



GORDON HOUSE SURGERY



GP PRINCIPALS & MANAGING PARTNER

DR V M RAMAGE
DR R S RAMANATHAN
DR S MYINT
DR E NOVITT
DR E DAVISON
MISS F CHAUDRY
DR R LADAK
DR C JOGIA

MATTOCK LANE HEALTH CENTRE
78 MATTOCK LANE
EALING
LONDON
W13 9NZ
TEL: 020 8799 5699

WWW.GORDONHOUSE.NHS.UK

UNDER 16s REGISTRATION

OUR MISSION IS TO PROVIDE AN EXCELLENT EXPERIENCE OF HIGH-QUALITY HEALTHCARE.

CODE OF BEHAVIOUR FOR PATIENTS & VISITORS:

"THE PRACTICE AIMS TO GIVE ITS PATIENTS HIGH QUALITY CARE IN A SECURE ENVIRONMENT. WHILST YOU ARE IN OUR CARE OR VISITING OUR PREMISES YOU HAVE THE RIGHT TO EXPECT COURTESY AND CONSIDERATION FROM OUR STAFF AND FROM OTHER PATIENTS AND VISITORS, AND THEY HAVE THE RIGHT TO EXPECT THE SAME COURTESY AND CONSIDERATION FROM YOU"

Dear Patient,

There are seven key principles that guide the NHS in all it does:

1. The NHS provides a comprehensive service, available to all
2. Access to NHS services is based on clinical need, not an individual's ability to pay
3. The NHS aspires to the highest standards of excellence and professionalism
4. The patient will be at the heart of everything the NHS does
5. The NHS works across organisational boundaries
6. The NHS is committed to providing best value for taxpayers' money
7. The NHS is accountable to the public, communities and patients that it serves

They are underpinned by core NHS values: Working together for patients, Respect and dignity, Commitment to quality of care, Compassion, Improving lives & Everyone counts.



PATIENTS AND THE PUBLIC – YOUR RESPONSIBILITIES THE NHS BELONGS TO ALL OF US. THERE ARE THINGS THAT WE CAN ALL DO FOR OURSELVES AND FOR ONE ANOTHER TO HELP IT WORK EFFECTIVELY, AND TO ENSURE RESOURCES ARE USED RESPONSIBLY

- Please recognise that you can make a significant contribution to your own, and your family's, good health and wellbeing, and take personal responsibility for it.
- Treat NHS staff and other patients with respect and recognise that violence, or the causing of nuisance or disturbance on NHS premises, could result in prosecution. You should recognise that abusive and violent behaviour could result in you being refused access to NHS services.
- Provide accurate information about your health, condition and status. Please keep appointments or cancel within reasonable time. Receiving treatment within the maximum waiting times may be compromised unless you do.
- Follow the course of treatment which you have agreed and talk to your clinician if you find this difficult.
- Participate in important public health programmes such as vaccination.
- Ensure that those closest to you are aware of your wishes about organ donation

RIGHTS AND RESPONSIBILITIES FOR PATIENTS AND THE PRACTICE

AN EXCELLENT EXPERIENCE OF HIGH QUALITY HEALTHCARE

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We believe that the practice and patients both have rights and responsibilities to ensure a friendly, courteous and efficient service provided under a safe environment. Below are some responsibilities that patients and the practice should always follow. The NHS has to provide more services to more people at a higher quality than ever but within a budget that is not increasing. To achieve this, we need everyone at our practice to avoid waste so care is available when we really need it.

PATIENT RESPONSIBILITIES:

- You have the right to explanations of your illness and any investigations relevant to that illness. If you require referral to a specialist you will be offered a choice, in accordance with the NHS 'Choice and Booking' agenda.
- You should treat ALL practice staff and other patients with courtesy and respect at all times.
- As this is a busy practice, please be patient if the Clinician is running late. If you arrive up to 10 minutes late for your appointment, we will endeavour to retain your appointment slot and send you in to see the clinician as soon as possible, you may have to wait if others patients attend on time for their appointments.
- If you arrive more than 10 minutes late for your appointment your turn may be lost you will have to rebook your appointment.
- All repeat medication should be ordered within a MONTH prior to medication running out. Please allow **THREE COMPLETE WORKING DAYS** before collecting the prescription. Repeat medication will only be issued when due, in accordance with dose indicated by your clinician.
- Please ensure a single appointment is for ONE person and ONE problem only. If you have more than one medical problem, please request a longer appointment.
- Please note that the first seven days of any sickness a self-certificate is sufficient. Please visit the GOV website for more information: <https://bit.ly/3wxzJ5c>. However, if requested a private certificate may be issued and appropriate fee charged.
- All Non-NHS services will incur charges depending on the service requested, please confirm the agreed fee with staff before proceeding with your request. Any private report etc. is provided on the basis of your medical conditions and fees are charged in respect of time spent preparing such reports, therefore fees are non-refundable. Fees are set by the British Medical Association (BMA).
- Talk to us about complaints, suggestions and feedback. We are always looking to develop and support out patients.

PRACTICE TEAM RESPONSIBILITIES:

- We aim to treat all patients and staff with respect and courtesy, irrespective of his/her ethnic origin, religious beliefs, personal attributes, or the nature of health problem
- We will maintain your right to privacy and confidentiality and will not discuss your illness with other staff members on an unprofessional basis.
- Help you make an informed decision about your health and advise on treatment in a timely manner
- Keep up to date with the developments in the community and in line with our local ICB's aim and objectives
- Treat you with compassion and dignity at all times
- Appointments options include face to face, video and telephone consultation. We offer online consultation via eConsult via our website www.gordonhouse.nhs.uk
- Receptive to feedback both positive and negative – about your experiences and the treatment and care you have received, including any adverse reactions you may have had. You can often provide feedback anonymously and giving feedback will not affect adversely your care or how you are treated. If a family member or someone you are a carer for is a patient and unable to provide feedback, you are encouraged to give feedback about their experiences on their behalf. Feedback will help to improve services for all.
- We aim to support our patients with proactive health screening and encourage all patients to engage in the preventative approach to supporting health care needs.

WE OPERATE ON A ZERO TOLERANCE POLICY TO ABUSE IN THE NHS. PATIENTS WHO DISPLAY UNACCEPTABLE BEHAVIOUR OR VIOLENCE TOWARDS STAFF OR OTHER PATIENTS WILL BE REMOVED FROM THE LIST IN LINE WITH NHS ENGLAND GUIDANCE ON ACCEPTABLE BEHAVIOUR.

AN EXCELLENT EXPERIENCE OF HIGH QUALITY HEALTHCARE

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How to register with a GP surgery

To register yourself or someone else with a GP surgery, fill in this form and give it to the surgery you want to register with.

You should:

- use a 'tick' or 'x' for boxes where necessary
- complete all sections that apply to you or the person you are registering
- provide as much information as possible
- use BLOCK CAPITALS
- if you cannot answer a question or it does not apply write 'Not applicable' or 'N/A'
- only use black or blue ink
- ask at the reception desk of the surgery you want to register with if you need help completing this form

Which sections should be completed?

- Part A - all sections that apply.
- Part B - this section is optional, but will help the GP provide the best care.
- Part C - only complete these sections if you do not normally live in the UK.

You may be contacted by the GP surgery if you do not complete all the relevant sections.

Register online

It is quick and secure to register with a new GP surgery online. Check the website of the surgery you want to register with for a link for the 'Register to a GP surgery' service.

PART A

Try to provide as much information as possible. If a question does not apply to you or the person you are registering write 'Not applicable' or 'N/A'.

Section 1 - Who is registering?

1 Are you registering

☐

Yourself (Go to Section 2 - Patient details)

☐

Someone else

Only provide your details if you are registering someone else.

2 Your name

4 Your contact phone number

3 Your relationship to the person you are registering



You can help save lives as a blood or organ donor. Become someone's lifeline.

Visit www.nhsbt.nhs.uk/lifeline or call us on 0300 123 23 23.

Section 2 - Details of patient registering

1	Title	<input type="text"/>
2	First name	<input type="text"/>
3	Last name	<input type="text"/>
4	Middle name (if you have one)	<input type="text"/>
5	Previous last name	<input type="text"/>
6	Date of birth DD MM YYYY	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7	What is your sex as recorded on your NHS record?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex <input type="checkbox"/> Not specified or known
8	NHS number (if you have it)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9	Village, town or city of birth	<input type="text"/>
10	Country of birth	<input type="text"/>
11	Current address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="checkbox"/> No fixed address
12	What postcode did you give to the last GP surgery you registered with?	<input type="text"/>
13	Name and address of UK GP surgery you registered with	<input type="text"/> <input type="text"/> <input type="text"/> Postcode
14	Have you ever lived somewhere else in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Last address in the UK	<input type="text"/> <input type="text"/> <input type="text"/> Postcode
		The NHS and your GP surgery can use these details to call, text or email you about health care services. All phone numbers must be registered in the UK.
16	Home phone number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
17	Mobile phone number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
18	Email address	<input type="text"/> <input type="text"/>
19	Name of emergency contact	<input type="text"/>
20	Phone number of emergency contact	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
21	Their relationship to you	<input type="text"/>
22	Name of next of kin	<input type="text"/>
23	Phone number of next of kin	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
24	Their relationship to you	<input type="text"/>

Section 3 - Patients under 18 years

For children under 12 months only

1 Where were they born?

- ☐ England ☐ Northern Ireland ☐ Wales
☐ Isle of Man ☐ Scotland ☐ Outside the UK

2 Where was the mother living when the baby was born?

 Postcode

For patients under 18 years

1 Do you attend any of the following?

- ☐ School ☐ Nursery ☐ Home school
☐ None of these

2 Address

 Postcode

3 Are any of these involved in your care?

- ☐ Hospital specialist ☐ Health worker
☐ Social worker ☐ None of these

4 Have you had all your routine vaccinations?

- ☐ Yes ☐ No ☐ Don't know

5 Did you get your routine vaccinations in the UK?

- ☐ Yes ☐ No ☐ Don't know

Section 4 - Additional information

1 What is your ethnic group?

Choose one section from A to E, then tick one box to best describe your ethnic group or background.

(A) White

- ☐ English, Welsh, Scottish, Northern Irish or British
☐ Irish ☐ Gypsy or Irish Traveller

Any other White background

(B) Mixed or multiple ethnic groups

- ☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian

Any other Mixed or Multiple ethnic background

(C) Asian or Asian British

- ☐ Indian ☐ Pakistani ☐ Bangladeshi
☐ Chinese

Any other Asian background

(D) Black/African/Caribbean/British

- ☐ African ☐ Caribbean

Any other Black, African or Caribbean background

(E) Other ethnic group

- ☐ Arab

Any other ethnic group

- ☐ Prefer not to say

Section 4 - Additional information

2 Have you registered with a UK GP before?

☐ Yes ☐ No

3 If you have moved to the UK, what date did you arrive?

--	--	--	--	--	--	--	--

4 Have you ever served in the UK Armed Forces or were you ever registered with a Ministry of Defence GP in the UK or overseas?

☐ Yes ☐ No ☐ Prefer not to say

If you were given a FMED133A form (sometimes called an FMED1 form) when you left the UK Armed forces, you should give this to your GP surgery.

5 Do you need an interpreter for your appointments?

☐ Yes ☐ No

6 What language?

--

☐ British Sign Language (BSL)

7 Are you a carer?

☐ Yes ☐ No

8 What is your relationship to the person you are caring for?

--

9 What type of carer are you?

☐ Young carer, under 18 ☐ Paid as a job
☐ Unpaid, but may get benefits ☐ Foster carer

10 Do you have a carer?

☐ Yes ☐ No

11 What is your relationship to your carer?

--

12 What type of carer are they?

☐ Young carer, under 18 ☐ Paid as a job
☐ Unpaid, but may get benefits ☐ Foster carer

13 Carer's contact telephone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

14 What pharmacy do you want your prescriptions sent to?

Pharmacy address

Postcode

You can sometimes collect your prescription items from your GP surgery instead of having to go to a pharmacy. Your surgery may discuss this with you

15 Do you live more than 1 mile from your nearest pharmacy?

☐ Yes ☐ No

16 Would you have serious difficulty getting medicines or appliances from your nearest pharmacy?

☐ Yes ☐ No

Do you want important information from your GP record to be available to other health and care professionals?

Your GP surgery needs permission to share important information from your GP record. This is called a Summary Care Record (SCR). Your SCR can only be shared with health and care staff across England who are providing you with direct care. It gives them access to vital information from your GP record.

☐

Yes, share a Summary Care Record with additional information

Includes details of your medicines, allergies, adverse reactions and additional information, which includes details of any significant illnesses and health problems, operations and vaccinations

☐

Yes, share a Summary Care Record without additional information

Includes details of your medicines, allergies and adverse reactions only

☐

No, do not share a Summary Care Record

Details of your medicines, allergies, adverse reactions and any additional information will not be shared with anyone involved in your direct care

PART B

You do not have to complete this section. But any information you do give will help the GP give you the best care.

Section 5 - Patient health

1 Have you ever had any of these conditions?

- ☐ Alzheimer's disease or dementia
- ☐ Asthma ☐ Cancer ☐ Diabetes
- ☐ Epilepsy ☐ Heart disease
- ☐ High blood pressure (hypertension)
- ☐ Stroke ☐ Thyroid disease

2 What best describes you?

- ☐ I smoke ☐ I used to smoke
- ☐ I have never smoked ☐ Prefer not to say

3 On average, how many cigarettes do you smoke a day?

4 What date did you stop smoking? DD MM YYYY

5 How often do you drink alcohol?

- ☐ Never ☐ Monthly or less
- ☐ 2 to 4 times a month ☐ 2 to 3 times a week
- ☐ 4 or more times a week ☐ Prefer not to say

6 How many units of alcohol do you drink on a typical day when you are drinking?

1 pint of 4% beer is 2.5 units. a small 125ml glass of wine is 1.5 units and a 25ml shot of spirits is 1 unit.

7 How often have you had six or more units of alcohol on a single occasion in the last year?

- ☐ Never ☐ Less than monthly
- ☐ Monthly ☐ Weekly ☐ Daily or almost daily
- ☐ Prefer not to say

8 What is your weight?

Or

9 What is your height?

Or

10 Allergies

11 Mental health conditions

Section 5 - Patient health (continued)

12 Disabilities

13 Other medical conditions

14 Give details of any medication you are taking

Are any of these repeat prescriptions?

☐

Yes

☐

No

15 Do you or your carer need to be communicated in an accessible format?

For example, braille, audio, large format or EasyRead.

Tell us what you need

16 Do you or your carer need any reasonable adjustments to make your visit to the GP surgery accessible?

For example, an audible or visual alert in the waiting room, access to a hearing loop or the support of a note taker.

Tell us what you need

PART C

Section 6 - Patients from abroad

Complete this section if you are:

- visiting the UK and do not normally live here.
- currently living in the UK, but do not think of it as your permanent country of residence. For example, you are studying here or have come to the UK as part of your job.
- a permanent resident in the UK and receive a pension or benefit from a European country.

Information on eligibility to free care outside the GP practice

Anyone can register with a GP practice and receive free medical care from that practice. However, should you be referred for treatment outside the practice or need unplanned care, for example at a hospital, charges may apply if you are a visitor or temporary resident.

Some groups of visitors or temporary residents are eligible to receive this care free of charge. Documentation may be required to demonstrate eligibility.

Examples of those eligible include:

- refugees, asylum seekers, those receiving certain forms of state support
- suspected or confirmed victims of modern slavery and human trafficking
- temporary residents with a valid visa of over 6 months. You may have paid the immigration health surcharge with your visa application. Note that assisted conception services remain chargeable to this group
- visitors from the EEA will need to provide their EHIC (European Health Insurance Card), which covers immediately necessary unplanned treatment, or a S2 form which covers planned treatment.

Additionally, some services are free of charge to all visitors, including diagnosis and treatment for infectious diseases and sexually transmitted infections.

Immediate necessary care, maternity care and other urgent care that cannot wait until a chargeable visitor's departure from the UK will not be withheld or delayed due to charges. But non-urgent treatment will not be given until full payment is received.

More information can be found in the patient leaflet available from the GP practice.

Select the statement that applies to you

☐

I understand I may have to pay for NHS treatment outside of the GP practice.

☐

I do not have to pay for NHS treatment outside of the GP practice and have documents to prove this.

☐

I do not know if I have to pay for treatment.

PART C

Section 6 - Patients from abroad (continued)

Giving us this information means that if you need NHS care outside the GP practice and you are entitled to that care without charge, it will be easier for you to demonstrate this entitlement.

We'll use the information to establish your chargeable status in order to recover NHS costs from countries responsible for your healthcare where applicable. This will not impact your entitlement to register with the GP practice or to receive free GP services.

1

Tick one of the following

☐

I have an S1 form issued by an EU or EEA member state

☐

I am in receipt of a European pension or benefit

☐

I am entitled to an EHIC card, but I do not have one

☐

I am in the UK as part of my employment

☐

I have an EHIC card issued by an EU or EEA member state

☐

None of these

Enter details from your EHIC

1

Country code

2

Name

3

Given name

4

Date of birth DD MM YYYY

5

Personal identification number

6

Identification number of the institution

7

Identification number of the card

8

Expiry date DD MM YYYY

How will your EHIC and S1 data be used?

By using your EHIC for NHS treatment costs your EHIC 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 or S1 information will be shared with Business Service Authority for the purpose of recovering your NHS costs from your home country.

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: DD MM YY Discharge date: DD MM YY (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*

☐ 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

*Not all doctors are authorised to dispense medicines

☐ 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:	DD MM YY
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 <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:
	Country Code:	
	3: Name	
	4: Given Names	
	5: Date of Birth	DD MM YYYY
	6: Personal Identification Number	
	7: Identification number of the institution	
	8: Identification number of the card	
	9: Expiry Date	DD MM YYYY
	PRC validity period (a) From:	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 Business Service Authority for the purpose of recovering your NHS costs from your home country.

Routine childhood immunisations

From September 2023

Age due	Diseases protected against	Vaccine given and trade name		Usual site ¹
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix ²	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus	Rotavirus	Rotarix ²	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro ³ or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age group ⁴	Influenza (each year from September)	Live attenuated influenza vaccine LAIV	Fluenz Tetra ^{3,5}	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro ³ or Priorix	Upper arm
Boys and girls aged twelve to thirteen years	Cancers and genital warts caused by specific human papillomavirus (HPV) types	HPV ⁶	Gardasil 9	Upper arm
Fourteen years old (school Year 9)	Tetanus, diphtheria and polio	Td/IPV (check MMR status)	Revaxis	Upper arm
	Meningococcal groups A, C, W and Y	MenACWY	Nimenrix	Upper arm

1. Intramuscular injection into deltoid muscle in upper arm or anterolateral aspect of the thigh.

2. Rotavirus vaccine should only be given after checking for SCID screening result.

3. Contains porcine gelatine.

4. See annual flu letter at: www.gov.uk/government/collections/annual-flu-programme

5. If LAIV (live attenuated influenza vaccine) is contraindicated or otherwise unsuitable use inactivated flu vaccine (check Green Book Chapter 19 for details).

6. See Green Book chapter 18a for immunising immunocompromised young people who will need 3 doses.

Selective immunisation programmes

Target group	Age and schedule	Disease	Vaccines required
Babies born to hepatitis B infected mothers	At birth, four weeks and 12 months old ^{1,2}	Hepatitis B	Hepatitis B (Engerix B/HBvaxPRO)
Infants in areas of the country with TB incidence $\geq 40/100,000$	Around 28 days old ⁴	Tuberculosis	BCG
Infants with a parent or grandparent born in a high incidence country ³	Around 28 days old ⁴	Tuberculosis	BCG
Children in a clinical risk group	From 6 months to 17 years of age	Influenza	LAIV or inactivated flu vaccine if contraindicated to LAIV or under 2 years of age
Pregnant women	At any stage of pregnancy during flu season	Influenza	Inactivated flu vaccine
	From 16 weeks gestation	Pertussis	dTaP/IPV (Boostrix-IPV)

1. Take blood for HBsAg at 12 months to exclude infection.

2. In addition hexavalent vaccine (Infanrix hexa or Vaxelis) is given at 8, 12 and 16 weeks.

3. Where the annual incidence of TB is $\geq 40/100,000$ – see www.gov.uk/government/publications/tuberculosis-tb-by-country-rates-per-100000-people

4. Check SCID screening outcome before giving BCG.

For vaccine supply information for the childhood programme please visit portal.immform.phe.gov.uk and check vaccine update for all other vaccine supply information.



Age due	Immunisation given	Date given (DD/MM/YY)	Please tick appropriate box		
			GP	Private	Abroad
Eight weeks old	Diphtheria, tetanus and pertussis (DTaP)				
	Polio (IPV)				
	Haemophilus influenza type b (Hib)				
	Hepatitis B (HepB)				
	Meningococcal group B (MenB)				
	Rotavirus				
Twelve weeks old	Diphtheria, tetanus and pertussis (DTaP)				
	Polio (IPV)				
	Haemophilus influenza type b (Hib)				
	Hepatitis B (HepB)				
	Pneumococcal (PCV)				
	Rotavirus				
Sixteen weeks old	Diphtheria, tetanus and pertussis (DTaP)				
	Polio (IPV)				
	Haemophilus influenza type b (Hib)				
	Hepatitis B (HepB)				
	Meningococcal group B (MenB)				
One year old (on or after the child's first birthday)	Haemophilus influenza type b (Hib)				
	Meningococcal group C (MenC)				
	Pneumococcal (PCV) booster				
	Measles, mumps and rubella (MMR)				
	Meningococcal group B (MenB) booster				
Three years, four months' old (or soon after)	Diphtheria, tetanus and pertussis (DTaP)				
	Polio (IPV)				
	Measles, mumps and rubella (MMR) booster				
Twelve to thirteen years old	Cancers and genital warts caused by specific human papillomavirus (HPV) types				
Fourteen years old	Tetanus and diphtheria (Td)				
	Polio (IPV)				
	Meningococcal groups A, C, W, and Y (MenACWY)				

SELECTIVE CHILDHOOD IMMUNISATIONS

Immunisation given	Age due	Date given (DD/MM/YY)	Please tick appropriate box		
			GP	Private	Abroad
Hepatitis B (babies born to hepatitis B infected mothers)	At birth				
Tuberculosis (BCG) [infants born in or parents/grandparents from high incidence areas]	~28 days old				
Influenza (children in clinical risk group]	6 months to 17 years old				