

# Application to Register with a General Medical Practitioner

Please complete in **block capitals** and tick relevant boxes

## Patient details

**Surname**   
**Forename**

**Address**

**Previous Surname**

**Date of birth**    
**Male**  **Female**

**Telephone**

**I wish the child named above to be registered at the Practice for Child Health Surveillance**

**Post code**

**Relationship to patient** \_\_\_\_\_

**I will be in the area for more than three month**

**Patient's / Patient's representative signature** \_\_\_\_\_ **Date**

## Voluntary consent to organ donation

If you wish to register on the NHS Organ Donor Register as someone whose organs can be used for transplantation purpose after your death, please tick relevant box(es) below:

**Any Organ**  **Kidneys**  **Liver**  **Lungs**  **Heart**  **Corneas**  **Pancreas**

**Patient's signature:** \_\_\_\_\_ **Date**

## Please help us to trace your previous medical records by providing the following information if known

**NHS No. (not National Insurance No.)**  
  
**Previous address in U.K.**

**Community Health Index (CHI) No.**  
  
**Name and address of previous doctor in U.K.**

**Town** \_\_\_\_\_  
**County** \_\_\_\_\_ **Post Code** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**If returning from abroad**  
**Date of departure from U.K.**

**If returning from HM Forces**  
**Date enlisted**  **Service / Personnel No.**

**Date of return to U.K.**

If none of the above information is known then please complete the following

**Town of birth** \_\_\_\_\_  
**County of birth** \_\_\_\_\_

**Reg. District of birth (see birth certificate)** \_\_\_\_\_  
**Mother's maiden name** \_\_\_\_\_

## Doctor's agreement

**Enter 'D' if supplying Drugs**   
**CHS acceptance** **Yes**  **No**

**Mileage claim** Road  Water  Footpath   
**Enter date if registration Examination complete**

I accept this patient on my list and I claim payment in Accordance with the Regulations.

**CHS Ref No. of GP providing Service if different from below**

**Doctor's signature** \_\_\_\_\_ **Date**

**Doctor's Name** \_\_\_\_\_ **GP Ref. No**