



NHS REGISTRATION QUESTIONNAIRE GRESLEYDALE HEALTHCARE CENTRE

Partners:

Dr J Redferne MBBS FRCGP DRCOG; Dr A Whitehouse MBChB MRCGP MRCP;
Dr M Kulkarni MBBS DRCOG MRCGP; Dr C Low MBBS MRCGP; Dr A Ietford MRCGP;
Mrs S Clover BSc (Hons) PGDip (NP) RGN QN
Dr Y Reynolds-Khan MRCGP; Dr E Mair MCCGP; Dr G Hill MBChB MRCGP
Mrs R Cotton

GPs

Practice Manager:

Accredited GP Training Practice

DATE RECEIVED:

STAFF INITIALS:

NHS NUMBER:



Mr Mrs Miss Ms Mx Other _____

GENDER ASSIGNED AT BIRTH:

Male
Female
Intersex

FULL NAME:

PREVIOUS LAST NAME:

DATE OF BIRTH:

ADDRESS:

POST CODE:

GENDER IDENTIFICATION:

Male
Female
Non-binary:
Other:

EMAIL ADDRESS:

ARE YOU HAPPY TO RECIEVE EMAILS? Yes No

LANDLINE / ALTERNATE NO:

MOBILE NO:

ARE YOU HAPPY TO RECEIVE TEXTS? Yes No

INTERPRETER NEEDED? Yes No
LANGUAGE: _____

NHS ONLINE SERVICES:

This will allow you to make or cancel appointments and order repeat prescriptions.

Would you like login details via?

- Text
- Email
- Post
- Collect

EMERGENCY CONTACT (NAME, RELATIONSHIP AND NUMBER):
(e.g. FAMILY / FRIEND / SUPPORT WORKER)

This person is your next of kin

CARER DETAILS: PLEASE TELL US IF YOU ARE A CARER OR YOU ARE CARED FOR : [Register as a carer – Gresleydale Healthcare Centre](#)

WOULD YOU LIKE TO JOIN OUR PATIENT PARTICIPATION GROUP (PPG)?

THE PRACTICE IS COMMITTED TO IMPROVING THE SERVICE WE PROVIDE TO OUR PATIENTS, OUR PPG SUPPORT THIS.
FOR MORE INFORMATION VISIT: [Patient Participation Group – Gresleydale Healthcare Centre](#)

TELL US ABOUT YOUR COMMUNICATION NEEDS:
[Accessible information standard request – Gresleydale Healthcare Centre](#)

NATIONAL SCREENING PROGRAMME (more information on our website): [Screening information – Gresleydale Healthcare Centre](#)

DO YOU HAVE A LIVING WILL?

Yes No

DO YOU HAVE A POWER OF ATTORNEY?

Yes No

DO YOU HAVE An ADVANCED DIRECTIVE?

Yes No

Please provide the practice with a copy

For more information visit: [Advance decision \(living will\) - NHS](#)

HAVE YOU BEEN A MEMBER OF THE UK ARMED FORCES ? Yes No

HAVE ANY FAMILY MEMBERS REGISTERED WITH THE DEFENCE MEDICAL SERVICES ?

Yes No

[Military veterans – Gresleydale Healthcare Centre](#) ACCREDITED GP PRACTICE

NAMES, AGES AND SCHOOLS OF CHILDREN / DEPENDENTS:

PLEASE COMPLETE ADDITIONAL REGISTRATION FORMS FOR EACH CHILD.

FULL NAME	D.O.B	CURRENT SCHOOL:
FULL NAME	D.O.B	CURRENT SCHOOL:
FULL NAME	D.O.B	CURRENT SCHOOL:

Continue:

CO-HABITANTS (name and relationship of any other persons living with the child)

PREVIOUS ADDRESS:

PREVIOUS REGISTERED PRACTICE:

PREVIOUS HEALTH VISITOR DETAILS:

ACCOMODATION – please tick.

HOUSE FLAT MOBILE HOME
 HOMELESS TEMPORARY HOUSING

Is your child up to date with their immunisations:

YES NO

[Complete routine immunisation schedule from 1 September 2024 - GOV.UK](#)

Every family with children under 5 years of age is offered a Health visiting service, please contact 01246 515100 option two to book an appointment. Clinic times: Tuesdays: Swadlincote Health Centre Swadlincote Health Centre, Civic Way, Swadlincote, Derbyshire, DE11 0AE (01283 818000).

[Parental rights and responsibilities: What is parental responsibility? - GOV.UK](#)

NAME OF PRIMARY CARER: **PARENTAL RESPONSIBILITY** YES NO

RELATIONSHIP TO CHILD:

CONTACT TELEPHONE:

NAME OF SECOND PRIMARY CARER: **PARENTAL RESPONSIBILITY** YES NO

RELATIONSHIP TO CHILD:

CONTACT TELEPHONE:

I declare that the information is accurate and true, and I understand that ID may be requested for Legal or Safeguarding purposes: *please tick to confirm*