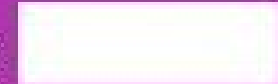


# Application to Register with a General Medical Practitioner



## Family doctor services registration

GMS1



### Patient's Details - Please complete the text boxes and tick where appropriate

Title	<input type="text" value="Mr"/>	Date of Birth	<input type="text"/>
Surname	<input type="text"/>	NHS No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
First Name(s)	<input type="text"/>	Sex	<input checked="" type="radio"/> Male <input type="radio"/> Female
Previous Surname	<input type="text"/>	Home Address	<input type="text"/>
Birth Town	<input type="text"/>	Postcode	<input type="text"/>
Birth Country	<input type="text"/>		
Telephone	<input type="text"/>		
I am a student at:	<input type="text"/>		

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

Your previous address in UK

Name of previous GP while at previous address

Address of that 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/Personnel  
No.

Enlistment date

**If you are registering a child under 5**

I wish the child above to be registered with the named doctor 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

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Signature of patient

Signature on behalf of patient

Date: