



Byfield Medical Centre
Church Street
Byfield, Daventry
Northamptonshire
NN11 6XN

Tel: (01327) 265841

This is your PATIENT REGISTRATION PACK

An NHS Family doctor services registration form is to be completed for all patients wishing to register permanently at Byfield Medical Centre.

This practice offers repeat prescription requests, access to medical records and appointment booking on-line. This is available for anyone aged 16 years and over. If you are interested in this please ask at Reception. You will need to present photographic identification at the time of registering for this service.

Please visit our website to download our Practice Booklet:

www.byfieldmedicalcentre.co.uk

If you have no access to the internet, please ask for your booklet at the Reception.

If you have any specific individual needs, for which you would like us to cater, e.g. provision of correspondence in large print, provision of correspondence in braille, the use of an interpreter, please advise us at the time of registering and we will endeavour to satisfy those needs.

You will be asked to sign a GMS1 medical form giving your personal details, this includes how you wish to be contacted, by signing, you consent to the practice contacting you by your preferred method.

Please highlight below if you require any of these services provided:-

LARGE PRINT	
BRAILLE	
INTERPRETING SERVICES	
SIGN LANGUAGE	
OTHER SERVICES – please specify	

Identification Requirements

All new patients, whether registering permanently or temporarily, will be requested to provide identification at the time of registering. A combination of the following can be accepted as identification. It is preferable that one item of photo ID is provided, along with one document evidencing your current address.

Children under the age of 16 years

Birth Certificate and red Baby Care book.

Adults

Photo ID

Full valid UK/EU photo card driving licence **OR** a current valid signed UK passport **PLUS** one item from the list below. The list is not exhaustive.

Proof of address

Full valid UK paper driving licence

Current benefits agency documentation

Current state pension booklet or notification Letter

Current shotgun licence firearms certificate

Paid utility bill(s) (max 12 months old)

Solicitor's letter confirming house purchase or land registration (max 3 months old)

Bank statement - max 3 months old (please remove bank account details)

Certificate of home or motor insurance (max 12 months old)

Credit card statement - **not mobile phone statement** (max 3 months old – please remove card number)

Current rent book or tenancy agreement (max 12 months old)

Current local authority rent card (max 12 months old)

Building society passbook or statement (max 12 months old – please remove account number)

Council tax bill (max 12 months old)

For Office use only:

Current valid signed UK Passport number.....

Exp. date.....

Full valid UK/EU photo card Driving Licence number:.....

Expiry date.....

Full valid UK paper driving licence number.....

Expiry date.....

Other – please specify..... Expiry date.....

Proof of address seen:

Utility bill – please specify.....

Home or motor insurance certificate

Solicitor letter confirming house purchase

Credit card statement

Bank statement Rent book or tenancy agreement

Current Local Authority rent card

Building Society passbook or statement Council Tax bill

NAME.....

DATE OF BIRTH.....

NHS NUMBER.....

Email address.....

.....
 NEXT OF KIN (name and contact details)

IF YOU ARE ON ANY REPEAT MEDICATION PLEASE GIVE YOUR REPEAT REQUEST SLIP TO RECEPTION WHEN REGISTERING SO THAT WE CAN CONTINUE PRESCRIBING TO YOU.

SMOKING STATUS:

Smoker	
Recent ex-smoker	Quitting date.....
Never smoked tobacco	

If you have indicated that you are a current smoker, please indicate below the quantity of tobacco you smoke and the format of tobacco you smoke.

Format	Quantity
Loose tobaccog/day
Cigarettes/day
Pipe tobaccog/day

Are you interested at all in trying to stop smoking now?
 YES/NO

ALCOHOL CONSUMPTION

How often do you have a drink that contains alcohol?

Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	Enter your score
0	1	2	3	4	

How many standard alcoholic drinks do you have on a typical day when you are drinking?

1-2	3-4	5-6	7-8	9-10	Enter your score
0	1	2	3	4	

How often do you have 6 or more standard drinks on one occasion?

Never	Less than monthly	Monthly	Weekly	Daily or almost daily	Enter your score
0	1	2	3	4	

Enter your total score:

CARERS
 ARE YOU A CARER? (918A)? YES/NO

DOES SOMEONE CARE FOR YOU? (918F) YES/NO

MILITARY VETERANS
 HAVE YOU SERVED IN THE ARMED FORCES? (13q3) YES/NO?
 Please specify which branch of the armed forces:

DO YOU HAVE A LIVING WILL? (13VH) YES/NO

ETHNIC GROUP- PLEASE CIRCLE
 WHITE
 A- WHITE BRITISH
 B- WHITE IRISH
 C- OTHER WHITE
 MIXED
 D- MIXED- WHITE AND BLACK CARIBBEAN
 E- WHITE AND BLACK AFRICAN
 F- WHITE AND ASIAN
 G- OTHER MIXED
 ASIAN OR ASIAN BRITISH
 H- INDIAN
 I- PAKISTANI
 J- BANGLADESHI
 K- OTHER ASIAN
 BLACK AND BLACK BRITISH
 L- BLACK CARIBBEAN
 M- BLACK AFRICAN
 N- OTHER BLACK
 OTHER ETNIC
 O- CHINESE
 P- OTHER ETNIC
 Q- INFORMATION DECLINED