



NEW PATIENT REGISTRATION – TO BE COMPLETED IN FULL – IN CAPITALS

ID seen	

Received by	
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The partners and staff would like to welcome you to Millview Medical Centre and we are pleased you have chosen to register with us today.

We strive to ensure our patients receive excellent care and support and for your convenience we have 2 sites:

1 Sleaford Road, Heckington. NH34 9QP

29 Handley Street Sleaford. NG34 7TQ

Please ensure that you read and complete ALL sections of this form – any missed information may delay your registration process as we will have to contact you to return and complete any missed sections.

Even if this mean writing N/A in any section (i.e. other allergies)

When you return this form, please ensure that you bring with you 2 forms of identification – at least one of which must be photographic ID (such as passport or driving licence).

Thank you

The Partners and staff of Millview Medical Centre

SHARING YOUR HEALTH RECORDS

Sharing information about your health within different areas of the NHS will help us to meet your individual care needs, speed up diagnosis and help to plan services and treatments in your local area. Please tick the boxes below to help us to identify who we can share your health records with:

Sharing Out

- I consent to the information which is recorded about me on SystemOne (our clinical recording system) being made available to other NHS Care Services. For example district nurses, physiotherapists etc.
- I do not consent to other clinicians accessing my medical information

Sharing In

- I consent to Millview Medical Centre accessing information about me which has been recorded by other services which provide my care.
- I do not consent to Millview Medical Centre accessing information recorded by other health and care professionals.

Being Contacted

- I consent to the practice contacting me via text message – For the purposes of appointments, reminders, health information or patient's feedback.

What is your preferred method of contact? Please delete as appropriate

Text / Email / Letter

Prescribing

Do you live within 1 mile of a dispensing chemist? Yes / No (Greylees is NOT within 1 mile)

If yes which is your preferred Chemist? _____



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NAME		D.O.B	
PREFERRED PRONOUNS		RECOGNISED GENDER	
HOME TEL.		WORK TEL.	
MOBILE			
EMAIL			

DO YOU LIVE IN A SUPPORTED LIVING FACILITY?	
DOES YOUR HOME HAVE A KEY SAFE?	
ARE YOU PART OF A FAMILY WITH A SERVICE MEMBER OF THE ARMED FORCES? (family code XadFb)	
ARE YOU EX-FORCES? (Veteran code XaX3N)	
WERE YOU BORN ABROAD?	Yes / No Country of birth:
DATE YOU RESIDED IN THIS COUNTRY	
MARITAL STATUS	
FIRST SPOKEN LANGUAGE	
DO YOU REQUIRE AN ENTERPRETER?	

NEXT OF KIN FULL NAME	
NOK TELEPHONE NUMBER	
NOK ADDRESS	
NOK RELATIONSHIP TO PATIENT	

SMOKING STATUS	HEAVY SMOKER / MODERATE SMOKER / LIGHT SMOKER / EX-SMOKER / NEVER SMOKED / VAPER
AVERAGE ALCOHOL UNITS PER WEEK	1 pint of lager or 1 glass of wine = 2 units

MEDICATION ALLERGIES (i.e. penicillin etc)	
ALLERGIES (i.e. nuts, eggs, gluten etc)	

CURRENTLY PRESCRIBED MEDICATION			
Please attach a prescription request form for reference if you are able.			
MEDICATION	STRENGTH	DOSE	FREQUENCY

The best option to support us managing your repeat prescriptions is for you to provide us with your last repeat slip (green).



NEW PATIENT REGISTRATION – TO BE COMPLETED IN FULL – IN CAPITALS



Family doctor services registration

GMS1

Patient's details

Please complete in BLOCK CAPITALS and tick as appropriate

Mr Mrs Miss Ms Surname

Date of birth: | | | | | | | | | | First names: | | | | | | | | | |

NHS No.: | | | | | | | | | | Previous surnames: | | | | | | | | | |

Male 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: | | | | |

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*

*Not all doctors are authorised to dispense medicines

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: | | / | | / | |

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

062021_006 Product Code: GMS1



Family doctor services registration

GMS1

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

Practice Stamp

Authorised Signature

Name Date

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 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:

- a) understand that I may need to pay for NHS treatment outside of the GP practice
- b) 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) 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>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.</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.