

# Application to Register with a General Medical Practitioner

Please complete in **block capitals** and tick relevant boxes

## Patients details

Surname ..... Address .....

Forename .....

Previous Surname .....

Date of Birth .....  
...../...../..... Male  Female

I wish the child named above to be registered at  
the practice for Child Health Surveillance

Relationship to patient ..... I will be in the area for more than three months

Post Code

Patient's / Patient's representative signature ..... Date ...../...../.....

## Voluntary consent to organ donation

If you wish to register on the NHS Organ Donor Register as someone whose organs can be used for transplantation purposes after your death, please tick relevant box(es) below:

Any Organ  Kidneys  Liver  Lungs  Heart  Corneas  Pancreas

Patient's / Patient's representative signature ..... Date ...../...../.....

Please help us to trace your previous medical records by providing the following information if known

NHS No. (not National Insurance No.) ..... Community Health Index (CHI) no. ....

Previous address in U.K. .... Name and address of previous doctor in U.K. ....

Town.....

County..... Postcode.....

If never registered in U.K. before  
Date of 1<sup>st</sup> entry ...../...../.....

If returning from abroad  
Date of departure from U.K. ....

Date of return to U.K. ....

Town of Birth ..... Reg. District of birth (see birth certificate) .....

County of birth ..... Mother's maiden name .....

## Doctor's agreement

CHS acceptance Yes  No

I accept this patient on my list and I claim payment in accordance with the Regulations.

Doctor's signature ..... Date ...../...../.....

CHS Ref No. of GP providing service if different  
from below

Doctor's Name ..... GP Reference Number