

**Partners**

Dr RS Harvey Church Street

Dr M Nawaz Byfield

 Daventry

**Salaried GPs** Northants

Dr C James NN11 6XN

Dr KJ Rampling Telephone: 01327 265841

Dr J Provins Email: Byfield.K83031@nhs.net

Dr S Geissler

**This is your PATIENT REGISTRATION PACK**

An NHS Family doctor services registration form is to be completed for all patients wishing to register permanently at Byfield Medical Centre.

This practice offers repeat prescription requests, access to medical records and when available, appointment booking on-line. This is available for anyone aged 16 years and over. If you are interested in this please ask at Reception. You will need to present photographic identification at the time of registering for this service.

If you have no access to the internet, please ask for your booklet at the Reception.

If you have any specific individual needs, for which you would like us to cater, e.g. provision of correspondence in large print, provision of correspondence in braille, the use of an interpreter, please advise us at the time of registering and we will endeavour to satisfy those needs.

You will be asked to sign a GMS1 medical form giving your personal details, this includes how you wish to be contacted, by signing, you consent to the practice contacting you by your preferred method.

Please highlight below if you require any of these services provided:-

|  |  |
| --- | --- |
| LARGE PRINT |  |
| BRAILLE |  |
| INTERPRETING SERVICES |  |
| SIGN LANGUAGE |  |
| OTHER SERVICES – please specify  |
|  |  |

**PLEASE COMPLETE PAGE 3 AS APPLICABLE**

**Identification Requirements**

All new patients, whether registering permanently or temporarily, will be requested to provide identification at the time of registering. A combination of the following can be accepted as identification. It is preferable that one item of photo ID is provided, along with one document evidencing your current address.

**Children under the age of 16 years:**

Birth Certificate and red Baby Care book.

**Adults:**

**Photo ID**

Full valid UK/EU photo card driving licence **OR** a current valid signed UK passport **PLUS** one item from the list below. The list is not exhaustive.

**Proof of address**

Full valid UK paper driving licence

Current benefits agency documentation

Current state pension booklet or notification Letter

Current shotgun licence firearms certificate

Paid utility bill(s) (max 12 months old)

Solicitor’s letter confirming house purchase or land registration (max 3 months old)

Bank statement - max 3 months old (please remove bank account details)

Certificate of home or motor insurance (max 12 months old)

Credit card statement - *not mobile phone statement* (max 3 months old – please remove card number)

Current rent book or tenancy agreement (max 12 months old)

Current local authority rent card (max 12 months old)

Building Society passbook or statement (max 12 months old – please remove account number)

Council tax bill (max 12 months old)

**For Office use only:**

Current valid signed UK Passport number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full valid UK/EU photo card Driving Licence number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full valid UK paper driving licence number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other – please specify: Expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of address seen:

🞏Utility bill – please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞏Home or motor insurance certificate

🞏Solicitor letter confirming house purchase

🞏Credit card statement

🞏Bank statement

🞏Rent book or tenancy agreement

🞏Current Local Authority rent card

🞏Building Society passbook or statement

🞏Council Tax bill

**Please enter your score**

**ALCOHOL CONSUMPTION** *(if applicable)*

How often do you have a drink that contains alcohol?

 Never Monthly 2-4 2-3 4+

 or less times times times

 per per per per

 month week week week

 0 1 2 3 4

How many standard alcoholic drinks do you have on a typical day when you are drinking?

 1-2 3-4 5-6 7-8 9-10

 0 1 2 3 4

How often do you have 6 or more standard drinks on one occasion?

 Never Less Monthly Weekly Daily or

 than almost

 monthly Daily

**ETHNIC GROUP – PLEASE CIRCLE**

**WHITE**

A – WHITE BRITISH

B – WHITE IRISH

C – OTHER WHITE

**MIXED**

D – MIXED WHITE AND BLACK CARIBBEAN

E – WHITE AND BLACK AFRICAN

F – WHITE AND ASIAN

G – OTHER MIXED

**ASIAN OR ASIAN BRITISH**

H – INDIAN

I – PAKISTANI

J – BANGLADESHI

K – OTHER ASIAN

**BLACK AND BLACK BRITISH**

L – BLACK CARIBBEAN

M – BLACK AFRICAN

N – OTHER BLACK

**OTHER ETHNIC**

O – CHINESE

P – OTHER ETHNIC

Q – INFORMATION DECLINED

**SMOKING STATUS** *(if applicable)*

Never smoked tobacco 🞏

Smoker 🞏

Recent Ex-Smoker quitting date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have indicated that you are a current smoker, please indicate below the quantity of tobacco you smoke and the format of tobacco you smoke

Loose tobacco 🞏g/day

Cigarettes 🞏day

Cigars 🞏day

Pipe tobacco 🞏day

Electronic tobacco products 🞏

Other (please state)

Are you interested at all in trying to stop smoking now? **YES / NO**

**IF YOU ARE ON ANY REPEAT MEDICATION, PLEASE PROVIDE A COPY OF YOUR REPEAT REQUEST SLIP WHEN REGISTERING SO THAT WE CAN CONTINUE PRESCRIBING TO YOU**

**MILITARY VETERANS** *(if applicable)*

HAVE YOU SERVED IN THE ARMED FORCES (13Q3)

**YES / NO**

Please specify which branch of the Armed Forces:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO YOU HAVE A LIVING WILL?** (13VH)

**YES / NO**

**CARERS**

ARE YOU A CARER (918A)? **YES / NO**

DOES SOMEONE CARE FOR YOU (918F) **YES / NO**

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NHS NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEXT OF KIN** (name and contact details)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_