Deddington
Health Centre

Deddington Health Centre
Earls Lane
Deddington
Oxon OX15 0TQ
Tel: 01869 338611
Fax: 01869 337009

Dear Patient

Welcome to Deddington Health Centre. Please find attached registration forms to enable you to register with the Practice. I also enclose a questionnaire to be completed, as this will give us information prior to receiving your records from the Health Authority.

When returning the forms to the surgery please bring :

- *some form of photo ID eg passport or driving licence and proof of your address in our area, such as a bill.*
- *your NHS number which can be obtained from your current GP surgery in order to process your registration*.

Please be aware, that you are **not** registered with this Practice until the forms are completed, returned to us and processed at Deddington Health Centre. Once you are registered you can proceed with making appointments. Please remember to complete the Patient Access form if you would like to use our online services..

If you are on regular medication, please make an appointment with the Doctor to have a medication review where your repeat medications can be added to our system.

I hope you find the services provided by the Health Centre satisfactory, but if you have any suggestions or comments, please do raise them with either your Doctor or with me.

Would you be willing to join our Patient Participation Group or to feedback on services via email on a quarterly basis? If so, please contact our GP Services Manager, Jackie Mahon on the above number. Or email admin.deddington@nhs.net.

Please remember to look at the reverse side of the blue/mauve form and consider signing the NHS Organ Donor & Blood Donor registers. Thank you.

Yours faithfully

Melanie Watkins
Practice Manager

Deddington
Health Centre

SURNAME:

FORENAME(S):

DATE OF BIRTH:

NHS NO:

TEL NO: HOME
WORK

EMAIL ADDRESS:

SEX: MALE/FEMALE/

TITLE: MR/MRS/MISS/MS/MX/DR/OTHER……..

OCCUPATION:

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes/No
IF YEST DATE OF ENLISTMENT:
DATE OF LEAVING:

DOOR ACCESS KEYCODE (IF APPLICABLE):

MOBILE NUMBER only if over 16 years old:

Please Note: If you live within a proximity of 1.6km or less of a pharmacy (this affects most patients in Deddington, Bloxham Bodicote/Longford Park) we will be able to process repeat prescriptions but these will need to be dispensed and collected from a pharmacy of your choice. If you require more information about local pharmacies or to check whether we can dispense your prescription please visit www.nhs.uk.

If this affects you please tell us here the name and address of the pharmacy you would like your prescription to be dispensed to:
. . . . . .

Consent to Text Messaging and E-mail Communication

Deddington Health Centre would like to contact you by text message and/or e-mail. Text messages and e-mails are an efficient way to communicate with patients. If you agree to receive text message and e-mails from the practice, this will include;

- Requests for you to contact the surgery
- Reminders to book an appointment (e.g. For a immunisations, annual check-ups, blood tests)
- Invitation to appointments you are eligible for (e.g. NHS health checks, cervical screening)
- Health campaign information
- Surgery information / updates (e.g. Change in opening hours, new service starting etc)
- Information about your medication and prescriptions
- Information about other services (e.g. contact details)
- Appointment reminders the day before your appointment (text message)
- Informing you about test results

By consenting to receive text messages and e-mails, you agree to let us know if you change your mobile number or e-mail address.

☐ **I AGREE** to receive communication via text message from the practice
☐ **I DO NOT AGREE** to receive communication via text message from the practice

☐ **I AGREE** to receive communication via e-mail from the practice
☐ **I DO NOT AGREE** to receive communication via e-mail from the practice

Please note that you can opt-out of text messaging or e-mail at any time by informing the practice.

Signed: …… Date: ……

Would you be interested in joining the Patient Participation Group attached to the Practice? Yes/No

ABOUT YOU

Are you currently taking any medicines prescribed by a doctor? YES/NO
If yes, please give details below: (Continue on a separate sheet if necessary)

1.

2. Name of Medicine/Tablets Dose or Strength How many times a day

Do you have an allergic reaction to any drug or anything else: YES/NO If yes please give details . . . . . .

Blood Pressure: /

Current: **Height** …… **Weight** ……

Physical activity involved at work (please tick box to indicate)

Not in employment	
Spends most of time at work sitting	
Spends most of time at work standing or walking	
Work involved definite physical effort	
Work involved vigorous physical activity	

Physical Exercise questionnaire (please circle)

In the last week:

Questions	0	1	2	3	SCORE
How many hours spent on Physical Exercise	None	Less than 1 hour	1 hour but less than 3 hours	3 hours or more	
How many hours spent walking?	None	Less than 1 hour	1 hour but less than 3 hours	3 hours or more	
How many hours spent cycling?	None	Less than 1 hour	1 hour but less than 3 hours	3 hours or more	
How many hours spent on housework/childcare?	None	Less than 1 hour	1 hour but less than 3 hours	3 hours or more	
How many hours spent on gardening/DIY?	None	Less than 1 hour	1 hour but less than 3 hours	3 hours or more	
				Score Total	

Usual level of walking pace (please circle): Slow / Steady / Brisk / Fast

Smoking Questionnaire

What is your smoking status? (Please tick box to indicate)

Never smoked tobacco		Ex smoker	
Cigarette smoker		Rolls own cigarettes	
Cigar smoker		Pipe smoker	

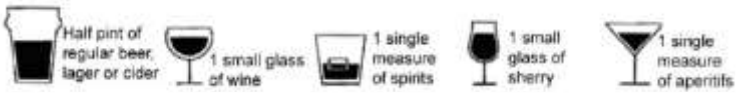
How many per day? Cigarettes…… Cigars ……. Pipe tobacco …….

Would you like help to give up? **YES/NO**

Alcohol Questionnaire

Please tick if you are Teetotal ☐ (If teetotal, move to next page)

If this is one unit of alcohol…



…and each of these is more than one unit

What is your alcohol consumption in units per week? ☐

Questions	Scoring system					Score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Score Total ☐

If your SCORE above was 5 or more please complete the table below

Questions	Scoring system					Score
	0	1	2	3	4	
How often during the last year have you found out that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily	
Have you or somebody else been injured as a result of your drinking?	Never		Yes but not in the last year		Yes during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	Never		Yes but not in the last year		Yes during the last year	

☐

Patient Health Questionnaire (only complete if your alcohol score is more than 8 in previous table)

Over the last 2 weeks how often have you been bothered by the following problems?

Questions	Scoring system					Score
	0	1	2	3	4	
Little interest or pleasure in doing things	Not at all	Several days	More than half the days	Nearly every day	Daily	
Feeling down, depressed or hopeless	Not at all	Several days	More than half the days	Nearly every day	Daily	

Score Total

If your SCORE was +3 or more please make a telephone appointment with a GP to discuss

Family history

Family history of heart disease ☐

Other family history . . . . . ☐ No significant family history

For women aged 25 – 70 only

Date of last smear:
Result (please circle): Negative/abnormal
Not eligible as hysterectomy carried out (please provide date):

Carer information (do you have a carer or provide care to someone else?):

If you have a carer:

Carer details:

Name: **Contact No:**

Is this a relative or someone else? Please give details:

Do you look after someone else? **YES/NO**
If yes – please give details of who you care for if also registered at Deddington Health Centre, ie, name, address and date of birth of who you care for:

If you would like us to put you in touch with Carers Oxfordshire please speak to a member of our Patient Services Team who will be happy to refer you.

*Accessible Information Standards: IF YOU REQUIRE ASSISTANCE DURING YOUR APPOINTMENTS AT THE PRACTICE OR WITH YOUR COMMUNICATIONS WITH THE PRACTICE PLEASE MAKE OUR RECEPTIONISTS AWARE.

If you have any information or communication needs, please give details?

What is your main language? Do you require an interpreter? **YES/NO**

Are you registered blind or partially sighted? **YES/NO**

Do you have a hearing disability? **YES/NO** Do you have a speech problem? **YES/NO**

Are you dependent on wheelchair use? **YES/NO**

Do any of the questions regarding information and communication needs apply to your carer?

If you require correspondence in an alternative format, ie: Braille, large print, easy read, audiotape or if there is any other disability you would like us to be aware of please give us details so we can support you.

Next of Kin

Name: Relationship:

Contact Details:

Emergency Contact Details:

Power of attorney held YES/NO

Please add below name & contact details of relative who has Power of Attorney below & provide practice with a copy of POA documents for Health & Welfare

……..

What is your preferred communication method?

Please tick: No preference ☐
Home telephone number ☐
Work telephone number ☐
Mobile telephone number ☐
Email address ☐
Letter to home address ☐
Letter to another address ☐

ETHNIC DATA MONITORING

PLEASE TICK THE APPROPRIATE BOX:

WHITE BRITISH	
IRISH	
ANY OTHER WHITE BACKGROUND (SPECIFY)	

WHITE & BLACK CARIBBEAN	
WHITE & BLACK AFRICAN	
WHITE & ASIAN	
ANY OTHER MIXED BACKGROUND (SPECIFY)	

INDIAN	
PAKISTANI	
BANGLADESHI	
ANY OTHER ASIAN BACKGROUND (SPECIFY)	

CARIBBEAN	
AFRICAN	
ANY OTHER BLACK BACKGROUND (SPECIFY)	

CHINESE	
ANY OTHER BACKGROUND (SPECIFY)	

For everyone completing this form, please sign and date below. Thank you.

Signed …… Date ……..

PLEASE NOTE: This form can be submitted by email to admin.deddington@nhs.net –
Please ensure you also provide electronic copies of Photo ID and Proof of address.

This document should be used in conjunction with the official patient leaflets / information on website: ***http://systems.hscic.gov.uk***

	Summary Care Record (SCR) (National)	**Summary Care Record (SCR)** (Oxfordshire)	**National data opt out/ Health Information Exchange** (National)
Purpose	**Personal Care** SCR is an electronic health record that provides healthcare staff with rapid access to essential information about an individual patient in order to provide them with direct care and treatment.	**Personal Care** SCR is an electronic health record that provides healthcare staff with rapid access to essential information about an individual patient in order to provide them with direct care and treatment.	**Statistics** Information about your health and care that helps the NHS to improve your individual care, speed up diagnosis, plan your local services and research new treatments.
Permission Required	Implied sharing unless patient states they do not wish to share.	Implied sharing unless patient states they do not wish to share.	You can choose whether your confidential patient information is used for research and planning.
NHS Number	**Yes**	**Yes**	Confidential patient information identifies you and says something about your health, care or treatment. You would expect this information to be kept private. Information that only identifies you, like your name and address, is not considered confidential patient information and may still be used for example to contact you if your GP practice is merging with another Your confidential patient information will still be used for your individual care. Choosing to opt out will not affect your care and treatment. You will still be invited for screening services, such as screenings for bowel cancer You do not need to do anything if you are happy about how your confidential patient information is used. If you do not want your confidential patient information to be used for research and planning **YOU** can choose to opt out securely online or through a telephone service To find out more or make your choice visit:
Patient's Name	**Yes**	**Yes**	
Address	**Yes**	**Yes**	
Postcode	**Yes**	**Yes**	
Gender	**Yes**	**Yes**	
DOB	**Yes**	**Yes**	
Ethnicity	**No**	**Yes**	
Medication	**Yes**	**Yes**	
Allergies	**Yes**	**Yes**	
Your medical history and care plans	**No (unless additional information selected)**	**Yes**	
Tests results	**No**	**Yes**	
General health readings	**No**	**Yes**	
Appointments, hospital admissions, out of hours and ambulance calls	**No**	**Yes**	
Adverse Reactions	**Yes**	**Yes**	
Vaccinations	**No (unless additional information**	**Yes**	
Problems	**No (unless additional information**	**No**	
Correspondence	**No**	**Yes**	
Further information	**www.nhscarerecords.nhs.uk** Tel: 0845 300 6016	**http://www.oxfordshire.ccg.nhs.uk/your-health/summary-care-record/**	www.nhs.uk/your-nhs-data-matters or call 0300 303 5678

Opt In/Out Form – Request for my clinical information to be withheld or shared

1 Summary Care Record – National and Oxfordshire

The SCR is an electronic record which contains information about the medicines you take, allergies you suffer from and any bad reactions to medicines you have had. Having this information stored in one place means that healthcare staff can provide safer care during an emergency, or when it is urgent. SCRs are also useful if you need care when your GP practice is closed or if you are away from home in another part of England. Only those involved in your care can access your SCR (using a secure chip and pin system). If you choose not to have a SCR it means that your records will be shared by letter, fax or phone but there may be a delay before the clinicians caring for you have relevant details to hand.
See: http://www.nhscarerecords.nhs.uk/

I **OPT IN** to having a **National** Summary Care Record ☐
I would also like **additional information** shared ☐
I **OPT OUT** of having a **National** Summary Care Record ☐
I **OPT IN** to having an **OXFORDSHIRE** Summary Care Record ☐
I **OPT OUT** of having an **OXFORDSHIRE** Summary Care Record ☐

Note: Your data will continue to be shared for healthcare purposes, such as a referral, or where there is a legal or public interest reason. Fuller details are available, ask the Practice reception staff.

Name of Patient:	Date of Birth:	
Address:		
If you are filling out this form on behalf of another person or a child, the GP practice will consider this request.	Your Name:	Relationship to patient:
Signed:	Date:	

Actioned by practice: Yes / No Date: FOR NHS USE ONLY Confidential

Deddington
Health Centre

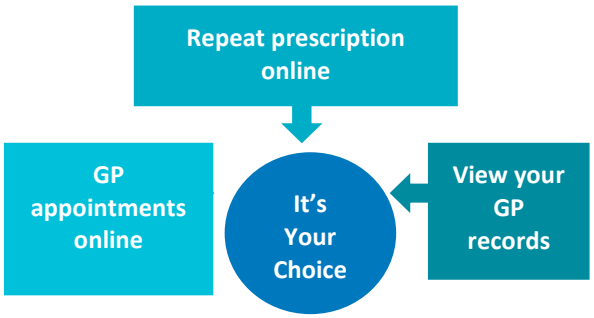
Online Services Records Access Patient information leaflet 'It's your choice'

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at a summary of your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

Being able to see a summary of your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately. If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password. If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.



Before you apply for online access to your record, there are some other things to consider:

- **Choosing to share information with someone:** It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.
- **Coercion:** If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.
- **Misunderstood information**: Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.
- **Information about someone else:** If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

FUTURE PLANS FOR ONLINE SERVICES RECORDS ACCESS. As time goes on we will enable you to view further sections of your medical record. These will be more detailed and at this time you may need to consider the following before requesting access to them:

- **Forgotten history:** There may be something you have forgotten about in your record that you might find upsetting.
- **Abnormal results or bad news:** If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

WE WILL PROMOTE ANY FUTURE DEVELOPMENTS WITHIN THE PRACTICE AND THROUGH OUR COMMUNICATIONS WITH PATIENTS. YOU WILL THEN NEED TO CONTACT US TO REQUEST THIS EXTENDED ACCESS AS IT BECOMES AVAILABLE.

MORE INFORMATION:
For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure
http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf

IF YOU WISH TO APPLY FOR ONLINE PATIENT ACCESS PLEASE COMPLETE THE ATTACHED FORM AND RETURN TO RECEPTION WITH PHOTO ID. YOU MUST PRESENT IN PERSON TO DO THIS. NO-ONE ELSE CAN DO THIS ON YOUR BEHALF IN ORDER TO PROTECT YOUR MEDICAL RECORDS.

Application for Patient Facing services to book online appointments and request repeat prescriptions:

Surname	*Date of birth*
First name	
Address *Postcode*	
Email address: *(Please note: your email address cannot be used to register more than one patient on Patient Access – each email address needs to be unique)*	
Telephone number	*Mobile number*

3.

4. *I wish to have access to the following online services* (please tick all that apply):*

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐

****please note:** all in-house test results can be viewed automatically upon activation of Patient Access*

I understand and agree with each statement below (tick):

1. I have read and understood the information leaflet provided by the practice	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	☐

You can apply for access to your medical record online via Patient Access. If you wish to do so please ask at Reception for an application form. If you are a newly registered patient, access to your medical record online will not be possible until we have received your medical record from your previous Practice.

If you are not issued with your Patient Access Registration document when you submit this form do you consent to us sending it to you either by (please choose):

Post ☐ (Tick)

Email ☐ (Tick)

Collect in person ☐ (Tick)

Signature	*Date*

IF YOU WISH TO APPLY FOR PATIENT ACCESS FOR A CHILD UNDER THE AGE OF 16 YOU WILL NEED TO SPEAK TO A MEMBER OF STAFF.

YOU WILL NEED TO PRESENT PHOTO ID AND PRESENT YOURSELF IN PERSON TO A RECEPTIONIST IN ORDER TO REQUEST PATIENT ACCESS.

NHS Family doctor services registration GMS1

Patient's details

Please complete in BLOCK CAPITALS and tick ☑ as appropriate

☐ Mr ☐ Mrs ☐ Miss ☐ Ms Surname

Date of birth | | | | | | | | First names

NHS No. | | | | | | | | | | Previous surname/s

☐ Male ☐ 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*

**Not all doctors are authorised to dispense medicines*

☐ 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

☐ Signature of Patient ☐ Signature on behalf of patient

Date ___/___/___

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

Signature confirming my consent to join the NHS Organ Donor Register Date ___/___/___

Please tell your family you want to be an organ donor. If you do not want to be an organ donor, please visit www.organdonation.nhs.uk or call 0300 123 23 23 to register your decision.

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register 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 my consent to join the NHS Blood Donor Register Date ___/___/___

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

Postcode:

All blood types are needed, especially O negative and B negative. Visit www.blood.co.uk or call 0300 123 23 23.

NHS England use only Patient registered for ☐ GMS ☐ Dispensing

05.2019_006 Product Code: **GMS1**

NHS Family doctor services registration

GMS1

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 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 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 non-UK EHIC or PRC?	YES: ☐ NO: ☐	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	(b) To:	DD MM YYYY

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.

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 The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.