Application to Register with a General Medical Practitioner

Patient's Details - *Please complete the text boxes and tick where appropriate*

Title

Surname

First Name(s)

Previous Surname

Birth Town

Birth Country

Telephone

I am a student at:

Date of Birth

NHS No.

Sex ☐ Male ○ Female

Home Address

Postcode

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

Your previous address in UK

Name of previous GP while at previous address

Address of that 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 to live in UK

If you are returning from the armed forces

Address before enlisting

Service/Personnel No.

Enlistment date

If you are registering a child under 5

☐ I wish the child above to be registered with the named doctor 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

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Signature of patient ○

Signature on behalf of patient ○

Date: .....