



PATFORD

House Surgery

GUIDELINES FOR COMPLETING A FAMILY DOCTOR SERVICES REGISTRATION (GMS1) FORM

Please complete the form using CAPITAL LETTERS and tick (✓) as appropriate

PATIENT DETAILS

Title - Tick the appropriate box according to your marital status (Mr / Mrs / Miss / Ms)

Surname - Surname or family name. Please make sure the spelling given is the same that appears on your passport, driving licence or home office paperwork

Date of Birth - The date you were born. Please enter the Day, then the Month, and finally the Year within the boxes given

First Names - First name or forename. Please make sure the spelling given is the same that appears on your passport, driving licence or home office paperwork

Previous Surname(s) - If you are married, please state your maiden name or if you have changed your Surname/Family Name at any time please state your previous Surname/Family Name

NHS Number - If you know your NHS number which can be found on a medical card, please write it down in the boxes provided. You will not have one if you have not been registered with a doctor in the UK before. This is NOT your National Insurance number.

Male/Female - please tick the appropriate box

Town and Country of Birth - Please enter the Town and Country of Birth if you were born in this country eg Calne, UK. If you were born abroad please state the Country and Town if possible eg Bombay-India, Madrid-Spain or Naples-Italy.

Home Address - please print clearly your full postal address. If you are living in a house that is made up of Flats, please state clearly the Flat Number/Name and the Road, Street, Avenue or Close name.

Post Code - You need to print clearly a full postcode. Your address is incomplete without a postcode. An example of a postcode is BS5 9PL.

If your address details are not filled in clearly and correctly this could cause a delay in receiving your Medical Records from your previous UK doctor if you have one, or even being taken off the Practice List if we cannot contact you.

Telephone Number - Please enter as many forms of contacting you by phone eg home, mobile, work numbers

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

Your Previous UK Address - If you were previously registered with a GP practice in the UK then please write the address you were living at when registered. If you have left the country and are now returning again, please write the address when you were last registered with a GP Practice in the UK. If you have never, to your knowledge, been registered with a GP practice, then just state your previous address where you were living.

Name of Previous Doctor while at that address - Please state the doctor's name within the GP Practice where you were registered if you know it.

Address of Previous Doctor - Please state the Address of the GP Practice, eg Town Square Medical Practice, Easton, Bristol. If just arriving into the country and you are unsure if you have been registered with a GP Practice, still state the area where you may have visited a GP Practice.

IF YOU ARE FROM ABROAD

Your first UK address where registered with a GP - If this is your first visit to the UK please state the address you first stayed at. If you are returning back to the UK please state the address where you were last registered with a GP Practice within the UK.

If previously resident in the UK, Date of Leaving - If you have visited the UK previously and you are now returning back to the UK, please state the date you left the UK.

Date you first came to live in the UK - If you have arrived in the UK for the first time, please state the date you arrived. If you are returning back to the UK, please state the date you arrived but remember to also fill in the date you left.

IF YOU ARE RETURNING FROM THE ARMED FORCES

This should only be completed if you are returning from serving as a member of the UK Armed Forces otherwise please ignore this section.

Address before enlisting - Please state the address where you were last registered with a GP practice before enlisting.

Service or Personnel number - This can be found on your Discharge Papers

Enlistment Date - This can be found on your Discharge Papers

Remember to Sign and Date the Form

Signature of Patient - Please sign the form and tick the relevant box to say if you are the patient or if you are representing the patient

Date - Please enter the date on which you are signing the form

If you wish to be included on the NHS Organ Donor Register or to register to donate blood please complete these sections of the form.

The last section of the form is for completion by the doctor

It is very important that this form is filled in accurately or this may mean a delay in receiving your medical records

YOU SHOULD NOW ASK THE SURGERY STAFF TO CHECK THEY HAVE ALL THE INFORMATION THEY NEED ON THE GMS1 FORM BEFORE LEAVING THE SURGERY