

## **NHS** Family doctor services registration

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Patient's details	Please complete in BLOCK CAPITALS and tick 🗹 as appropriate
Mr Mrs Miss Ms	Surname
Date of birth	First names
NHS No.	Previous surname/s
Male Female	Town and country of birth
Home address	
Postcode	Telephone number
	vious medical records by providing the following information
Your previous address in UK	Name of previous doctor while at that address
HIND AH	Address of previous doctor
If you are from abroad Your first UK address where registere	ed with a GP of the second as a substantial property of the second and the second as a second as a second as a
If previously resident in UK, date of leaving	Date you first came to live in UK
If you are returning from the Address before enlisting	Armed Forces  The transfer of the Best of
Service or Personnel number	Enlistment date
If you are registering a child	under 5
$\square$ I wish the child above to be r	egistered with the doctor named overleaf for Child Health Surveillance
If you need your doctor to d	ispense medicines and appliances* *Not all doctors are
☐ I live more than 1 mile in a st	raight line from the nearest chemist authorised to dispense medicines
☐ I would have serious difficulty	y in getting them from a chemist
Signature of Patient Signature	gnature on behalf of patient Date
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## Family doctor services registration

GMS1

Kidneys	Heart	Liver	Corneas	Lungs	Pancreas	Any part of my body
ignature confii					Date	
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or more inforn	nation, pleas	se ask for the le	eaflet on joining	the NHS Orga	n Donor Registei	r
NHS Blood Done would like to jo	or registration	on ood Donor Regi	ster as someone v	who may be con	tacted and would	be prepared to donate blood.
		blood in the la				
iignature confii	rming conse	nt to inclusion	on the NHS Bloo	od Donor Regis	ster Date	
For more inform My preferred ac	nation, pleas ddress for do	se ask for the lo onation is: (only	eaflet on joining y if different fro	the NHS Bloom m above, e.g.	d Donor Register your place of wo	rk)
***************************************					Postcode:	
o be comple	ted by th	e doctor				
octors Name					НА Со	de
☐ I have acce	pted this pa	tient for gener	al medical servic	es		
☐ For the pro						
	1151011 01 00	itiaceptive ser	vices			
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