

Dear New Patient,

Please be aware that if you do not complete this registration form in full and supply valid identification documents, this may result in your registration being delayed. If you know your NHS number please give details in the space provided (this is usually a 10 digit number)

NHS Number:

As well as being asked to supply valid forms of ID, we suggest that if you require any repeat medications you request a full list of repeat medications from your previous GP so we can get your medications ready.

Below are the forms of acceptable ID to help locate your medical records and register you as a patient. If you cannot supply any of the following please speak to a member of staff for guidance.

- \* When coming from non-EU countries please provide original visa and passport and proof of current address. If the home office is holding documentation we advise you to request a letter of explanation.
- \* All visa documentation should be a valid for a minimum of 6 months, this includes resident permits, work permits, working holiday visa, student visa and letter from the establishment, and join spouse visa.
- \* When coming from EU countries please provide original ID or passport and proof of current address
- \* All confirmation of address detail can be no older than 3 months.
- \* When registering a baby parents must provide Birth certificate and we suggest you bring the red book you were given when discharged from hospital.
- \* All patients must complete GMS1 form with NHS number, if you have not registered with a GP practice before or do not know your NHS number photo ID will be required
- \* You CANNOT register until these documents have been shown

Once all documentation is completed and ID checked, you will be registered within 1-2 working days. You will be supplied with a practice leaflet detailing our services. Shortly after NHS Northamptonshire will send you your medical card.

Should you have any further queries please speak to reception or contact 01604 611060 between 9am - 5pm Monday to Friday.

Kind Regards

MAPLE ACCESS PARTNERSHIP

OFFICE USE ONLY		
	Initial	Date
Reg Complete		
Scanned		
Coded		

# MAPLE ACCESS PARTNERSHIP



The information that we request on this form is to help us offer you the best advice and treatment that we can. We would ask you to complete all questions.

## PERSONAL DETAILS

Title: Mr  Mrs  Miss  Ms  Surname: \_\_\_\_\_

First Names: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DD/MM/YYYY

Previous Surname: \_\_\_\_\_ (If applicable)

Gender: Male  Female  Indeterminate/ Unknown  Unspecified

Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

## NEXT OF KIN

Title: Mr  Mrs  Miss  Ms  Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

## ADDITIONAL INFORMATION

Place of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

If you were born overseas when did you come to the UK: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DD/MM/YYYY

First Language: \_\_\_\_\_ English Speaker: Yes  No

Religion: Christian  Hindu  Roman Catholic  Islam  Judaism

None  Other  If other please specify \_\_\_\_\_

## ETHNIC BACKGROUND

### EUROPEAN BACKGROUND

- White British
- British or Mixed British
- Polish
- Baltic Estonian/Latvian/Lithuanian
- Irish
- Other White European
- Other White Background

### ASIAN BACKGROUND

- Indian
- Bangladeshi
- Pakistani
- Chinese
- Other Asian Background

### AFRICAN/ AFRO CARRIBEAN BACKGROUND

- Somali
- Black African
- Black Caribbean
- Mixed Black
- Black British
- Other Black Background

### MIXED BACKGROUND

- Black Caribbean & White
- Black African & White
- Asian & White
- Black & Asian
- Black & Chinese
- Chinese & White
- Other Mixed

### TRAVELLER/GYPSY

- Traveller
- Irish Traveller
- Gypsy/Romany

If you selected other in any other categories please specify in the space below

\_\_\_\_\_

## MEDICAL HISTORY

Please list any ongoing medical problems you have (e.g. High blood pressure, heart disease, asthma, arthritis, depression, etc.)

- 1) \_\_\_\_\_ Date first diagnosed: \_\_\_\_\_
- 2) \_\_\_\_\_ Date first diagnosed: \_\_\_\_\_
- 3) \_\_\_\_\_ Date first diagnosed: \_\_\_\_\_
- 4) \_\_\_\_\_ Date first diagnosed: \_\_\_\_\_

Please list any previous serious illness or operations but do not currently cause any ongoing problems (e.g. Jaundice, heart attack, removal of appendix, etc) and the approximate date of illness.

Please list any medications or treatment you are currently taking

Please list any drugs or plasters you are allergic to:

### SMS CONSENT

We would like to make you aware that we will be sending patients SMS reminders from 1st January 2011. Reminders will include, pathology results, appointment reminders, and general contact between the surgery and patients. No confidential information will be put in any SMS messages. If you do not wish to be contacted via SMS messages. Please tick one of the two options, if you do not SMS consent will be assumed.

I consent to receiving SMS messages

Do NOT contact me via SMS messages