

## BURTON LATIMER MEDICAL CENTRE

Dr C N Spencer Dr R Child Dr A Raja Dr T Rose Dr Delaney  
Higham Road, Burton Latimer, Northamptonshire NN15 5PU  
Tel: 01536 723556

### REGISTRATION FORM FOR NEW-BORN BABY

#### We accept registrations from patients living in the following areas:

Barton Seagrave, Broughton, Burton Latimer, Cranford, Finedon, Gt. Addington, Gt. Harrowden, Irthlingborough, Ise Lodge, Isham, Lt. Addington, Lt. Harrowden, Orlingbury, Pytchley, Twywell.

#### We DO NOT cover Kettering

**Please bear the following in mind when completing the attached application forms:**

#### General information

1. With the exception of your signature please print your details clearly.
2. Make sure you sign and date all sections where required
3. If your child has been registered at another GP surgery please complete a full child application pack which is available from reception.
4. We require seeing Baby's birth certificate. If his/her last name is now different from the name you gave at the time of his/her birth we will take a copy of this and keep it on the file. If you do not provide this then baby will be registered under the name given at the time of his/her birth.

#### GMS1 Form

1. Please complete ALL sections as relevant.
2. Baby's NHS number can be found on the front page of their Red Book.
3. If Baby was born outside the UK please complete the relevant section.
4. There is a section on the back of the form for you to indicate your wishes regarding blood/organ donation on behalf of your child. Please consider completing this section carefully as it may save a life in the future. Do remember to sign it though; it is not valid unless you do!

#### Summary Care Record

This is a copy of key information from your GP record (name, address, date of birth, NHS number, current medication allergies and details of bad reaction to medicines in the past).

This information may be shared with NHS and urgent and emergency care services such as NHS 111, 999 and A&E departments.

Please tick

I <b>DO</b> agree to have my details shared as part of a Summary Care Record based on this information, healthcare professionals can make judgements about my care going forward.	
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I <b>DO NOT</b> agree to have my details shared and have completed the attached form	
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**Without the above information we will be unable to process your baby's application**

<b>NHS</b>	<b>Family Doctor Services Registration</b>	<b>GMS1</b>	Reg. GP  (Office use)
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<b>Patient's details PLEASE COMPLETE IN BLOCK CAPITALS AND PRINT CLEARLY</b>										
Mr		Master		Mrs		Miss		Ms		Surname:
Date of Birth:					/		/	First Name:		
NHS number:						Previous Surname:				
Male		Female		Town and Country of birth:						
Home Address:										
Post Code:				Preferred Telephone:						
Signature on behalf of Patient								Date:		

**Ethnicity** (please select one of the choices below)

<b>WHITE</b>		<b>MIXED</b>		<b>ASIAN OR ASIAN BRITISH</b>		<b>BLACK OR BLACK BRITISH</b>		<b>OTHER (Please State)</b>	
British		White & Black Caribbean		Indian		Caribbean			
Irish		White and Black African		Pakistani		African			
Other White Background		Other Mixed Background		Bangladeshi Other Asian		Other Black Background			

Parent / Main Carer details:

Name: Mr/Mrs/Miss/Other: ..... Date of Birth: .....

Address: .....

Home Tel No: ..... Mobile No: ..... Work Tel No .....

Email address: .....

Marital status: .....Relationship to child .....

<b>Nominated Pharmacy</b>	Lloyds B/Latimer		Finedon		Tesco Kettering		Other	(Please state)
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Birth Certificate	
Passport	

## 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 of 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 EHI, 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 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 <u>non-UK</u> 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:	

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/S1 data be used?** By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GPO appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of costs 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.

NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs / tissue may be used for transplantation after my death. Please tick the boxes that apply.

Any of my organs and tissue or

Kidneys     Heart     Liver     Corneas     Lungs     Pancreas     Any part of my body

Signature confirming my agreement to organ / tissue donation

Date.....

For information, please visit the website [www.uktransplant.org.uk](http://www.uktransplant.org.uk) or call 0300 123 23 23

NHS Organ Donor registration

I would like to join the NHS Blood Donor Registration as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register

Date.....

My preferred address for donation is: (only if different from above e.g. your place of work)

Postcode: