

[Attach patient ID sticker here]

[Insert your NHS logo here]

## Pre-Attendance Form

### Why have I been asked to complete this form?

NHS hospital treatment is not free to all. All hospitals have a legal duty to establish if patients are entitled to free treatment. Please complete this form to help us with this duty. A parent/guardian should complete the form on behalf of a child. **On completing the form, you must read and sign the declaration below.**

### Please complete this form in BLOCK CAPITALS

Family name/surname:														
First name/given name:						Date of birth:	D	D	M	M	Y	Y	Y	Y

### DECLARATION: TO BE COMPLETED BY ALL

This hospital may need to ask the Home Office to confirm your immigration status to help us decide if you are eligible for free NHS hospital treatment. In this case, your personal, non-clinical information will be sent to the Home Office. The information provided may be used and retained by the Home Office for its functions, which include enforcing immigration controls overseas, at the ports of entry and within the UK. The Home Office may also share this information with other law enforcement and authorised debt recovery agencies for purposes including national security, investigation and prosecution of crime, and collection of fines and civil penalties.

**If you are chargeable but fail to pay for NHS treatment for which you have been billed, it may result in a future immigration application to enter or remain in the UK being denied. Necessary (non-clinical) personal information may be passed via the Department of Health to the Home Office for this purpose.**

### DECLARATION:

- I have read and understood the reasons I have been asked to complete this form
- I agree to be contacted by the trust to confirm any details I have provided.
- I understand that the relevant official bodies may be contacted to verify any statement I have made.
- The information I have given on this form is correct to the best of my knowledge.
- I understand that if I knowingly give false information then action may be taken against me. This may include referring the matter to the hospital's local counter fraud specialist and recovering any monies due.

Signed:						Date:	D	D	M	M	Y	Y
Print name:						Relationship to patient:						
On behalf of:												

### 1. ALL: PERSONAL DETAILS – Please answer all questions that apply to you

Do you usually live in the UK?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	Nationality:										
Address in the UK:			Passport number:										
			Country of issue:										
Telephone number:						Passport expiry date:	D	D	M	M	Y	Y	
Mobile number:						Dual Nationality:							
Email:						Date of entry into the UK:	D	D	M	M	Y	Y	
Will you return to <u>live</u> in your home country?	YES: <input type="checkbox"/>	NO: <input type="checkbox"/>	If yes, when?	D	D	M	M	Y	Y				
Address OUTSIDE the UK:			Name and address of Employer (UK or overseas):										
Country:								Country:					
Contact telephone:								Employer telephone:					

## 2. ALL: OFFICIAL DOCUMENTATION

Please tell us which of the following documents you currently hold (check all that apply):

<input type="checkbox"/> Current United Kingdom passport	<input type="checkbox"/> Current European Union passport						
<input type="checkbox"/> Current non-EU passport with valid entry visa	Visa No. _____						
<input type="checkbox"/> Student visa <input type="checkbox"/> Visit visa	Visa expiry date: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y
D	D	M	M	Y	Y		
<input type="checkbox"/> Asylum Registration Card (ARC)	ARC No. _____						
<input type="checkbox"/> Other – please state: _____	BRP No. _____						

## 3. ALL: YOUR STAY IN THE UK – *You may be required to provide documentation*

Please tell us about the purpose of your stay in the UK (check all that apply):

<input type="checkbox"/> Holiday/visit friends or family	<input type="checkbox"/> On business	<input type="checkbox"/> To live here permanently
<input type="checkbox"/> To work	<input type="checkbox"/> To study	<input type="checkbox"/> To seek asylum
<input type="checkbox"/> Other – please state: _____		

How many months have you spent OUTSIDE the UK in the last 12 months?

<input type="checkbox"/> None	<input type="checkbox"/> Up to 3 months	<input type="checkbox"/> 3-6 months	<input type="checkbox"/> Over 6 months
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Please indicate the reason for any absence from the UK in the last 12 months (check all that apply)

<input type="checkbox"/> I live in another country	<input type="checkbox"/> A holiday/to visit friends	<input type="checkbox"/> To work
<input type="checkbox"/> I frequently commute (business/second home overseas)	<input type="checkbox"/> To study	
<input type="checkbox"/> Other – please state: _____		


## 4. ALL: GP DETAILS – *If you are registered with a GP in the UK*

GP/surgery name: _____	Address of GP surgery: _____
GP telephone: _____	
NHS number: _____	

## 5. HEALTH OR TRAVEL INSURANCE DETAILS – *If the UK is not your permanent place of residency*

Do you have insurance? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	Name and address of insurance provider: _____
Membership number: _____	
Insurance telephone: _____	

## 6. EUROPEAN HEALTH INSURANCE CARD (EHIC) DETAILS – *If you live in another EEA country*

Do you have a <u>non-UK</u> EHIC? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	If yes, please enter the data from your EHIC below:			
 <p><i>If you are visiting from another EEA country and do not hold a current EHIC, you may be billed for the cost of any treatment received outside the Accident and Emergency (A&amp;E) dept. Charges will apply if you are admitted to a ward or need to return to the hospital as an outpatient.</i></p>	3			
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## 7. STUDENT DETAILS – *If you have come to the UK to study*

Name of college/university: _____	Telephone: _____												
Course dates From: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table> To: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	D	D	M	M	Y	Y	Number of hours/week: _____
D	D	M	M	Y	Y								
D	D	M	M	Y	Y								

If you have completed this form in the A&E department, please give it to a receptionist or nurse before leaving. If you are admitted to any ward or referred for further treatment outside the A&E department, charges may apply. Please expect to be interviewed by a member of our Overseas Visitors Team.