

Herbert & Shrive Pharmacy

208 Kingston Road, Teddington, TW11 9JD

Phone: 020 89771967

Patient Registration Form

| Your Details | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|---|---|
| Title | <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Other | | | | | | | | |
| First name | | | | | | | | | |
| Surname | | | | | | | | | |
| Address | | | | | | | | | |
| Post Code | | | | | | | | | |
| Gender | <input type="radio"/> Male <input type="radio"/> Female | | | | | | | | |
| Date of Birth | <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | |
| E-mail: | | | | | | | | | |
| Tel./Mobile No.: | <input type="radio"/> Home <input type="radio"/> Mobile: | | | | | | | | |
| Delivery Preferences | <input type="radio"/> Please tick the if you are happy for us to deliver your medication | | | | | | | | |

| Surgery / Doctors Details |
|---------------------------|
| |

| Payments, Exemptions & consent |
|---|
| <input type="radio"/> Please tick if you pay for your prescription. We will call you to take payment details when you order your prescription. |
| <input type="radio"/> Please tick, if you have a prescription pre-payment certificate. |
| Please fill below section if you do not pay for your prescription. The patient : |
| <input type="radio"/> is 60 years and over |
| <input type="radio"/> is under 16 years |
| <input type="radio"/> is in full-time education (age between 16-18) |
| <input type="radio"/> has a maternity exemption certificate |
| <input type="radio"/> has a war pension exemption certificate |
| <input type="radio"/> is named on a current HC2 charges certificate |
| <input type="radio"/> gets Income Support or Income-Related Employment and Support Allowance |
| <input type="radio"/> gets Income-Based Jobseeker Allowance |
| <input type="radio"/> is entitled/named on a valid NHS Tax Credit Certificate |
| <input type="radio"/> gets Universal Credit and meets the necessary NHS criteria |
| <input type="radio"/> himself/herself or a partner who gets Pension Credit Guarantee Credit (PCGC) |
| I give Consent for following: |
| <input type="radio"/> order & collect my repeat prescriptions by EPS, fax or Post |
| <input type="radio"/> Receive call/text/e-mail messages |
| <input type="radio"/> Access my Summary Care Records |
| (For more information on the Summary Care Record, please visit www.digital.nhs.uk/summary-care-records/patients) |

The above information will be used for sharing with GP & storing for records keeping purposes.

Patient Signature: _____

Patient's Representative Signature: _____

Date: _____