## Family doctor services registration GMS1

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(7)	NZI		

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
Home address	of birth
Postcode	Telephone number
Please help us trace your previous address in UK	rious medical records by providing the following information  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
	date
Personnel number  If you are registering a child u	date
Personnel number  If you are registering a child u  I wish the child above to be re	date  Inder 5  gistered with the doctor named overleaf for Child Health Surveillance
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042017\_003 Product Code: GMS1



	by the docto	<sup>,</sup>						
Doctors Name				HA Code				
☐ I have accepted thi	is nationt for gons	ral modical convices	or the provi	sion of contracon	tivo convicos			
☐ I have accepted this patient for general medical services ☐ For the provision of contraceptive services ☐ I have accepted this patient for general medical services on behalf of the doctor named below who is a member of this practice								
Doctors Name, if differ		Tai medical services on benan o	T the doctor	HA Coc	<u> </u>			
Doctors Name, ir airier								
	النب مصطيبات	varrida Child Haalth Comraille						
I am on the HA CHS list and will provide Child Health Surveillance to this patient or  I have accepted this patient on behalf of the doctor named below, who is a member of this practice and is on the								
HA CHS list and will provide Child Health Surveillance to this patient.								
Doctors Name, if different from above  HA Code								
Doctors Hame, it aimer	ene nom above			1111 COC				
☐ I will dispense me	dicines/annlianc	es to this patient subject to	Health Διι	hority's Approx	al			
			i icaitii Aai	inority's Approx	ui			
Distance in miles	between my pat	ent for this patient. ient's home address and my	main surg	ery is				
I doclare to the best of r	my baliaf this infa	rmation is correct and I claim ti	 ho					
		tement of Fees and Allowance		Practice Stam	р			
			by the HA's authorised officers and					
auditors appointed by th	ie Audit Commiss	1011.						
Authorised Signature								
Name	Name Date / /							
Name		Date/	/					
SUPPLEMENTARY QU	ESTIONS							
PATIE	NT DECLARATI	ON for all patients who ar	e not ord	inarily residen	t in the UK			
Anybody in England ca	n register with a	GP practice and receive free me	dical care f	rom that practice	·.			
However, if you are no	t 'ordinarily reside	ent' in the UK you may have to	pay for NH	treatment outsi	de of the GP practice. Being			
		lawfully in the UK on a properl						
	•	omic Area must also have the st						
		suspected infectious diseases a ot ordinarily resident here are						
		, exemptions and paying for NI	-		=			
patient leaflet, availab					<del></del>			
		ntitlement in order to receive f						
		Even if you have to pay for a ent, regardless of advance pay		will always be p	rovided with any			
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		(e.g. hospitals) and NHS Digital						
		alf of the NHS to confirm any o	letails you l	nave provided.				
Please tick one of the	-							
' <del> </del>	-	pay for NHS treatment outside						
		option from paying for NHS transition from paying for NHS transition Health Charge ("the						
provide documents to			e Juicharge	, when accomp	danied by a valid visa. I can			
c) I do not know n	ny chargeable sta	tus						
		this form is correct and compl	ete. I under	stand that if it is	not correct, appropriate			
action may be taken a	_	form on behalf of a child und	er 16					
A parent/guardian site	Tura complete the	Torin on benan or a crina und	10.					
Signed:			Date:		DD MM YY			
Print name:								
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On behalf of:			Relation					
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