NHS GMS1 MEDICAL REGISTRATION FORM

April 2011

FOR OFFICE USE ONLY

Please complete in **BLOCK CAPITALS** and tick ☑ as appropriate

1. Have you ever registered with us before? ☐ Yes ☐ No

2. Sex ☐ Male ☐ Female

3. Mr ☐ **Miss** ☐ **Mrs** ☐ **Ms** ☐ **Other** ....

4. Family name (last name)**:**

5. First name:

6. YOUR SIGNATURE: **Date:**

7. Date of birth: d: m: y:

8. NHS number (If known)**:**

9. Reading address:

10. Postcode:

11. Mobile telephone:

12. Landline telephone:

13. Email:

We will use your mobile telephone number to SMS (text) you to confirm we have registered you, and in future to send you automatic appointment reminder texts before any booked appointments and for occasional invitations to health screening events. We will NOT use it for marketing etc. Inform Reception if you do not want us to use your mobile telephone number for these SMS messages.

Help us to trace your previous medical records by providing the following info:

UNITED KINGDOM ORIGIN –

14. Home address (details before you came to Reading)**:**

15. Postcode:

16. Town of birth:

17. Name of your current doctor or medical practice:

INTERNATIONAL ORIGIN –

Details before you came to Reading

14. Country of birth:

15. Date of entry into the UK: d______m_______ y______

If you have ever registered with a doctor in the UK you must answer questions 16-17

16. Name of most recent doctor or name of medical practice in the UK:

17. The address you were living in when you were registered with that doctor:

19. Ethnicity:

White:
- ☐ British
- ☐ Irish
- ☐ Other

Mixed:
- ☐ White / black African
- ☐ White / black Caribbean
- ☐ White / Asian
- ☐ Other background

Asian or Asian British:
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Other Asian

Black or Black British:
- ☐ Caribbean
- ☐ African
- ☐ Other background

Other Ethnic Group:
- ☐ Chinese
- ☐ Any other ethnic group

- ☐ I do not wish to give this information

20. First language: ☐ English ☐ Other – specify:

21. Country of origin:

Appointments online Request form

This service allows you to book and cancel appointments via the web.

Please complete details below and sign to confirm your request to take part in this initiative.

Confirmation of acceptance with brief operating guidelines, Username and password will be sent to your registered address.

Name:

Telephone Number:

Mobile Number:

Date of Birth:

Signature:

Free text message appointment reminders

If you do NOT wish to receive text message appointment reminders please tick box. ☐

If you have not received your password in 4 – 6 weeks please contact the University Health Centre.

Thank you

STRICTLY CONFIDENTIAL TO THE UNIVERSITY OF READING MEDICAL PRACTICE

Please fill this form accurately, as the information you provide becomes part of the medical record

Children under 16

Family name (last name)		First name(s)	
Previous family name		NHS number	
Sex – Male/Female		Date of birth	
Current address		Previous address	
Current school		Previous school	
Previous GP name & address			

Dependent of:

Name of Parent/Guardian	1)	D.O.B	
Address if different to child's address			
Name of Parent/Guardian	2)	D.O.B	
Address if different to Childs address			
Relationship to child:	1) 2)		

Please indicate your racial origin, as this is relevant to certain health needs

White:
- ☐ British
- ☐ Irish
- ☐ Other

Mixed:
- ☐ White / Black African
- ☐ White / Black Caribbean
- ☐ White / Asian
- ☐ Other background

Asian or Asian British:
- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Other Asian

Black or Black British:
- ☐ Caribbean
- ☐ African
- ☐ Other background

Other Ethnic Group:
- ☐ Chinese
- ☐ Any other ethnic group

- ☐ I do not wish to give this information

IMMUNISATIONS

<table>
<tr><td colspan="2">Children already registered with an NHS GP</td><td rowspan="4">OR</td><td rowspan="4">Children newly registering with the NHS
Although some immunisations, such as DTP and polio, are routinely given in almost every country in the world now, there are some additional vaccines, e.g. to protect against meningococcal meningitis, which are given in the UK because of the increased risk of infection.

Please bring documented evidence about which immunisations have been given when you come to the registration appointment. Children residing in the UK would be expected to follow the schedule of immunisations set out by the Department of Health. Immunisations required to bring your child up-to-date will be offered by a nurse at registration.</td></tr>
<tr><td colspan="2">Are you sure that all immunisations according to the recommended UK schedule have been given at the usual times?</td></tr>
<tr><td>Yes ☐</td><td>No ☐</td></tr>
<tr><td colspan="2">In both cases please bring documented evidence about the immunisation history when you come to the registration appointment.</td></tr>
</table>

MEDICAL DETAILS

Please list any important or recurrent past illnesses, operations, allergies or disabilities.

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Please list any regular medication required.

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Weight (kg):	Height (m):

HEALTH CENTRE USE ONLY

ONLY 5 years and under

Make one photocopy of details overleaf
- One copy in Health Visitor's pigeonhole

Newborns do not need a registration medical.

Otherwise, make a 10 minute appointment to review Immunisations with Alison or Lynn.