## PATIENT DECLARATION for all patients who are not ordinarily resident in the UK

Patient's details	Please complete in BLOCK CAPITALS and tick 🗹 as appropriate				
Mr Mrs Miss M	Ms Surname				
Date of birth	First names				
NHS No.	Previous surname/s				
Male Female	Town and country of birth				
Home address					
Postcode	Telephone number				
SUPPLEMENTARY QUESTIONS					
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.					
Some services, such as diagnostic tests all people, while some groups who an More information on ordinary resident patient leaflet, available from your Greatlent leaflet, available from your Greatlent leaflet, available from your Greatlent leaflet, available from your treatme Immediately necessary or urgent treatmet Information by I understand that I may need to be a li understand I have a valid example, an EHIC, or payment of the provide documents to support this with the provide documents to support this with the information I give to action may be taken against me.  A parent/guardian should complete to	e not ordinarily resident here are ce, exemptions and paying for No practice.  I entitlement in order to receive a truent, regardless of advance paying the used to assist in identify as (e.g. hospitals) and NHS Digital ehalf of the NHS to confirm any constant of the NHS to confirm any confirmance of the NHS treatment outside the confirmance of the new paying for NHS treatment of the new paying for NHS treatment of the new paying for NHS treatment outside the new paying for NHS treatment outside the new paying for NHS treatment of the new paying for NHS treatment outside the new paying for NHS treatment o	exempt from all HS services can be ree NHS treatment. Ing your charge I, for the purposidetalls you have eatment outside Surcharge"), vete. I understanders.	I treatment of the found in the	charges. the Visitor and Migrof the GP practice, of provided with any and may be shared, tion, invoicing and of practice. This including an invoicing and of panied by a valid visiting and of the practice.	ant otherwise , including cost
Signed:		Date:		DD MM YY	
Print name: On behalf of:		Relationsh patient:	ip to		
Complete this section if you live in the UK but work in another EEA m					
NON-UK EUROPEAN HEALTH INSURANCE CARD (EHIC), PROVISIONAL REPLACEMENT CERTIFICATE (PRC) DETAILS and S1 FORMS					
Do you have a <u>non-UK</u> EHIC or PRC	? YES: NO:			r details from your	EHIC or
LUCORO AIX S. MARRICO INS	Country Code:	PRC bel	ow:		
	3: Name				
	4: Given Names				
-	5: Date of Birth	DD MM YYY	Y		
	6: Personal Identification				
If you are visiting from another EEA	Number				
country and do not hold a current EHIC (or Provisional Replacement	7: Identification number of the institution				
Certificate (PRC))/S1, you may be billed		-			
outside of the GP practice, including  6. Identification number of the card					
		DD MM YYYY			
PRC validity period (a) From			(b) To	DD MM YYYY	
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.					