

# GP MEDICAL REGISTRATION FORM – GMS1

www.sheffield.ac.uk/health/newregistrations



Form 1 – Jul 2019

Office use  
received and  
validated by:

1. Have you ever registered with this practice before? ☐ No ☐ Yes

2. Sex: ☐ Male ☐ Female

3. Surname (family name):

4. First name:

Middle name(s):

5. Previous surname: (if applicable)

6. NHS number:

7. Date of birth:

8. Age:

9. Marital status: ☐ Single ☐ Married

10. Name of flats or building:

11. Room/flat/block number:

12. House number and street name:

Town: Sheffield

14. Mobile phone number:

13. Postcode :

15. University email address:

@sheffield.ac.uk

**IF YOU ARE FROM THE UK** – home address details before you came to Sheffield

16. House number and street name:

17. Town:

18. Postcode:

19. Town of birth:

20. Name and address of your current NHS doctor or medical practice:

21. If the address when you were registered with that doctor is different to the address at 16 above, write it here:

**INTERNATIONAL ORIGIN** – details before you came to Sheffield

16. Country of birth:

17. Date of entry into the UK:

18. How many months will you stay in the UK?

If you have ever lived in the UK before, please answer questions

19. Your previous address in the UK:

20. Name and address of GP (if registered):

21. If you have had any other address in the UK please add it here:

22. Tick one to indicate your status:

☐ I am a student at the University of Sheffield, and my course title /department is:

☐ Yes I am the partner or child of a registered student (please give details below)

23. Ethnicity

☐ White British ☐ White Irish

☐ White Other

☐ Chinese

☐ Asian Indian

☐ Asian Pakistani

☐ Asian Bangladeshi ☐ Asian Other

☐ Black Caribbean ☐ Black African

☐ Black Other

☐ White & Black Caribbean

☐ White & Black African

☐ White & Asian

☐ Other Mixed

☐ Other ethnic Group

☐ Decline to say

24. First language: ☐ English

☐ Other - specify:

25. Nationality: ☐ UK National

☐ Other – specify:

26. Please type parent/  
guardian's name:

DATE:

## Organ Donation

The NHS Organ Donor Register keeps a record of people's details and donation choices. For more information, please visit:

<https://www.organdonation.nhs.uk/>

## Blood Donation

If you are aged between 17-65 and want to register as a new blood donor then please visit:

<https://www.blood.co.uk/>

## Access to Patient Records

You can access your medical record online by downloading the NHS England App (once you are fully registered with the University Health Service).

The app will also allow you to make appointments with UHS.

<https://digital.nhs.uk/services/nhs-app>

## SUPPLEMENTARY QUESTIONS

The following questions are optional for patients not ordinarily resident in the UK

### 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 in 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 these 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 pay for NHS treatment outside of the GP practice
- b) ☐ I understand that 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 required
- c) ☐ I 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 this 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 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 non-UK EHIC or PRC?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
	Country code:	
	Name	
	Given names	
	Date of Birth	DD MM YYYY
	Personal Identification Number	
	Identification number of the institution	
	Identification number of the card	
Expiry date	DD MM YYYY	
PRC validity period (a) From:	DD MM YYYY	(b) To: 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 The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

# MEDICAL QUESTIONNAIRE

**Next of kin**    Name:

Contact number:

Please list any other family members who are currently registered at UHS:

Name

Date of Birth

Relationship to patient

Please list any vaccinations, including dates, that you have had:

1st

2nd

3rd

Diphtheria, Tetanus, Pertussis

Polio

MMR

Other immunisations (including dates):

Have you been diagnosed with any of the following conditions?

Please enter date of onset

Diabetes

Epilepsy

Hypothyroidism

Hypertension

Inflammatory Bowel Disease

Asthma

Mental Health issues

Cancer

Heart problems

Please state if you had/currently suffer from any OTHER serious illness  
or condition not mentioned above?

Have you had any significant INJURIES or OPERATIONS?

Do you have any DISABILITY/COMMUNICATION needs?

Do you suffer from any ALLERGIES?

Do you take any prescribed MEDICATION at present?

**Emails:**

Where possible we prefer to communicate by email with patients as this is sent securely via NHS mail (although you should always ensure that your own personal email is kept secure) and in some cases is more secure than post to communal addresses.

We will email you with invitations to make appointments at the University Health Service (if appropriate).

You will only receive communications from the University Health Service relating to your health.

**I consent for the University Health Service to use my email address as described above:**

**Text Messaging:**

The University Health Service use a text messaging service to communicate with patients.

We may use your mobile number to send you:

- » Appointment reminders (you also cancel appointments by text)
- » Health promotion
- » Information regarding test results
- » Keep you informed of changes in Practice Services/Opening Hours.
- » Invite you to attend for flu vaccinations or medication and annual reviews.

Text messages are generated using a secure facility but they are transmitted over a public network and onto a personal telephone and as such may not be secure.

We will not transmit any information which would enable an individual patient to be identified.

Please ensure you keep the Practice up to date with your mobile phone number.

**I consent for the University Health Service to use my phone number as described above:**

## CONSENT

Please confirm that you have read the [information on our website](#) regarding your Summary Care Record and that you understand that you can opt out by completing the opt out form on our website?

We will assume your implied consent unless you contact the Practice and complete the opt out form:

## CONFIDENTIALITY AND DATA SHARING

The information that we hold on you at UHS is considered confidential. Your personal data is processed, shared and stored in line with the requirements of the General Data Protection Regulations (GDPR). In the course of everyday patient care and administration your data may be shared (in confidence) with specific NHS organisations. Your medical records are held separately from your University records and will NOT be shared with the University without your consent. [For further information please visit our website.](#)

## NAMED ACCOUNTABLE GPs

From the 1st April 2015, all patients at the University Health Service will be given a named accountable GP. They will be responsible for your overall care at the Practice. However, you will still be able to book appointments with any doctor at the University Health Service that you choose.