

How to register with a GP surgery

To register yourself or someone else with a GP surgery, fill in this form and give it to the surgery you want to register with.

You should:

- use a 'tick' or 'x' for boxes where necessary
- complete all sections that apply to you or the person you are registering
- provide as much information as possible
- use BLOCK CAPITALS
- if you cannot answer a question or it does not apply write 'Not applicable' or 'N/A'
- only use black or blue ink
- ask at the reception desk of the surgery you want to register with if you need help completing this form

Which sections should be completed?

- Part A - all sections that apply.
- Part B - this section is optional, but will help the GP provide the best care.
- Part C - only complete these sections if you do not normally live in the UK.

You may be contacted by the GP surgery if you do not complete all the relevant sections.

Register online

It is quick and secure to register with a new GP surgery online. Check the website of the surgery you want to register with for a link for the 'Register to a GP surgery' service.

PART A

Try to provide as much information as possible. If a question does not apply to you or the person you are registering write 'Not applicable' or 'N/A'.

Section 1 - Who is registering?

1 Are you registering

☐

Yourself (Go to Section 2 - Patient details)

☐

Someone else

Only provide your details if you are registering someone else.

2 Your name

3 Your relationship to the person you are registering

4 Your contact phone number



You can help save lives as a blood or organ donor. Become someone's lifeline.

Visit www.nhsbt.nhs.uk/lifeline or call us on 0300 123 23 23.

Section 2 - Details of patient registering

| | | |
|-----------|--|---|
| 1 | Title | <input type="text"/> |
| 2 | First name | <input type="text"/> |
| 3 | Last name | <input type="text"/> |
| 4 | Middle name (if you have one) | <input type="text"/> |
| 5 | Previous last name | <input type="text"/> |
| 6 | Date of birth DD MM YYYY | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 7 | What is your sex as recorded on your NHS record? | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Not specified or known |
| 8 | NHS number (if you have it) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 9 | Village, town or city of birth | <input type="text"/> |
| 10 | Country of birth | <input type="text"/> |
| 11 | Current address | <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="checkbox"/> No fixed address |
| 12 | What postcode did you give to the last GP surgery you registered with? | <input type="text"/> |
| 13 | Name and address of UK GP surgery you registered with | <input type="text"/> <input type="text"/> <input type="text"/> Postcode |
| 14 | Have you ever lived somewhere else in the UK? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15 | Last address in the UK | <input type="text"/> <input type="text"/> <input type="text"/> Postcode |
| | | The NHS and your GP surgery can use these details to call, text or email you about health care services. All phone numbers must be registered in the UK. |
| 16 | Home phone number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 17 | Mobile phone number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 18 | Email address | <input type="text"/> <input type="text"/> |
| 19 | Name of emergency contact | <input type="text"/> |
| 20 | Phone number of emergency contact | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 21 | Their relationship to you | <input type="text"/> |
| 22 | Name of next of kin | <input type="text"/> |
| 23 | Phone number of next of kin | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 24 | Their relationship to you | <input type="text"/> |

Section 3 - Patients under 18 years

For children under 12 months only

1 Where were they born?

- ☐ England ☐ Wales ☐ Northern Ireland
☐ Isle of Man ☐ Scotland ☐ Outside the UK

2 Where was the mother living when the baby was born?

 Postcode

For patients under 18 years

1 Do you attend any of the following?

- ☐ School ☐ Nursery ☐ Home school
☐ None of these

2 Address

 Postcode

3 Are any of these involved in your care?

- ☐ Hospital specialist ☐ Health worker
☐ Social worker ☐ None of these

4 Have you had all your routine vaccinations?

- ☐ Yes ☐ No ☐ Don't know

5 Did you get your routine vaccinations in the UK?

- ☐ Yes ☐ No ☐ Don't know

Section 4 - Additional information

1 What is your ethnic group?

Choose one section from A to E, then tick one box to best describe your ethnic group or background.

(A) White

- ☐ English, Welsh, Scottish, Northern Irish or British
☐ Irish ☐ Gypsy or Irish Traveller

Any other White background

(B) Mixed or multiple ethnic groups

- ☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian

Any other Mixed or Multiple ethnic background

(C) Asian or Asian British

- ☐ Indian ☐ Pakistani ☐ Bangladeshi
☐ Chinese

Any other Asian background

(D) Black/African/Caribbean/British

- ☐ African ☐ Caribbean

Any other Black, African or Caribbean background

(E) Other ethnic group

- ☐ Arab

Any other ethnic group

- ☐ Prefer not to say

Section 4 - Additional information

| | | | |
|----------|--|--|---|
| 2 | Have you registered with a UK GP before? <input type="checkbox"/> Yes <input type="checkbox"/> No | 10 | Do you have a carer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | If you have moved to the UK, what date did you arrive? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | 11 | What is your relationship to your carer? <input type="text"/> |
| 4 | Have you ever served in the UK Armed Forces or were you ever registered with a Ministry of Defence GP in the UK or overseas? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say If you were given a FMED133A form (sometimes called an FMED1 form) when you left the UK Armed forces, you should give this to your GP surgery. | 12 | What type of carer are they? <input type="checkbox"/> Young carer, under 18 <input type="checkbox"/> Paid as a job <input type="checkbox"/> Unpaid, but may get benefits <input type="checkbox"/> Foster carer |
| 5 | Do you need an interpreter for your appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13 | Carer's contact telephone number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| 6 | What language? <input type="text"/> <input type="checkbox"/> British Sign Language (BSL) | 14 | What pharmacy do you want your prescriptions sent to? Pharmacy address <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> |
| 7 | Are you a carer? <input type="checkbox"/> Yes <input type="checkbox"/> No | You can sometimes collect your prescription items from your GP surgery instead of having to go to a pharmacy. Your surgery may discuss this with you | |
| 8 | What is your relationship to the person you are caring for? <input type="text"/> | 15 | Do you live more than 1 mile from your nearest pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | What type of carer are you? <input type="checkbox"/> Young carer, under 18 <input type="checkbox"/> Paid as a job <input type="checkbox"/> Unpaid, but may get benefits <input type="checkbox"/> Foster carer | 16 | Would you have serious difficulty getting medicines or appliances from your nearest pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Sharing your Summary Care Record

Your GP surgery shares your important healthcare information with other healthcare professionals in England when they provide you with direct care, such as emergency care or referral to a specialist service. This is called a Summary Care Record (SCR).

Why we share your information

Your SCR is shared with healthcare professionals to ensure the quality and safety of your care. This reduces the risk of things like adverse medical reactions or delays in urgent care.

What information is shared

Your SCR contains details of your:

- Medicines
- illnesses and health problems
- allergies and adverse reactions
- past operations and vaccinations

Your rights

You can choose not to share your SCR. However, this will mean healthcare professionals will not have access to important information about your healthcare.

If you do not want to share your SCR, speak to your GP.

If you are happy with your SCR being shared you do not need to do anything.

PART B

You do not have to complete this section. But any information you do give will help the GP give you the best care.

Section 5 - Patient health

1 Have you ever had any of these conditions?

- ☐ Alzheimer's disease or dementia
- ☐ Asthma ☐ Cancer ☐ Diabetes
- ☐ Epilepsy ☐ Heart disease
- ☐ High blood pressure (hypertension)
- ☐ Stroke ☐ Thyroid disease

2 What best describes you?

- ☐ I smoke ☐ I used to smoke
- ☐ I have never smoked ☐ Prefer not to say

3 On average, how many cigarettes do you smoke a day?

4 What date did you stop smoking? DD MM YYYY

5 How often do you drink alcohol?

- ☐ Never ☐ Monthly or less
- ☐ 2 to 4 times a month ☐ 2 to 3 times a week
- ☐ 4 or more times a week ☐ Prefer not to say

6 How many units of alcohol do you drink on a typical day when you are drinking?

1 pint of 4% beer is 2.5 units. a small 125ml glass of wine is 1.5 units and a 25ml shot of spirits is 1 unit.

7 How often have you had six or more units of alcohol on a single occasion in the last year?

- ☐ Never ☐ Less than monthly
- ☐ Monthly ☐ Weekly ☐ Daily or almost daily
- ☐ Prefer not to say

8 What is your weight?

Or

9 What is your height?

Or

10 Did you receive a blood transfusion before 1996?

- ☐ Yes ☐ No ☐ Don't know

11 Have you ever spent more than 6 months in a country where there was an increased risk of catching tuberculosis (TB)?

- ☐ Yes ☐ No ☐ Don't know

12 Allergies

13 Mental health conditions

Section 5 - Patient health (continued)

| | |
|---|--|
| <div>14</div> <div>Disabilities</div> <div></div> | <div>16</div> <div>Give details of any medication you are taking</div> <div></div> <div>Are any of these repeat prescriptions?<div><div>Yes</div><div>No</div></div></div> |
| <div>15</div> <div>Other medical conditions</div> <div></div> | <div>17</div> <div>Do you or your carer need to be communicated in an accessible format?<div>For example, braille, audio, large format or EasyRead.</div><div>Tell us what you need</div></div> <div></div> <div>18</div> <div>Do you or your carer need any reasonable adjustments to make your visit to the GP surgery accessible?<div>For example, an audible or visual alert in the waiting room, access to a hearing loop or the support of a note taker.</div><div>Tell us what you need</div></div> <div></div> |

PART C

Section 6 - Patients from abroad

Complete this section if you are:

- visiting the UK and do not normally live here.
- currently living in the UK, but do not think of it as your permanent country of residence. For example, you are studying here or have come to the UK as part of your job.
- a permanent resident in the UK and receive a pension or benefit from a European country.

Information on eligibility to free care outside the GP practice

Anyone can register with a GP practice and receive free medical care from that practice. However, should you be referred for treatment outside the practice or need unplanned care, for example at a hospital, charges may apply if you are a visitor or temporary resident.

Some groups of visitors or temporary residents are eligible to receive this care free of charge. Documentation may be required to demonstrate eligibility.

Examples of those eligible include:

- refugees, asylum seekers, those receiving certain forms of state support
- suspected or confirmed victims of modern slavery and human trafficking
- temporary residents with a valid visa of over 6 months. You may have paid the immigration health surcharge with your visa application. Note that assisted conception services remain chargeable to this group
- visitors from the EEA will need to provide their EHIC (European Health Insurance Card), which covers immediately necessary unplanned treatment, or a S2 form which covers planned treatment.

Additionally, some services are free of charge to all visitors, including diagnosis and treatment for infectious diseases and sexually transmitted infections.

Immediate necessary care, maternity care and other urgent care that cannot wait until a chargeable visitor's departure from the UK will not be withheld or delayed due to charges. But non-urgent treatment will not be given until full payment is received.

More information can be found in the patient leaflet available from the GP practice.

Select the statement that applies to you

- ☐ I understand I may have to pay for NHS treatment outside of the GP practice.
- ☐ I do not have to pay for NHS treatment outside of the GP practice and have documents to prove this.
- ☐ I do not know if I have to pay for treatment.

PART C

Section 6 - Patients from abroad (continued)

Giving us this information means that if you need NHS care outside the GP practice and you are entitled to that care without charge, it will be easier for you to demonstrate this entitlement.

We'll use the information to establish your chargeable status in order to recover NHS costs from countries responsible for your healthcare where applicable. This will not impact your entitlement to register with the GP practice or to receive free GP services.

1 Tick one of the following

☐

I have an S1 form issued by an EU or EEA member state

☐

I am in receipt of a European pension or benefit

☐

I am entitled to an EHIC card, but I do not have one

☐

I am in the UK as part of my employment

☐

I have an EHIC card issued by an EU or EEA member state

☐

None of these

Enter details from your EHIC

1 Country code

2 Name

3 Given name

4 Date of birth DD MM YYYY

5 Personal identification number

6 Identification number of the institution

7 Identification number of the card

8 Expiry date DD MM YYYY

How will your EHIC and S1 data be used?

By using your EHIC for NHS treatment costs your EHIC 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 or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.

Umbrella Medical – New Patient Questionnaire

Age 13 or Under

All information will be treated as confidential. We ask you to **FULLY** complete this questionnaire to make sure we have accurate details about your medical health if you require treatment before your records arrive from you old Doctor.

| | | |
|--|--------------------------------|-------------------------------|
| Are you happy to be contacted by email? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How would you like us to contact you? | <input type="checkbox"/> Phone | <input type="checkbox"/> Text |
| Are you happy for us to send you texts relating to your experiences at the surgery and anything else we feel might be of benefit to you as our patient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | | |
|---|------------------------------|-----------------------------|
| Are you living in a residential/care home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

| | | |
|--|--------------------------------|--|
| Are you deaf or hard of hearing? | <input type="checkbox"/> Deaf | <input type="checkbox"/> Hard of hearing |
| Are you blind or partially sighted? | <input type="checkbox"/> Blind | <input type="checkbox"/> Partially sighted |

| | | | | |
|--|----------------------------|----------------------------|----------------------------|-----------------------------|
| Exercise activity (average number of 20 minute sessions of moderately vigorous activity in 1 week. Moderately vigorous activity means exercise such as walking briskly) | | | | |
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3+ |

| | |
|--|---|
| Family History (please tick relevant family history under age 60 followed by what relation they are to you. Only include immediate family; mother, father, brothers, sisters) | |
| <input type="checkbox"/> High blood pressure: | <input type="checkbox"/> Diabetes: |
| <input type="checkbox"/> Heart disease: | <input type="checkbox"/> Glaucoma: |
| <input type="checkbox"/> Stroke: | <input type="checkbox"/> Thrombosis (clots in calf/lung): |
| <input type="checkbox"/> High cholesterol: | <input type="checkbox"/> Other hereditary disease: |

Umbrella Medical – New Patient Questionnaire

Age 13 or Under



Information for new patients: about your Summary Care Record

Dear patient,

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen not to have one. It will contain key information about the medicines you are taking, allergies you suffer from and any adverse reactions to medicines you have had in the past.

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 who 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.

You have a choice

You have the choice of what information you would like to share and with whom. Authorised healthcare staff can only view your SCR with your permission. The information shared will solely be used for the benefit of your care.

Your options are outlined below; please indicate your choice on the form overleaf.

- **Express consent for medication, allergies and adverse reactions only.** You wish to share information about medication, allergies for adverse reactions only.
- **Express consent for medication, allergies, adverse reactions and additional information.** You wish to share information about medication, allergies for adverse reactions and further medical information that includes: your 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).** Select this option, if you DO NOT want any information shared with other healthcare professionals involved in your care.

If you chose not to complete this consent form, a core Summary Care Record (SCR) will be created for you, which will contain only medications, allergies and adverse reactions.

Once you have completed the consent form, please return it to your GP practice.

You are free to change your decision at any time by informing your GP practice.

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Umbrella Medical – New Patient Questionnaire

Age 13 or Under

***FOR STAFF USE ONLY:**

| | | | |
|--|--|---|---|
| 1: | Is the patient in the practice area? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2: | Has the patient been removed from a GP list previously? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3: | Has the patient been removed from this practice list in the past? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4: | Explain the prescription policy, does the patient agree to the policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5: | Explain the Female Doctor policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6: | Get the patient to fill in purple application form | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7: | Has the patient put their post code? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8: | Ensure all forms are fully completed and signed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9: | <input type="checkbox"/> Ethnicity | <input type="checkbox"/> First language | <input type="checkbox"/> Smoking status |
| | <input type="checkbox"/> Offered smoking support | <input type="checkbox"/> All other parts | <input type="checkbox"/> NHS number / GMS1 form |
| | HIV test Yes <input type="checkbox"/> or No <input type="checkbox"/> | <input type="checkbox"/> School | <input type="checkbox"/> Immunisation history |
| Incomplete forms cannot be accepted | | | |
| 10: | Has the patient presented with a valid passport, birth certificate or driving license AND proof of address? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11: | Does the patient have a chronic disease (diabetes, COPD or asthma) or an alcohol score of 5 or greater? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> Book for relevant review with nurse. (if diabetic check for bloods first) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> Date of appointment: | <input type="checkbox"/> With: | |
| 12: | Does the patient require any medication or do they have a problem they need to see a doctor for? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13: | Practice leaflet given? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14: | Zero tolerance policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Patient Signature | | Date | |
| Staff Member | | Date | |

Form file path: Megadrive>Charlotte>Templates>Patient Registration Forms

Umbrella Medical – New Patient Questionnaire
Age 13 or Under

Signposting to Services



Please scan the QR code to view this page on our website for more services available to you with further information on each service, and direct links.
Or go to: <https://tinyurl.com/yckrcnw>



Our reception team will signpost you to other services available to you if we are unable to offer you an appointment at the practice as quickly as you would like

Likewise, the GP isn't always the best person for you to see, depending on your current health concern(s)

Signposting allows you to receive the right care, from the right person, when you need it

You can refer yourself to any of these services at any time

WITHIN THE PRACTICE

| |
|---|
| Contact us online |
| Website: tinyurl.com/ContactUsOnline |
| First Contact Physiotherapist |
| Please book at reception |
| First Contact Mental Health |
| Please book at reception |
| Social Prescriber |
| Please speak to reception |
| Patient Representation Group (PRG) |
| Website: tinyurl.com/PatientRepresentationGroup |

OUTSIDE THE PRACTICE

| | | |
|--|--|--|
| Pharmacy First | | |
| Website: nhs.uk/find-a-pharmacy | | |
| NHS 111 | | |
| Phone: 111 | Online: 111.nhs.uk Age 5yrs+ only | BSL: signvideo.co.uk/nhs111 |
| GP Extended Access Hub (Our Net) | | |
| Website: umbrellamedical.co.uk/contact | | Phone: 01922 501 999 |
| COVID Support | | |
| Website: nhs.uk/nhs-services/covid-19-services | Phone: 119 | BSL: signvideo.co.uk/nhs111 |

MENTAL HEALTH

| | | | |
|---|--|---|--|
| 18 people die by suicide every day in England and Wales, but help is out there. There's always someone to listen. | | | |
| Website: tinyurl.com/TalkingSavesLives (Crisis / 111 / Mind / Shout / Samaritans / YoungMinds / CALM / Papyrus / Combat Stress) | | | |
| Crisis Pregnancy Counselling | | | |
| Website: tinyurl.com/you2jxmay | | Phone: 01922 649 000 | Email: reception@wphcounselling.org |
| Talking Therapies | | | |
| Website: walsalltalkingtherapies.nhs.uk (self-refer) | | Phone: 0800 953 0995 | |
| Deaf – Psychological Therapy (in BSL) | | | |
| Website: tinyurl.com/TherapyBSL | | Email: therapie@signhealth.org.uk | Text: 07984 439 473 Phone: 07966 976 747 |
| Op COURAGE: the Veterans Mental Health and Wellbeing Service | | | |
| Website: opcouragemidlands.nhs.uk | | Phone: 0300 323 0137 | Email: mevs.mhm@nhs.net |
| Cancer Support (Macmillan) | | | |
| Website: www.macmillan.org.uk | | Email: via website | Phone: 0808 808 00 00 Chat Online: via website |
| Bereavement Support | | | |
| Website: wbss.org.uk | | Phone (Adults): 01922 724 841 | Phone (Children): 01922 645 035 Email: admin@wbss.org.uk |

PHYSICAL HEALTH

| | | | |
|---|--|--|--|
| Minor Eye Conditions Service (MECS) | | | |
| Website: primaryeyecare.co.uk/services/minor-eye-conditions-service | | | |
| Community Urgent Eyecare Service (CUES) | | | |
| Website: primaryeyecare.co.uk/services/urgent-eyecare-service | | | |
| Physiotherapy / MSK (Musculoskeletal) | | | |
| Website: tinyurl.com/PhysioMSK | Phone: 0121 568 4311 OR 01922 721 172 (ext. 6881) | Email: physio@walsall.nhs.uk | |

PLEASE KEEP THIS SHEET FOR YOUR INFORMATION

| | | |
|--|---|---|
| Self-Refer: phio.eql.ai/provider/walsall-nhstrust | | |
| Podiatry (Foot Care) | | |
| Website: tinyurl.com/WalsallPodiatry | Email: feet.walsall@nhs.net | Phone: 01922 270 380 |
| Self-Refer: tinyurl.com/29e4w5uw | | |
| Sexual Health (WISH Clinic) | | |
| Website: walsallsexualhealth.co.uk | Email: via the website | Phone: 01922 270 400 |
| Specsavers Audiology | | |
| Website: www.specsavers.co.uk/hearing | | |
| Abortion Services | | |
| BPAS | | |
| Website: bpas.org | Phone: 0345 730 4030 | Email: info@bpas.org |
| NUPAS | | |
| Website: nupas.co.uk | Phone: 0333 004 6666 | Email: enquiries@nupas.co.uk |
| MSI | | |
| Website: msichoices.org.uk | Book Online: tinyurl.com/MSIBookOnline | Phone: 0345 300 8090 |

WELLBEING

| | | |
|---|---|-------------------------|
| 'Caring for Me and You' Carer's Programme | | |
| Website: tinyurl.com/SelfCareProgramme | Email: wht.selfcare@nhs.net | Phone: 01922 605 490 |
| Be Well Walsall | | |
| Website: www.maximusuk.co.uk | Email: bewellwalsall@maximusuk.co.uk | Phone: 01922 440 044 |
| Oviva Diabetes Support | | |
| Website: tinyurl.com/OvivaDiabetes | Email: via website | Self-Refer: via website |
| My Smokefree Life App | | |
| Website: mysmokefreelifewalsall.co.uk | | |
| Substance Misuse Service (The Beacon) | | |
| Website: tinyurl.com/BeaconWalsall | Email: thebeacon@walsall.cgl.org.uk | Phone: 01922 669 840 |

COMMUNITY

| | | |
|---|---|--|
| Community Nursing | | |
| Website: tinyurl.com/WalsallCommunityNursing | Phone: 01922 604 920 (option 2) | |
| Midwife | | |
| Website: tinyurl.com/WalsallMidwives | Phone: 01922 656 248 | Self-Refer: tinyurl.com/MidwifeReferral |
| Health in Pregnancy Service (HiPS) | | |
| Website: tinyurl.com/WalsallHiPS | Email: health.pregnancyservice@nhs.net | Phone: 01922 423 252 |
| Adult Social Care (Social Services) | | |
| Website: tinyurl.com/WalsallSocialServices | Phone: 0300 555 2922 | Textphone: 07919 014 925 |
| Email: initialintake@walsall.gov.uk | | |
| Continence Team | | |
| Website: tinyurl.com/WalsallContinence | Email: walsallcommunity@walsall.nhs.uk | Phone: 01922 604 920 (option 2) |

DIGITAL SERVICES

| | | |
|--|---|----------------------|
| Useful apps for your smartphone or tablet | | |
| Website: tinyurl.com/UmbrellaUsefulApps (parenting / healthy lifestyle / mental health / diabetes / BSL relay) | | |
| Do you wish you could use the internet but don't have a computer or smartphone? | | |
| Website: blackcountryconnected.co.uk | Email: emma.sharman@nhs.net | Phone: 07977 948 895 |
| Free mobile phone data for people in need | | |
| Website: tinyurl.com/NationalDatabank | | |

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|---|---|---|---|---|---|
|  <p>Self Care Care for yourself at home</p> <p>Minor cuts & grazes Minor bruises Minor sprains Coughs and colds</p> |  <p>Pharmacy Local expert advice</p> <p>Minor illnesses Headaches Stomach upsets Bites & stings</p> |  <p>NHS 111 Non-emergency help</p> <p>Feeling unwell? Unsure? Anxious? Need help?</p> |  <p>GP Advice Out of hours: Call 111</p> <p>Persistent symptoms Chronic pain Long term conditions New prescriptions</p> |  <p>UTCs Urgent Treatment Centres</p> <p>Breaks & sprains X-rays Cuts & grazes Fever & rashes</p> |  <p>A&E or 999 For emergencies only</p> <p>Choking Chest pain Blacking out Serious blood loss</p> |
|---|---|---|---|---|---|

PLEASE KEEP THIS SHEET FOR YOUR INFORMATION