

FOR ADMIN USE ONLY

PLEASE TICK EACH SECTION AS CHECKED WHEN FORMS RECEIVED BEFORE SCANNING

- Registered in UK within last year ☐ HS200 & I.D, proof of address
- Not registered in N.I or UK ☐ HSCR1 & 3 SECTIONS
- Not registered with any GP Practice in over 1 year ☐ HSCR1 & 3 SECTIONS
- Temporary Patients Forms ☐ HSCR1 & I.D ONLY
- Infant Registration Forms ☐ Yellow Baby form
(Use HS200 If no yellow form available) ☐ Provide copy to HV
- Check Counter Fraud & Probity Services List ☐ Checked
- If hearing issues ticked on previous page – offer hearing questionnaire ☐ Yes
- Hearing info coded P1 via local guidelines (if applicable) ☐ Yes
- Have immunisation for >16yo been received? If not please chase ☐ Yes
- Is the patient a carer? Ensure separate carer form completed ☐ Yes
- Ensure all forms are signed ☐ Yes
- Scanned to patient record named 'New Registration Documents' and passed to Portia ☐ Yes

Scanned: _____

Date: _____

Check if patient is on Vision BEFORE adding again – Search DOB

If moving in with family or is a NH patient add using Existing Family button.

Arrange 20minute new patient appointment with HCA/PN

☐ NPA Booked

(Patient to keep NPA questionnaire and bring to appt with urine sample)

Registered for online ordering once Registration 'unfrozen' (contact if not & offer) ☐

SEPERATELY READCODE ALL INFORMATION PROVIDED BY THE PATIENT ON THE REGISTRATION FORM. ☐

Referred: _____

Date: _____

Applied: _____

Date: _____

Patient REGISTRATION FORM

Name: _____ Address: _____

Postcode: _____ DOB: _____ Tel Number: _____

Town of Birth: _____

Email address: _____

Would you like to sign up for our monthly bulletin? YES/NO

Are you on the violent patient register? Please circle; YES/NO

Please provide a list of immunisations for a child under 16 years old.

Please confirm that you have been registered with a practice within the last year YES/NO

First Language _____ Speaks English well ☐ Does not speak English ☐ Interpreter required ☐

SENSORY LOSS: Hearing Loss ☐ Wears Hearing Aid ☐ Other Sensory Loss _____

Please advise on any communication support you require;

BSL interpreter ☐ VRS ☐ Induction loop ☐

Let us know what else works for you or how we can support you best: _____

ETHNICITY: Which of the following best describes your ethnic background?

White

- ☐ British
☐ Irish
☐ Other white background

Black or Black British

- ☐ Caribbean
☐ African
☐ Other Black background

Asian or Asian British

- ☐ Asian Indian
☐ Pakistani
☐ Bangladeshi
☐ Chinese
☐ Other Asian background

☐ Other _____

Mixed

- ☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Other Mixed Background

☐ I would rather not say.

MMR VACCINES

Were you born in 1975 or before? YES/NO Have you had 2 MMR vaccines? YES/NO

Patients in this cohort need to have 2 vaccinations on record for MMR. If we do not have a history for both vaccines, you will be invited for an up to date vaccine.

Chemist Preference for prescription collection:

Whitehead; ☐ Gordons(Calwells) ☐ Pharmacy Plus(Flemings)

Larne; ☐ McFarlane's ☐ McCoubrey's

Carrickfergus; ☐ Boots Carrick ☐ Medicare High Street

☐ Medicare Victoria ☐ Medicare Sunnylands

To be Posted; ☐ (supply of stamped addressed envelopes provided)

Are you a Carer YES/NO if yes, please complete a carer information form at reception