesterol	Yes [ ]	No [ ]	
Stroke	Yes [ ]	No [ ]	
Other:			

### Allergies

Description	Comments

### Social History

Smoking Status	Never Smoked	Ex-smoker	Smoker	If smoker, what amount do you smoke daily? If ex-smoker, what year did you stop?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Ethnic Group

White British	White + Black African	Bangladeshi or British Bangladeshi
British or mixed British	White + Asian	Other Asian Background
Other White Background	Indian or British Indian	African
White + Black Caribbean	Pakistani or British Pakistani	Other

### Accessible Information

Do you have communication needs relating to:	If checked, please provide any relevant details
Any form of hearing loss or being d/Deaf	
Any form of visual impairment exception of spectacles	
Any learning disabilities, sensory disorder or developmental disorder, e.g. autism	
Other form of impairment / needs	

PLEASE ATTACH ANY PREVIOUS MEDICATION DETAILS

## Nominated Pharmacy

If you have / would like a nominated pharmacy, please tell us the name and address or location.

## Communications

Do you speak English? Yes  | No

Do you have any other communication difficulties? (i.e. dysphasia, aphasia)

Do you need an interpreter? If yes, in which language?

## Accessibility

Do you have any other needs to access the surgery, e.g. wheelchair, assistance dog?



**Summary Care Records contain key information about the medicines you are taking, allergies you suffer from and any bad reactions to medicines you have had in the past.** You will be able to add other information too if you and your GP agree that it is a good idea to do so.

Information about your healthcare may not be routinely shared across different healthcare organisations and systems. You may need to be treated by health and care professionals that do not know your medical history. Essential details about your healthcare can be difficult to remember, particularly when you are unwell or have complex care needs.

Having a Summary Care Record can help by providing healthcare staff treating you with vital information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

**Your options are outlined below; please indicate your choice and sign below:**

- Express consent for medication, allergies and adverse reactions only.** *You wish to share information about medication, allergies and adverse reaction only.*
- Express consent for medication allergies, adverse reactions and additional information.** *You wish to share information about medication, allergies and advise reactions and further information that includes: your significant illnesses and health problems, operations and vaccinations you have had in the past, 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.*
- Express dissent for Summary Care Record (opt out).** *You do not want any information shared with other healthcare professionals involved in your care. [please request a formal opt out form from Patient Services]*

PRINT NAME (REGISERING PATIENT).....

SIGNED (REGISERING PATIENT).....

DATE (REGISERING PATIENT).....

## NEXT OF KIN & PEOPLE YOU CARE FOR

In order to record your next of kin/emergency contact, and for carers any people you may care for, we need their consent as well as yours.

**Please take this slip home and bring it back when you have got their signature to say they're happy for their name and contact details to be saved in your medical record.**

Your name:

Your date of birth:    /    /

Next of kin name (including title)	Date of birth	Relationship to you	Telephone	Signature of next of kin

*By providing your next of kin you are consenting for this to be saved on your record as an emergency contact. This can be amended and changed by you at any time.*

## FOR CARERS

Person you care for (including title)	Date of birth	Relationship to you	Telephone	Signature of person you care for

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DOUBLE SIDED  
PRINTING

## PRACTICE CODE OF CONDUCT

It is the aim of the Sussex Integrated Care Board (ICB) and the Woodlands & Clerklands Partnership to provide a safe and pleasant environment in which patients and visitors may receive healthcare, and staff may carry out their work.

To assist in providing this, all persons accessing the services of the practice are expected to observe the Practice Code of Conduct.

The Code of Conduct states: **Persons attending the practice whether in person or by telephone should behave in a manner that respects the rights of others and the practice environment.**

The following behaviour falls outside the Code of Conduct and is therefore considered to be unacceptable:

- *Excessive noise which is obtrusive to others*
- *Use of threatening/abusive/obscene language*
- *Offensive remarks of a racial, sexual or personally derogatory nature*
- *Damage to property*
- *Theft*
- *Spitting*
- *Threatening/aggressive gestures and/or action`s*
- *Inappropriate behavior involving alcohol/substance misuse*
- *Intimidating, menacing or disrespectful manner*

Any person acting in an unacceptable manner will be asked by a member of staff to stop behaving in such a way and to observe the Practice Code of Conduct.

If a person repeatedly fails to observe the Code of Conduct, Sussex ICB will make alternative arrangements for the patient concerned to receive his/her healthcare. These arrangements will be advised to the patient in writing by Sussex ICB.

**Violent behavior is never tolerated** and will result in police prosecution of the aggressor and the direct and immediate removal of the patient concerned from the practice list.

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### NHS ZERO TOLERANCE TO VIOLENT AND ABUSIVE BEHAVIOUR

I fully understand that the NHS is operating a permanent zero tolerance policy towards violent and abusive behaviour. This includes harassment, alarming, distressing, threatening, abusive, insulting as well as, violent behaviour – by an individual. This policy applies to all health service facilities including all areas of general practice and primary care.

I further understand that should I be party to violent, threatening or abusive behaviour towards any member of the Woodlands/Clerklands Partnership team, then I will expect that certain sanctions will be applied to me. This could include removal from the Practice Registration List and could mean I will have to be seen at an approved secure centre for violent patients.

I am aware that difficulties may occur in the provision of my medical care that cannot be the responsibility of any one health care professional. I am also aware that violent, threatening or abusive behaviour cannot alter the situation which is often beyond the individual health care professional's control.

***I agree that on becoming a registered patient at Woodlands/Clerklands Partnership to adhere to the practice code of conduct and understand that any form of violent, threatening abusive behaviour towards any member of staff any time is not tolerated.***

PRINT NAME (REGISERING PATIENT).....

SIGNED (REGISERING PATIENT).....

DATE (REGISERING PATIENT).....

## Register for Online Services

<https://www.woodlands-clerklandspartnership.co.uk/pages/Online-Services>

SystemOnline is the patient online service where you can access via your desktop computer or a smartphone device.

### Once you are registered, you are able to access online for the following:

- Book GP appointments
- Request repeat medication
- Update your details
- Send messages to the Patient Services Team
- View your coded Medical Record (including test results and vaccination history)  
*Once you have logged onto to SystemOnline you can then request viewing access of your full Coded Medical Record. Once requested this will be released online within two working weeks.*

### I understand that by doing so I am agreeing with the following statements:

1. I will be responsible for the security of the information that I see or download
2. If I choose to share my information with anyone else, this is at my own risk
3. I will contact the practice, as soon as possible, if I suspect that my account has been accessed by someone without my agreement
4. If I see information in my record that is not about me, or is inaccurate, I will log out immediately and contact the practice as soon as possible.

Please complete and sign below if you would like to register for SystemOnline. Please note that unless you are a patient that is known to be housebound you will be required to attend the surgery in person and you will be requested to show photo ID.

First Name(s):	Surname:
Date of Birth:	Email address:
Telephone Number:	Mobile:

SIGNED (REGISTERING PATIENT).....

DATE (REGISTERING PATIENT).....

### For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/>	Name of verifier	Date
	Vouching with information in record <input type="checkbox"/>		
	Photo ID <input type="checkbox"/>		
	Proof of residence <input type="checkbox"/>		



## PLEASE RETAIN THIS PAGE FOR YOUR INFORMATION

Welcome to Woodlands & Clerklands Partnership. We are a practice that operates from two surgeries: Woodlands Surgery in Crawley and Clerklands Surgery in Horley.

🔊 Please note if you are registering at **Clerklands Surgery in Horley**, any treatments and referrals will be provided under **West Sussex Services**. (e.g. physiotherapy, community services).

If you want to know more about our appointments, surgery times, clinics, services and more, please check our website at <https://www.woodlands-clerklandspartnership.co.uk/>



If you are joining the practice, you can keep up to date with our services and campaigns on our Facebook page.

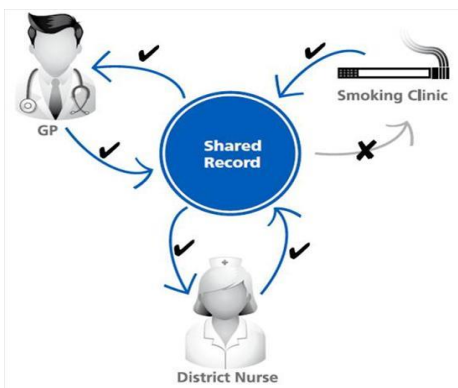
Follow us on <https://www.facebook.com/WoodlandsClerklands/>



If you're a patient at our practice you can now use the new NHS App, a simple and secure way to access a range of NHS services on your smartphone or tablet.

You can use the NHS App to check your symptoms and get instant advice, book appointments, order repeat prescriptions,

view your GP medical record and more.



### INFORMATION ABOUT ELECTRONIC DATA SHARING

Our clinical system is able to share data with other NHS healthcare providers. This is most commonly with services such as the District Nurse Team, the Extended Access GP Hub, or other Allied Health Professionals that work with the NHS to support your healthcare. It is your record and your right as to whether you share information or not and to whom. Should you during the course of your NHS treatment ever be asked whether you wish to allow access to your healthcare record to aid you treatment, then you can say YES or NO.



GP



Other NHS care service

If you answer NO

*This NHS care service will not see any information recorded at any other NHS care service (even if those services have the consent to share information out).*

**Tip: Did you know you can request for individual entries in your patient record to be marked as 'Private'. These will not be visible at any NHS care service other than the one that recorded the information, even if you choose to share your record.**