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Family doctor services registration GMS1 University of Chester student registration form 2018/2019

Patient's details	Please complete in BLOCK CAPITAL	S and tick 📝 as appropriate
Mr Mrs Miss Ms	Surname	
Date of birth	First names	
NHS No.	Previous surname/s	
Male Female	Town and country of birth	
Home address		
Address at university)		
Postcode	Telephone number (Mobile number)	
Your previous address in UK	ious medical records by providing the Name of previous doctor v	
(Previous/parents address)	Address of previous docto	r
If you are from abroad Your first UK address where registered	(Only required for students new to the UK with a GP	. Please complete relevant sections overleaf as well)
If previously resident in UK, date of leaving	Date you first came to live in UK	
If you are returning from the / Address before enlisting	Armed Forces	
Service or	Enlistment	
Personnel number	date	
If you are registering a child u	nder 5 jistered with the doctor named overleaf fo	r Child Health Surveillance
If you need your doctor to dis	pense medicines and appliances*	*Not all doctors are
	ight line from the nearest chemist	authorised to dispense medicines
I would have serious difficulty i Sign here:	in getting them from a chemist	
	nature on behalf of patient Date_	
NHS Organ Donor registration OPTIC I want to register my details on the NHS O after my death. Please tick the boxes that	Organ Donor Register as someone whose organs/tissue	e may be used for transplantation
Any of my organs and tissue or		
Kidneys Heart Live		e / /
Signature confirming my agreement t		
For more information, please ask at r www.uktransplant.org.uk, or call 030	eception for an information leaflet or visit the website 00 123 23 23.	2
NHS Blood Donor registration OPTIO I would like to join the NHS Blood Donor Tick here if you have given blood in th	Register as someone who may be contacted and wo	uld be prepared to donate blood.
Signature confirming consent to inclu	sion on the NHS Blood Donor Register Date	·//
and the second	eaflet on joining the NHS Blood Donor Register by if different from above, e.g. your place of work)	
	Postcode:	
HA use only Patient registered for	or GMS CHS Dispensing	Rural Practice

NHS

To be completed by the doct	or						
Doctors Name		HA Code					
I have accepted this patient for general medical services I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice Doctors Name, if different from above HA Code							
 I am on the HA CHS list and will p I have accepted this patient on be HA CHS list and will provide Child Doctors Name, if different from above 	ehalf of the doctor named be	low, who is a member o					
	tes to this patient subject to H						
I will dispense medicines/appliances to this patient subject to Health Authority's Approval I am claiming rural practice payment for this patient.							
Distance in miles between my part I declare to the best of my belief this info appropriate payment as set out in the Stat trail is available at the practice for inspect auditors appointed by the Audit Commiss Authorised Signature	tient's home address and my r rmation is correct and I claim the ntement of Fees and Allowances. ion by the HA's authorised office	An audit Practice Star	np				
Name	Date//	/					
SUPPLEMENTARY QUESTIONS (Fo							
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) I understand that I may need to b) I understand I have a valid exent example, an EHIC, or payment of the Improvide documents to support this whete c) I do not know my chargeable statilities and the information I give on action may be taken against me. 	nption from paying for NHS trea migration Health Charge ("the n requested tus this form is correct and complet	atment outside of the GP Surcharge"), when accon te. I understand that if it	npanied by a valid visa. I can				
A parent/guardian should complete the Signed:	e form on benalt of a child unde	Date:	lear an an				
Print name:							
On behalf of:		Relationship to patient:					
Complete this section if you live in another EEA 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 <u>non-UK</u> EHIC or PRC?	YES: NO:	PRC below:					
	Country Code:						
	4: Given Names						
	5: Date of Birth						
A CONTRACTOR OF A CONTRACTOR A CONTRACT	6: Personal Identification						
If you are visiting from another EEA country and do not hold a current	Number 7: Identification number						
EHIC (or Provisional Replacement	of the institution						
Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including	8: Identification number of the card						
at a hospital.	9: Expiry Date						
PRC validity period (a) From:		(b) T	sarge.				
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 dat							
How will your EHIC/PRC/S1 data be u and GP appointment data will be sha cost recovery. Your clinical data will n Your EHIC, PRC or S1 information will recovering your NHS costs from your l	red with NHS secondary care (ot be shared in the cost recove be shared with The Departme	hospitals) and NHS Digit ary process.	al solely for the purposes of				