

SHIRLAND MEDICAL NEW PATIENT REGISTRATION FORM

INCOMPLETE FORMS WILL NOT BE PROCESSED

For residents of the Borough of Brent (postcodes starting NW2, NW6, NW10), Brent Health and Social care services will not allow our patients to access the full range of home support services that are needed for patients with frailty conditions.

If you need home visiting support and live in Brent we strongly recommend registering at a GP service located within the Borough of Brent instead of us.

Full name			
Gender	Male :	Female:	Other:
Date of birth			
Address and postcode			
Telephone number(s)			
Email address			
Town & country of birth			
If you are from abroad, date you first came to the UK			
Please state any country (outside the UK) that you visited/lived in for more than 6 months during the last 5 years	Country: Date/Year if known:		
Marital status			
Ethnicity	White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Other <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Black African <input type="checkbox"/> Black Other <input type="checkbox"/> Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Asian Other <input type="checkbox"/> Arab <input type="checkbox"/> Asian & White <input type="checkbox"/> Black Caribbean & White <input type="checkbox"/> Black African & White <input type="checkbox"/> Any Other Mixed Origin <input type="checkbox"/> Other Origin <input type="checkbox"/> Please state:		

Language							
Occupation							
Religion							
Number of offspring							
Please circle your housing status	<table> <tr> <td>I am renting privately</td> <td>I live in my own home</td> </tr> <tr> <td>I am renting from the council</td> <td>I am currently homeless</td> </tr> <tr> <td>I am a refugee</td> <td>I am an asylum seeker</td> </tr> </table>	I am renting privately	I live in my own home	I am renting from the council	I am currently homeless	I am a refugee	I am an asylum seeker
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	<table> <tr> <td>I live in warden-controlled housing</td> <td>I live with a carer</td> </tr> <tr> <td>I live in temporary housing</td> <td>I live in a care home</td> </tr> <tr> <td colspan="2">I am an asylum seeker awaiting a decision on my refugee status</td> </tr> <tr> <td colspan="2">I am a refugee with leave to remain</td> </tr> </table>	I live in warden-controlled housing	I live with a carer	I live in temporary housing	I live in a care home	I am an asylum seeker awaiting a decision on my refugee status		I am a refugee with leave to remain	
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Are you looking after someone? who is ill, frail, disabled or has mental health or substance misuse problems Is someone looking after you? A family member, friend or neighbour	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> Carers Name: Relationship to you: Address: Telephone number:

In case of an emergency please provide us with your next of kin details	Name: Tel: Relationship to you:
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Do you suffer from any chronic conditions	Chronic Condition	Date of Diagnosis	Medication you are currently taking
	Diabetes type 1		
	Diabetes type 2		
	Stroke		
	Ischaemic heart disease		
	Hypertension		
	Asthma		
	Chronic kidney disease		
	Depression		
	Other please state:		

Please state any operations or serious injuries you have had			
Are there any serious diseases that affect your parents, brothers or sisters?	PLEASE STATE FAMILY MEMBER		
Please state any known allergies you have to medicines food or dressings			
FOR WOMEN ONLY			
Please state which birth control you are using	Date of your last smear: result: where taken:	Date of last mammogram	Have you had a hysterectomy? Yes <input type="checkbox"/> No <input type="checkbox"/> When?
Height in cm:	Weight in kg:		
Are you a smoker?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please state how many you smoke per day:		
What type of diet do you have? Normal <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/>	Please circle how often you drink alcohol 0 1 2 3 4 Never Monthly or less 2-4 times per month 2-3 times per week 4+ times per week		

How much exercise do you do per day?		
None	<input type="checkbox"/>	
A Little	<input type="checkbox"/>	
Moderate	<input type="checkbox"/>	
Vigorous	<input type="checkbox"/>	

Online Services	
You can now do the following online:	
<input type="checkbox"/> Book and cancel appointments, order repeat prescriptions, view your Detailed Medical Record.	
IT WILL BE YOUR RESPONSIBILITY TO KEEP YOUR LOGIN DETAILS AND PASSWORD SAFE AND SECURE. IF YOU KNOW OR SUSPECT THAT YOU'RE RECORD HAS BEEN ACCESSED BY SOMEONE THAT YOU HAVE NOT AGREED SHOULD SEE IT, THEN YOU SHOULD CHANGE YOUR PASSWORD IMMEDIATELY.	
Yes I'd like to register for online services <input type="checkbox"/>	No I don't want to register for online services <input type="checkbox"/>
We can now send your prescriptions electronically to the pharmacy of your choice. If you would like us to do this, please give the name and location of the pharmacy here:	
IF YOU HAVE NOT RECEIVED YOUR LOGIN DETAILS WITHIN 14 DAYS PLEASE CONTACT RECEPTION 020 8969 2626 FOR YOUR LOGIN DETAILS	

Sharing Your Medical Record	
Medical Record Sharing:	
Allows your complete GP medical record to be made available to authorised healthcare professionals involved in your care. You will always be asked your permission before anybody looks at your shared medical record.	
If you do want to share your GP record tick here:	<input type="checkbox"/>
If you do not want to share your GP record tick here:	<input type="checkbox"/>
Summary Care Record:	
Contains details of your key health information – medications, allergies and adverse reactions. They are accessible to authorised healthcare staff in A&E Departments throughout England. You will always be asked your permission before anybody looks at your Summary Care Record. Ask your GP about the optional 'Additional information' choice.	
If you do want to have a Summary Care Record created tick here:	<input type="checkbox"/>
If you do not want to have a Summary Care Record tick here:	<input type="checkbox"/>

NHS (Charges to Overseas Visitors) Regulations 2015 Self Declaration

I am a British resident and entitled to full NHS care

I hold a non-UK issued European Health Insurance Card (EHIC)

I hold an S1 form (entitlement to health care in another European Economic Area country for a limited duration)

CHECKLIST

Thank you for completing this form. Please check you have completed all sections where possible.

Please ensure that you bring the following with you to the surgery to complete your registration:

1. **Completed & Signed New Patient Registration Questionnaire** (this form!)
2. **Completed & Signed GMS1 Form**
3. **Photo Proof of ID** - e.g. Passport, Photo Driving License or Photo ID card
4. **Proof of Address – *Must be in your name and dated within the past 3 months***
– *Provided in one of the following:* Bank statement, Utility Bill (Gas, Electricity, Water), Council Tax, Tenancy Agreement or Landline Phone Bill (Mobile phone bills are not accepted)
5. If possible, your **Immunisation Records** – usually the Personal Child Health Record (“Red Book”)
6. If possible, your **NHS Card** – usually shows your previous GP and your NHS Number
7. If relevant, your **Repeat Medication Request Slip** from your previous GP