

Family doctor services registration

Please complete in BLOCK CAPITALS and tick boxes where appropriate.

Please bring completed form to the surgery to complete the registration process. PLEASE DO NOT POST

Patients Details

Mr Mrs Miss Ms

Surname		Previous Surname(s)	
Forename		Town and country of birth	
Date of Birth		Postcode	
Male or Female?		Phone Number	
NHS No.			

Home Address

Please help us trace your previous medical records by providing the following information

Your previous address in UK (including postcode)	
Name of previous doctor while at that address	
Address of previous doctor	

If you are from abroad

Your first UK address where registered with a GP	
If previously resident in UK, date of leaving	
Date you first came in live in UK	

If you are returning from the Armed Forces

Address before enlisting	
Service or Personnel Number	
Enlistment Date	

If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

If you need your doctor to dispense medicines and appliances*

I live more than 1 mile in a straight line from the nearest chemist

I would have serious difficulty in getting them from a chemist *Not all doctors are authorised to dispense medicines

<input type="checkbox"/> Signature of patient	<input type="checkbox"/> Signature on behalf of patient	Date

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