NEW PATIENT APPLICATION FORM FOR ALL PATIENTS

PLEASE COMPLETE THIS APPLICATION FORM IN FULL AND RETURN IT IN PERSON WITH **PHOTO ID** and **CURRENT PROOF OF ADDRESS**

(Dated within the last month)

Surname……………………….…… Previous surname……………………………

Forename(s)…………………………………………………………………………………...

Date of Birth ……/……/…… Sex: Male Female

NHS No……………………………..

FULL address………………………………………………………………………………….

…………………………………………………………………………………………………..

………………………………………………………Postcode……………………………….

Previous address……………………………………………………………………………...

…………………………………………………………………………………………………..

………………………………………………………Postcode……………………………….

Home tel. no.………………………………..

Mobile tel. no.………………………………...

**(If patient is 16-18 please state if this is own mobile or parents)**

Email address………………………………………………………………………………….

**(All patients aged 16 and over MUST have their own e-mail address for online booking purposes)**

Occupation (Adults)…………………………………………………………………….

School attended (under 18’s)……………………………………………………………….

**What is your main language**? (If not English)……………………………………………

Do you need an interpreter? *YES/NO*

Name of current Doctor……………………………………..………………………………..

Address of current Doctor……………………………………………………………………

…………………………………………………………………………………………………..

………………………………………………………Postcode…………………………........

We will need to see one or more of the following: *PASSPORT, VISA, ID CARD* **(Depending on the type of visa you have, further documents may be required)**

 - If you were born outside of the UK

 - Have just arrived in this country

 - Been here a while but have not previously registered with a Doctor

 - Hold a UK passport but have been living abroad for more than 6 months

Date of arrival in UK…………………………………………………………………………..

Visa No…………………………………………………......................................................

Visa valid until…………………………………………………………………………………

**If your visa is out of date and you are waiting for it to be renewed or your passport is with the Home Office then please provide the letter from the Home Office which states this.**

HOW WOULD YOU DESCRIBE YOUR ETHNIC GROUP?

**Please tick the box appropriate to yourself**

|  |  |  |
| --- | --- | --- |
| **WHITE** | British (9i0) |  |
|  | Irish (9i1) |  |
|  | Any other White background (9i2) |  |
| **MIXED** | White & Black Caribbean (9i3) |  |
|  | White & Black African (9i4) |  |
|  | White & Asian (9i5) |  |
|  | Any other mixed background (9i6) |  |
| **ASIAN OR ASIAN BRITISH** | Indian (9i7) |  |
|  | Pakistani (9i8) |  |
|  | Bangladeshi (9i9) |  |
|  | Any other Asian background (9iA) |  |
| **BLACK & BLACK BRITISH** | Caribbean (9iB) |  |
|  | African (9iC) |  |
|  | Any other Black background (9iD) |  |
| **OTHER ETHNIC CATEGORIES** | Chinese (9iE) |  |
|  | Any other ethnic category (9iF) |  |
| **NOT STATED** | Not Stated (9iG) |  |

**CARERS**

Are you a carer for an elderly or disabled person?........................................

Does the person you care for live at your home? *YES/NO*

If yes, please give details of the person you are caring for

Name……………………………………………………………………………..

Relationship…………….………………………………………………………

Medical condition………………………………………………………………

**Signed…………………………………. Date…………………….**

**FOR SURGERY STAFF USE ONLY**

Proof of address:

**(Please put type of POA seen - must be dated within last 1 month - DO NOT photocopy)**

………………………………………………………………………………………………

Type of Photo ID taken (please photocopy)…………………………………………….

Application form checked by……………………………………………………………..

Surgery Registering at……………………………………………………………………..

Completed Registration forms checked by………………………………………………

New Patient Medical date…………………………………………………………………

**Updated 02.05.2017**