

## 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 \_\_\_\_\_

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

Your previous address in UK \_\_\_\_\_ Name of previous doctor while at that address \_\_\_\_\_  
 \_\_\_\_\_ Address of previous doctor \_\_\_\_\_  
 \_\_\_\_\_

## If you are from abroad

Your first UK address where registered with a GP \_\_\_\_\_  
 \_\_\_\_\_  
 If previously resident in UK, date of leaving \_\_\_\_\_ Date you first came to live in UK \_\_\_\_\_

## If you are returning from the Armed Forces

Address before enlisting \_\_\_\_\_  
 \_\_\_\_\_  
 Service or Personnel number \_\_\_\_\_ Enlistment date \_\_\_\_\_

## If you are registering a child under 5

I wish the child above to be registered with the doctor named overleaf for Child Health Surveillance

## If you need your doctor to dispense medicines and appliances\*

I live more than 1 mile in a straight line from the nearest chemist  
 I would have serious difficulty in getting them from a chemist

*\*Not all doctors are authorised to dispense medicines*

Signature of Patient  Signature on behalf of patient Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### NHS Organ Donor registration

I want to register my details on the NHS Organ Donor Register as someone whose organs/tissue may be used for transplantation after my death. Please tick the boxes that apply.

Any of my organs and tissue or  
 Kidneys  Heart  Liver  Corneas  Lungs  Pancreas  Any part of my body

Signature confirming my agreement to organ/tissue donation \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*For more information, please ask at reception for an information leaflet or visit the website [www.uktransplant.org.uk](http://www.uktransplant.org.uk), or call 0300 123 23 23.*

### NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years   
 Signature confirming consent to inclusion on the NHS Blood Donor Register \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*For more information, please ask for the leaflet on joining the NHS Blood Donor Register  
My preferred address for donation is: (only if different from above, e.g. your place of work)*

Postcode: \_\_\_\_\_

**HA use only** Patient registered for  GMS  CHS  Dispensing  Rural Practice