



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 surname/s
 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: Discharge date: (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

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

Authorised Signature

Name Date

____/____/____

Practice Stamp

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) I understand that I may need to pay for NHS treatment outside of the GP practice
- b) I 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) 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 the form on behalf of a child under 16.

Signed:		Date:	
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: NO: If yes, please enter details from your EHIC or PRC below:



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.

Country Code:	<input type="text"/>
3: Name	<input type="text"/>
4: Given Names	<input type="text"/>
5: Date of Birth	<input type="text"/>
6: Personal Identification Number	<input type="text"/>
7: Identification number of the institution	<input type="text"/>
8: Identification number of the card	<input type="text"/>
9: Expiry Date	<input type="text"/>

PRC validity period (a) From: (b) To:

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.



Cressex Health Centre
Hanover House
Coronation Road
Cressex Business Park
High Wycombe
Bucks
HP12 3PP

t. 01494 415788
f. 01494 526345

Branch Surgery: 43 London Road,
High Wycombe HP11 1BP



**Armed Forces veteran
friendly accredited
GP practice**

We would like to welcome you as a new patient to Cressex Health Centre

In order to register at our practice we ask you to provide the following:

1. Evidence of ID – Passport/Birth Certificate/UK Driving Licence
2. Proof of address – Utility Bill/Bank statement/Mortgage Agreement (*Or Official letter received at your residence)
3. NHS registration form*

Your address must be within our practice boundary which includes most of High Wycombe and a few of the outlying villages south of the M40 corridor. Please speak with reception if you are unsure.

We have two sites. Our main site is Hanover House, Coronation Road, Cressex Business Park, High Wycombe and our branch surgery is Lynton House, 43 London Road, High Wycombe. As a patient of Cressex Health centre you may book appointments at either site.

We offer NHS Health Checks with the nurse/HCA if you are between 40 and 74; please book this in with our reception team.

If you have any queries please do not hesitate to contact our reception desk and they will be happy to help. The number for our surgery is at the top of this letter.

Please note: We will automatically assign one of our salaried GPs to all new patients, this will be selected at random and does not affect the care you will receive. You are entitled to see any GP/Nurse within the practice.

Best Wishes

Cressex Health Care Primary Care Team

****Please ensure that you have completed the name and address of your previous doctor, this will help us locate your previous record and prevent a delay in any care.**

Cressex Health Centre

Pre-Registration Questionnaire

GMS1

V5 Nov 2021

Full Name:		Date of Birth:	
Occupation:		Marital Status:	

Telephone/ Communication	Home:		Work:	
	Mobile:		Other:	
	E-mail:			
Can we contact you by SMS message on your mobile about your healthcare such as test results and appointment reminders? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Have you worked in the armed forces?		Yes <input type="checkbox"/>	From:	To:

Your Ethnic Origin	British or Mixed British:	Any other white:		
Other:	Irish:	Mixed Asian:		
Mixed Caribbean:	Mixed African:	African:		
Indian or British Indian:	Pakistani or British Pakistani:	Chinese:		
Bangladeshi or British Bangaldeshi:	Any other Asian background:			
Main Language:		English Speaker:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Do you care for an elderly or infirm relative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of person cared for:		

Next Of Kin:		Relationship:	
Address if different to your own:		Contact Number:	
		PostCode:	

Please tick the appropriate box/boxes if you have been diagnosed with any of the below:

Asthma	<input type="checkbox"/>	COPD	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Coronary Heart Disease	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Hypothyroidism	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	Cancer	<input type="checkbox"/>			Disability	<input type="checkbox"/>

Are you on a regular/repeat medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---	------------------------------	-----------------------------

Please list any allergies you may have:	[a]
[b]	[c]

If offered a seasonal flu vaccine would you decline?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

Are you a current smoker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	How many a day:
Have you ever smoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date stopped:
Would you like advice on giving up smoking?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

BMI information	Weight:	Height:
-----------------	---------	---------

FOR WOMEN ONLY	Do you have a coil fitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Do you have a contraceptive implant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are you pregnant at the moment?	Yes <input type="checkbox"/>	EDD

FOR U 16'S ONLY	Who has parental responsibility for this child?
-----------------	---

This is one unit of alcohol...



Half pint of regular beer, lager or cider



1 small glass of wine



1 single measure of spirits



1 small glass of sherry



1 single measure of aperitifs

...and each of these is more than one unit



Pint of Regular Beer/Lager/Cider



Pint of Premium Beer/Lager/Cider



Alcopop or can/bottle of Regular Lager



Can of Premium Lager or Strong Beer



Can of Super Strength Lager



Glass of Wine (175ml)



Bottle of Wine

AUDIT - C Part 1 Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring: A total of 5+ indicates increasing or higher risk drinking. An overall total score of 5 or above is AUDIT-C positive.

PART 1 SCORE:

AUDIT- C Part 2 Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 - 7 Lower risk, 8 - 15 Increasing risk, 16 - 19 Higher risk, 20+ Possible dependence

TOTAL SCORE: