

## Pre-Attendance Form

**Please complete this form and bring to your appointment.**

All hospitals have a legal duty to establish if patients are entitled to free treatment, **this includes British Nationals**. The NHS is primarily for the benefit of those who reside lawfully and for settled purposes in the UK as ordinarily resident.


**NHS hospital treatment is not free to all.** When you attend our hospitals for a NEW episode of care, you should expect to be asked questions. Depending on the answers to the questions, you may be required to provide further documentation to confirm your residence status and entitlement to free NHS treatment. A parent/guardian should complete the form on behalf of a child.

**If you are visiting the UK or have lived in another country we recommend that you bring some documents with you to provide us with documentary evidence of your nationality and residential status.**

*Examples of evidence of right of residence include your Passport, visa, entry clearance documents*

*Examples of evidence of residence include utility bills, bank statements, housing contracts (this must include your name and UK address).*

*If you have lived in an EEA member state and have a European Health Insurance Card (EHIC) from your country of origin please bring this with you when you attend.*

1. BRITISH Citizen and EEA National ONLY to complete this and then go directly to section 5											
Family name/surname:											
First name/given name:		Date of Birth		D	D	M	M	Y	Y	Y	Y
Do you usually live in the UK?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Nationality							
Please indicate the reason for any absence from the UK in the last 12 months (check all that apply)											
<input type="checkbox"/> A holiday/to visit friends <input type="checkbox"/> To work <input type="checkbox"/> To study <input type="checkbox"/> I live in another country <input type="checkbox"/> I frequently commute (business/second home overseas)						<b>If resident in another country please provide address OUTSIDE the UK</b>					
EUROPEAN HEALTH INSURANCE CARD (EHIC) Details – please provide if you live in another EEA Country				If <b>yes</b> , please enter the data from your EHIC card below 							
Do you have a NON-UK EHIC? Yes: <input type="checkbox"/> No: <input type="checkbox"/>				3							
				4							
				5		6					
				7							
				8		9					

*If you are visiting the UK from another EEA country and do not hold a current EHIC, you may be billed for the cost of any treatment. Charges will apply if you are admitted to a ward or need to return to the hospital as an outpatient appointment.*

2. NON-EEA NATIONALS complete this section and sections 3, 4, 5																			
Family name/surname:						First name/given name:													
What date did you arrive in the UK?		D	D	M	M	Y	Y	Y	Y	Date of Birth		D	D	M	M	Y	Y	Y	Y
Do you usually live in the UK?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Nationality:															
Telephone Number:						<b>If resident in another country please provide address OUTSIDE the UK</b>													
Mobile Number:																			
Email:																			
Will you return to live in your home country?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>																	

**Continue 2...Please tell us which of the following documents you currently hold or are eligible to hold (check all that apply)**

Current non-EU Passport with valid entry visa

Immigration Health Surcharge      Visa expiry date:      D   D   M   M   Y   Y

Asylum Registration Card (ARC)      ARC number      \_\_\_\_\_

**STUDENTS ONLY - If you have come to the UK to study**

Name of college/university      Telephone:      \_\_\_\_\_

Course dates      From      D   D   M   M   Y   Y      To:      D   D   M   M   Y   Y

**3. NON-EEA NATIONALS ONLY TO COMPLETE**

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

Holiday/visit friends or family       On business       To live here permanently

To work       To study       To seek asylum

Other – please state \_\_\_\_\_

**Please indicate the reason for any absence from the UK in the last 12 months (check all that apply)**

I live in another country       A holiday/to visit friends       To work

I frequently commute (business/second home overseas)       To study

**4. OVERSEAS VISITORS only - 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:	_____	

**5. 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 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 speciality and recovering any monies due.

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