

GPR

NHS IN SCOTLAND



APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

Please use BLOCK CAPITALS to complete the form and tick all relevant boxes

PERSONAL DETAILS (ALL FIELDS MARKED \* ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Eligibility to use the NHS services depends mainly on residence in the UK, and on other qualifying provisions set out in the Regulations. By completing this section fully, you will assist us in processing your application and locating any existing medical records promptly.

WILL YOU BE IN THE AREA FOR MORE THAN THREE MONTHS?\* YES [ ] NO [ ]

IS THIS YOUR FIRST REGISTRATION WITH A GP PRACTICE?\* YES [ ] NO [ ]

SURNAME \* TITLE # MALE \* FEMALE \*

Grid boxes for Surname, Title #, Male, and Female fields.

FORENAME \* MIDDLE NAME \*

Grid boxes for Forename and Middle Name fields.

PREVIOUS SURNAME \* DATE OF BIRTH \* [ D D M M Y Y Y Y ]

Grid boxes for Previous Surname and Date of Birth fields.

ADDRESS \* POSTCODE \*

Grid boxes for Address and Postcode fields.

TOWN & COUNTRY OF BIRTH \*

Grid boxes for Town & Country of Birth field.

MOTHER'S MAIDEN NAME \* TELEPHONE NUMBER #

Grid boxes for Mother's Maiden Name and Telephone Number # fields.

EMAIL ADDRESS #

Grid boxes for Email Address # field.

PREVIOUS ADDRESS IN UK \* POSTCODE \*

Grid boxes for Previous Address in UK and Postcode fields.

NAME AND ADDRESS OF PREVIOUS REGISTERED GP PRACTICE IN UK \* POSTCODE \*

Grid boxes for Name and Address of Previous Registered GP Practice in UK and Postcode fields.

COMMUNITY HEALTH INDEX NUMBER NHS NUMBER

Grid boxes for Community Health Index Number and NHS Number fields.

NATIONAL INSURANCE NUMBER

Grid boxes for National Insurance Number field.

# the data supplied in these fields will not be input to, or updated in, the Community Health index (CHI), but will be held on the GP Practice's system.

ARE YOU RETURNING / HAVE YOU ARRIVED FROM ABROAD OR HM FORCES? \*

YES  NO

DATE OF DEPARTURE FROM UK 

D	D	M	M	Y	Y
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DATE OF ENTRY/RETURN TO UK 

D	D	M	M	Y	Y
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IF RETURNING FROM H M FORCES DATE ENLISTED 

D	D	M	M	Y	Y
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SERVICE/PERSONNEL NO. 

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**COUNTER FRAUD DECLARATION**

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable the Common Services Agency to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, I consent to the disclosure of relevant information from this form including to and by the NHS Business Services Authority, the Common Services Agency, UK Border Agency, Identity and Passport Service, the Department for Work & Pensions, HM Revenue and Customs, the General Register Office and Local Authorities.

PATIENT OR REPRESENTATIVE SIGNATURE \_\_\_\_\_

DATE 

D	D	M	M	Y	Y
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IF SIGNING AS A REPRESENTATIVE, PLEASE STATE:

YOUR NAME 

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YOUR RELATIONSHIP TO THE PATIENT 

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**VOLUNTARY CONSENT TO ORGAN DONATION**

I authorise the donation of (Please tick the boxes that apply)

A. any of my organs and tissue  or my  
B. kidneys  heart  liver  small bowel   
eyes  lungs  pancreas  tissue

for transplantation after my death 

D	D	M	M	Y	Y
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PATIENT SIGNATURE \_\_\_\_\_

DATE

**PRACTICE ACCEPTANCE AGREEMENT – for GP Practice use only**

PRACTICE CODE 

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GP NAME 

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GP REFERENCE NUMBER 

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IDENTIFICATION SEEN

MEDICAL CARD  BIRTH CERTIFICATE  PASSPORT  OTHER - SPECIFY 

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I accept this patient onto the practice list and declare that, to the best of my knowledge the information I have given on this form is correct and complete and I understand that if it is not, action may be taken against me. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be made to my Practice, which will be subject to Payment Verification. Where Common Services Agency is unable to obtain authentication, I acknowledge that the onus is on my Practice to provide documentary evidence to support this application.

GP SIGNATURE \_\_\_\_\_

DATE 

D	D	M	M	Y	Y
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<b>OFFICIAL USE ONLY</b>		
Input By:	Date:	Checked By:

