

REGISTRATION FORM

Title	First names
Last name	Previous last name/s
Known as	Preferred pronouns and gender identity
Date of Birth	NHS number (if you have it)
What is your sex as recorded on your NHS record? (Please circle)	
Female Male Intersex Not specified or known	
Address	
(Arch can be used as a C/O address if needed - please pick up letters regularly or they will be returned)	
Town and country of birth	E-mail
Mobile*	Phone
First language?	Do you need an interpreter for appointments?

* We will contact you by mobile for appointment reminders **unless** you tick here ☐

NEXT OF KIN (A person's Next of Kin is their closest living relative)

Name	Phone Number	Their relationship to you

EMERGENCY CONTACT

Name	Phone Number	Their relationship to you

PREVIOUS DETAILS

Last address in the UK	
Have you registered with a UK GP before? (Please circle)	If you have moved to the UK, what date did you arrive?
YES / NO	
Name and address of last GP surgery	
Have you ever served in UK Armed Forces or were you ever registered with a Ministry of Defence GP in the UK or overseas?	
YES / NO (If you were given a FMED133A form when you left the UK Armed Forces you should give this to your GP surgery)	

ETHNICITY

Choose one section from A to E, then tick or circle one to best choose your ethnic group or background

(A) White	(B) Mixed or multiple ethnic groups
<ul style="list-style-type: none"> English, Scottish, Welsh, Northern Irish or British Irish Gypsy or Irish Traveller Other: 	<ul style="list-style-type: none"> White and Black Caribbean White and Black African White and Asian Other:
(C) Asian or Asian British	(D) Black/African/Caribbean/British
<ul style="list-style-type: none"> Indian Pakistani Bangladeshi Chinese Other: 	<ul style="list-style-type: none"> African White and Black African White and Asian Other:
(E) Other Ethnic group	Any other ethnic group
<ul style="list-style-type: none"> Arab 	

PLEASE TELL US WHICH PHARMACY YOU WOULD LIKE TO USE

ALLERGIES (Please give details of ANY known allergies (e.g. medicines, food, insect bites))

SMOKING: (Please circle your current smoking status)

Currently Smoke

Never Smoked

Ex-Smoker

Date Stopped Smoking:

☐

If you currently smoke, please tick here if you would like support to stop

CARER STATUS: (A carer is a person looking after/responsible for the care of a relative/friend/neighbour whose health is impaired by old age or who is mentally/physically disabled.)

Are you currently caring for someone? **YES / NO** (If yes, please ask us for a Carers Form to fill out)

Does someone care for you? **YES / NO** (if Yes, please complete their details below)

Name and contact number of carer: _____

SUPPORT WORKER:

Do you have a Support Worker? (e.g. Justlife, CGL or similar)

YES / NO

Name of Support Worker	Organisation	Contact details

If you would like to give consent for your support worker to access your medical information on your behalf then please fill out a separate consent form.

MEDICAL CONFIDENTIALITY IS THE VERY IMPORTANT PART OF TRUST BETWEEN DOCTOR AND PATIENT AND WE KEEP YOUR RECORDS SECURE AND PRIVATE. YOUR DETAILS WILL BE KEPT ON RECORD AND WILL BE SEEN ONLY BY PRACTICE STAFF UNLESS YOU GIVE OTHER PERMISSIONS ON THE NEXT PAGE.

BY SIGNING THIS FORM, YOU GIVE YOUR AUTHORITY FOR ARCH HEALTHCARE TO STORE AND PROCESS YOUR PERSONAL INFORMATION PURELY AND ONLY FOR THE PURPOSE OF PROVIDING MEDICAL CARE.



RECORD SHARING

If you are registered with a GP practice in England, you will already have a Summary Care Record (SCR), unless you have previously chosen to opt out. This is a brief summary about your health that will explain the medicines you are taking, allergies you suffer from, any bad reactions to medicines you have had in the past, as well as any significant illnesses or health problems you have.

You may need to be treated by health and care professionals such as ambulance or hospital staff. Extremely important details about your healthcare can be very hard for you to remember, especially when you are unwell. Having a Summary Care Record can help by providing healthcare staff treating you with very important information from your health record. This will help the staff involved in your care make better and safer decisions about how best to treat you.

Do you want basic important information from your GP record to be available to other health and care professionals? (please tick ONE of the below options)

- ☐ **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

You may also be receiving care from other community teams such as diabetes teams or community nurses where it would be very helpful for them to see your full medical record and for Arch to also see medical information shared by these teams. Please tick below if you consent to this.

- ☐ **Medical Record Sharing Out** allows your complete GP medical record, held by us, to be made available to other authorised health professionals involved in your care.
- ☐ **Medical Record Sharing In** allows us to see medical information that might be entered by other health professionals not working at Arch.

PLEASE PROVIDE YOUR NAME, DATE AND SIGNATURE BELOW TO COMPLETE THIS FORM AND CONFIRM YOU WOULD LIKE TO REGISTER WITH ARCH HEALTHCARE.

Name		Date of Birth	
Signed		Date	