

# Cambridgeshire Minor Ailments Service

## Registration Form

Patient Registration Number:

Date:

Name of patient:

Patient Address:

Patient telephone contact number:

Date of Birth:

Name of GP practice where registered:

Proof of Exemption seen: yes / no

Exemption expires:

The patient does not have to pay because he/she

- is under 16 years of age
- is 16, 17 or 18 and in full time education
- is 60 years or over
- has a valid maternity exemption certificate
- has a valid medical exemption certificate
- has a valid prescription pre-payment certificate
- has a valid War Pension exemption certificate
- gets Income Support
- gets income based jobseekers allowance
- is entitled to, or named on, a valid NHS tax credit exemption certificate
- has a partner who gets pension credit guarantee credit

Comments



pharmacy stamp

White copy - NHS Cambridgeshire  
Pink copy - Pharmacist

### Patient Declaration:

I declare that this information I have given on this form is correct and complete and I understand that if it is not, appropriate action may be taken. I confirm proper entitlement to exemption and for the purposes of checking this, I consent to disclosure of relevant information from this form to and by the NHS Business Services Authority, the NHS Counter Fraud and Security Management Services, the Department of Work and Pensions and Local Authorities.

I understand the information on this form may be passed on to my GP and local Primary Care Trust, NHS Cambridgeshire.

Cross ONE box. I am the patient  I am the Patient's Representative

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_