

CONTACT DETAILS FORM INSTRUCTIONS Family Doctor Services Registration GMS1

Patient's details

Title: * Gender: * First name: *
 Last name: * Previous last name:

Telephone: * Mobile: * Email: *

Date of birth: * NHS number:

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
| <input type="text"/> |

Birth town: * Birth country: * Home address: *

Post code: * I am a student at:

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

Previous medical record 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

Signatures

- Patient's signature
- Signature on behalf of patient

NHS Organ Donor Registration

I want to register my details on the NHS Organ Donor Register as someone who's organs/tissue may be used for transplantation after my death.

Please select the option(s):

- Kidneys
- Heart
- Liver
- Corneas
- Lungs
- Pancreas

Signature confirming consent to organ donation (please type your name):

For more information, please ask at reception for an information leaflet or visit the website 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 organ donation (please type your name):

For more information, please ask for the leaflet on joining the NHS Blood Donor Register

Preferred address for donation (if different from above, e.g. place of work):

Post code: Supplementary questions

PATIENT DECLARATION for all patients who are not ordinarily resident in the UK
Anybody in England can register with a GP practice and receive free medical care from that practice. However, if you are not 'ordinarily resident' in the UK you may have to pay for NHS treatment outside of the GP practice. Being ordinarily resident broadly means living lawfully in the UK on a properly settled basis for the time being.

In most cases, nationals of countries outside the European Economic Area must also have the status of 'indefinite leave to remain' in the UK. Some services, such as diagnostic tests of suspected infectious diseases and any treatment of those diseases are free of charge to all people, while some groups who are not ordinarily resident here are exempt from all treatment charges.

More information on ordinary residence, exemptions and paying for NHS services can be found in the Visitor and Migrant patient leaflet, available from your GP practice.

You may be asked to provide proof of entitlement in order to receive free NHS treatment outside of the GP practice, otherwise you may be charged for your treatment. Even if you have to pay for a service, you will always be provided with any immediately necessary or urgent treatment, regardless of advance payment.

The information you give on this form will be used to assist in identifying your chargeable status, and may be shared, including with NHS secondary care organisations (e.g. hospitals) and NHS Digital, for the purposes of validation, invoicing and cost recovery. You may be contacted on behalf of the NHS to confirm any details you have provided.

Please tick one of the following boxes: *

- I understand that I may need to pay for NHS treatment outside of the GP practice
- I understand I have a valid exemption from paying for NHS treatment outside of the GP practice. This includes for example, an EHIC, or payment of the Immigration Health Charge ("the Surcharge"), when accompanied by a valid visa. I can provide documents to support this when requested
- I do not know my chargeable status

I declare that the information I give on this form is correct and complete. I understand that if it is not correct, appropriate action may be taken against me.

A parent/guardian should complete the form on behalf of a child under 16.

Signature (please type your name): * On behalf of:

Relationship to patient: Date: * Non-UK European Health Insurance Card (EHIC), Provisional Replacement Certificate (PRC) Details and S1 Forms
Complete this section if you live in another EEA country, or have moved to the UK to study or retire, or if you live in the UK but work in another EEA member state. Do not complete this section if you have an EHIC issued by the UK.

If you are visiting from another EEA country and do not hold a current EHIC (or Provisional Replacement Certificate (PRC))/S1, you may be billed for the cost of any treatment received outside of the GP practice, including at a hospital.

EUROPEAN HEALTH INSURANCE CARD



3 Name

4 Given names

5 Date of birth

6 Personal identification number

7 Identification number of the institution

8 Identification number of the card

9 Expiry date

Do you have a non-UK European Health Insurance Card?

- No
- Yes

EUROPEAN HEALTH INSURANCE CARD



3 Name

4 Given names

5 Date of birth

6 Personal identification number

7 Identification number of the institution

8 Identification number of the card

9 Expiry date

Country code: * 3. Name: * 4. Given names: *
 5. Date of birth: * 6. Personal identification number: *
 7. Identification number of the institution: * 8.

Identification number of the card: * 9. Expiry date: *

Do you have a non-UK Provisional Replacement Certificate?

- No
- Yes

PRC validity from: * PRC validity to: *

- Please tick if you have an S1 (e.g. you are retiring to the UK or you have been posted here by your employer for work or you live in the UK but work in another EEA member state). Please give your S1 form to the practice staff.

How will your EHIC/PRC/S1 data be used?

By using your EHIC or PRC for NHS treatment costs your EHIC or PRC data and GP appointment data will be shared with NHS secondary care (hospitals) and NHS Digital solely for the purposes of cost recovery. Your clinical data will not be shared in the cost recovery process. Your EHIC, PRC or S1 information will be shared with The Department for Work and Pensions for the purpose of recovering your NHS costs from your home country.

SEND FORM

© TreeView-Designs Ltd 2018. All rights reserved.