

Patient's details

 Please complete in **BLOCK CAPITALS** and tick as appropriate

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Surname
Date of birth				First names
NHS No.		Previous surname/s		
<input type="checkbox"/> Male		<input type="checkbox"/> 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*

<input type="checkbox"/> I live more than 1.6km in a straight line from the nearest chemist	*Not all doctors are authorised to dispense medicines
<input type="checkbox"/> I would have serious difficulty in getting them from a chemist	
<input type="checkbox"/> Signature of Patient	<input type="checkbox"/> 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: <input type="checkbox"/> British	<input type="checkbox"/> Irish	<input type="checkbox"/> Irish Traveller	<input type="checkbox"/> Traveller	<input type="checkbox"/> Gypsy/Romany	<input type="checkbox"/> Polish
<input type="checkbox"/> Any other white background (please write in):					
Mixed: <input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> White and Black African	<input type="checkbox"/> White and Asian			
<input type="checkbox"/> Any other Mixed background (please write in):					
Asian or Asian British: <input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Bangladeshi			
<input type="checkbox"/> Any other Asian background (please write in):					
Black or Black British: <input type="checkbox"/> Caribbean	<input type="checkbox"/> African	<input type="checkbox"/> Somali	<input type="checkbox"/> Nigerian		
<input type="checkbox"/> Any other Black background (please write in):					
Other ethnic group: <input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino				
<input type="checkbox"/> Any other ethnic group (please write in):					
Not stated: <input type="checkbox"/>					

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	<input type="checkbox"/> GMS	<input type="checkbox"/> 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

Practice Stamp

Authorised Signature

Name Date _____/_____/_____

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: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter details from your EHIC or PRC below:
 <p>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.</p>	Country Code:	
	3: Name	
	4: Given Names	
	5: Date of Birth	
	6: Personal Identification Number	
	7: Identification number of the institution	
8: Identification number of the card		
9: Expiry Date		
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.**



Bucks Child Health

NEW UNDER FIVES REGISTRATION AT CRESSEX HEALTH CENTRE

Childs Name	
Date of Birth	
NHS Number	
Main Language	
Ethnicity	
Allergies	
Mothers Name	
Date of Birth	
NHS Number	
Address	Telephone Number: Mobile Number:
Previous Address	
Previous GP	Previous Health Centre
Any other family members	
Please provide records of child's previous immunisations	

CHILDS IMMUNISATION HISTORY

PLEASE WRITE CLEARLY & IN BLOCK CAPITALS (One form per child)

Childs full name:

Date of Birth:

GP Surgery:

NHS No:

Routine Childhood Immunisations	Age usually given	Date Given (dd/mm/yy)
1st DTaP/IPV/HIB Diphtheria, tetanus, pertussis, polio and Hib	2 months	
Hepatitis B		
MEN B Meningococcal B		
Rotavirus		
PCV Pneumococcal		
2nd DTaP/IPV/HIB Diphtheria, tetanus, pertussis, polio and Hib	3 months	
Hepatitis B		
Rotavirus		
3rd DTaP/IPV/HIB Diphtheria, tetanus, pertussis, polio and Hib	4 months	
Hepatitis B		
Men B Meningococcal B		
PCV Pneumococcal		
Hib / Men C	12 - 13 months	
1st MMR Measles, Mumps, Rubella		
PCV Pneumococcal booster		
MEN B Meningococcal B		
2nd MMR Measles, Mumps, Rubella	3 yrs 4 months approx.	
4th/Pre School Booster DTaP/IPV Diphtheria, tetanus, pertussis, polio		

NON ROUTINE VACCINES	Date given (DD/MM/YY)				OTHER VACCINES RECEIVED
BCG					
Meningitis C					
Hib Booster (Haemophilus Influenza B)					
Hepatitis B	1 st	2 nd	3 rd	4 th	

Are you following the UK Immunisation Schedule? YES / NO (Please circle)
If No, please state which country

Parents Name:

Date/**.....**/**.....**