

**GUIDELINES FOR FILLING OUT A  
FAMILY DOCTOR SERVICES REGISTRATION (GMS1) FORM**

**This information has been provided to assist patients in completing the 'Family Doctor Services Registration Form' (GMS1).**

**PATIENTS DETAILS**

**Title** – Mr Mrs Miss Ms – Tick the appropriate box according to your marital status.

**Surname** – Surname or Family name. Please make sure the spelling given is the same that appears on your passport, driving licence or home office paper work.

**Date Of Birth** - The date you were born. Please enter the Day then the Month and finally the Year within the boxes given.

**First Names** - First name or Forename. Please make sure the spelling given is the same that appears on your passport, driving licence or home office paper work.

**Previous Surname/s** - If you are married please state your maiden name or if you have changed your Surname/Family name at any time please state your previous Surname/Family name.

**NHS Number** - If you know your NHS Number which can be found on a medical card, please write it down in the boxes provided. **This is not your National Insurance Number.** Please note that the NHS number for babies should be found on the Hospital discharge summary.

**Male / Female** - Please tick the appropriate box.

**Town and Country of Birth** - Please enter the Town and County of Birth if you were born in this country, for example, Portsmouth, Winchester, Haringey London. If you were born from abroad please state the Country and Town if possible, for example, Bombay India, Madrid Spain or Naples Italy. If you were born in Ireland please state clearly whether this was Northern Ireland or the Republic of Ireland as this will assist us in tracing previous NHS medical records.

**Home Address** - Please print clearly your full postal address. If you are living in Flats or a court please state clearly the Court or Flat name and the Road, Street, Avenue or Close name. Print clearly your House, Flat or Court number.

**Post Code** - You need to print clearly a full post code. Your address is incomplete without a postcode.

**If your address details are not filled in clearly and correctly this could create a delay in processing your registration or even being taken off the Practice List if mail is returned undelivered.**

**Telephone Number** - Please enter as many forms of contacting yourself by phone, so write down Home, Mobile or Work phone numbers if available.

**Your Previous Address in UK** - If you were previously registered with a GP Practice then please write the address you were living at when registered. If you have left the country and are now returning again please write the address when you were last registered with a GP Practice within the UK. If you have never, to your knowledge, been registered with a GP Practice then just state your previous address where you were living.

**Name of previous Doctor while at that address** - Please state the Doctors name within the GP Practice where you were registered. If you are not sure of the Doctors name then please enter the Practice Name e.g. London Street Surgery.

**Address of previous Doctor** - Please state the Practice address if known. If you can't remember the full address then state the area where the surgery was located e.g. Derby, Guildford. If just arriving into the country and you are unsure if you have been registered with a GP Practice, still state the area where you may have visited a GP Practice.

#### **IF YOU ARE FROM ABROAD**

**Your first UK address where registered with a GP** - If this is your first visit to the UK please state the address you first stayed at. If you are returning back to the UK please state the address where you were last registered with a GP Practice within the UK.

**If previously resident in UK, Date of leaving** - If you have visited the UK previously and you are now returning back to the UK, please state the date you left the UK.

**Date you first came to live in UK** - If you have arrived in the UK for the first time please state the Date you arrived. If you are returning back to the UK, please state the date you arrived but remember to also fill in the date you left.

#### **IF YOU ARE RETURNING FROM THE ARMED FORCES**

**Address before enlisting** - Please state the address where you were last registered with a GP practice before enlisting.

**Service or Personnel number** - This can be found on your Discharge Papers.

**Enlistment Date** - This can be found on your Discharge Papers.

Please note that Service personnel are issued with form F Med 133 on release from the Services. This form contains a summary of Service Medical history and should be handed to your GP Practice when registering

**Please carry on filling out the form, remember to sign the bottom of the form, date it and then turn over.**

**If you want to be added to the NHS Organ Donor Register or NHS Blood Donor Register then please complete that section. Remember to sign and date your consent.**

**It is very important that this form is filled in accurately or this may mean a delay in the GP Practice receiving your medical records. Therefore if you have any queries or questions it is best to ask the Surgery staff.**

**YOU SHOULD NOW ASK THE SURGERY STAFF TO CHECK THEY HAVE ALL THE INFORMATION THEY NEED ON THE GMS1 FORM BEFORE LEAVING THE SURGERY.**