Family doctor services registration

GMS1

Patient's details	Please complete in BLOCK CAPITALS and tick 🗹 as appropriate
Mr Mrs Miss Ms	Surname
Date of birth	First names
VHS VO.	Previous surname/s
Male Female	Town and country of birth
Home address	
Postcode	Telephone number
Please help us trace your previ	ous medical records by providing the following information Name of previous GP practice while at that address
nganongagapanangaigan angganakaisidinak	Address of previous GP practice
	ngaigannan ian higurannan - an aigirin na maga mhannin na airin an an an airin na mara airin an airin an airin
If you are from abroad Your first UK address where registered v	vith a GP
f previously resident in UK, date of leaving	Date you first came to live in UK
	an Armed Forces GP UK Armed Forces and/or been registered with a Ministry of Defence GP in the vist Veteran Family Member (Spouse, Civil Partner, Service Child)
	Postcode
Footnote: These questions are optional	Enlistment date: DD MM YY Discharge date: DD MM YY (if applicable) and your answers will not affect your entitlement to register or receive services to some NHS priority and service charities services.
If you need your doctor to disp	pense medicines and appliances*
	ght line from the nearest chemist authorised to
☐ I would have serious difficulty in	n getting them from a chemist dispense medicines
Signature of Patient	Signature on behalf of patient
	Date/
	ur ethnic group or background from the options below: a Traveller Traveller Gypsy/Romany Polish write in):
Mixed: White and Black Caribbean Any other Mixed background (please v	White and Black African White and Asian write in):
	Pakistani Bangladeshi rrite in):
Black or Black British: Caribbean [Any other Black background (please w	African Somali Nigerian
	ilipino n}:
Not Stated: Not Stated should be used where the PERSC	ON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.
NHS England use only Patient reg	sistered for GMS Dispensing

costs from your home country.

To be completed	by the GP Pi	ractice.							
Practice Name		*	Practice Code						
I have accepted t	his patient, for g	general medical services on b	beha	alf of the	practice		_		
☐ I will dispense med	dicines/applianc	es to this patient subject to	NHS	Englan	d approval.				
I declare to the best of n	ny belief this info	rmation is correct	Practice Stamp						
Authorized Signature									
Authorised Signature Name		Date/_	1						
SUPPLEMENTARY OU	ESTIONS – Thes	e questions and the patient	decl	laration	are optional	and vour			
answers will not affect	ct your entitlem	ent to register or receive se	rvice	es from y	our GP.				
		I <u>ON</u> for all patients who a							
1 , , ,	•	GP practice and receive free me ent' in the UK you may have to			•		ractice Reing		
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									
	•	omic Area must also have the st f suspected infectious diseases a							
1		not ordinarily resident here are		•			e or charge to		
		, exemptions and paying for N	HS se	<u>ervices ca</u>	n be found in	the Visitor and	Migrant_		
patient leaflet, available		<u>ractice.</u> ntitlement in order to receive f	fraa t	NHC trea	tment outside	of the GD pract	ica othannica		
		. Even if you have to pay for a							
1	=	ent, regardless of advance pay							
		vill be used to assist in identify (e.g. hospitals) and NHS Digita		-	-	-	_		
		alf of the NHS to confirm any				,			
Please tick one of the f	following boxes:								
a) I understand that I may need to pay for NHS treatment outside of the GP practice									
b) 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									
c) I do not know my chargeable status									
I declare that the infor	mation I give on	this form is correct and compl	ete. l	1 underst	and that if it i	s not correct, a	ppropriate		
action may be taken ag	•			.=					
<u> </u>	uld complete the	form on behalf of a child und				T			
Signed:			_	Date:	<u> </u>	DD MM YY			
Print name:				Relation					
On behalf of:		patient:							
		n EU country, or have move r state. Do not complete thi							
		NCE CARD (EHIC), PROVISIO							
DETAILS and S1 FORM				If yes	nlesse ente	r details from	your FHIC or		
Do you have a <u>non-Uk</u>	≤ EHIC or PRC?	YES: NO:			pelow:	details iroin	your zincor		
graph de meet in Art. Propie sûn	\$ "s	Country Code: 🍱	т.	<u>. _</u>					
		3: Name							
	3- F - 1	4: Given Names 5: Date of Birth	D.F	DD AMAK YOOOV					
		6: Personal Identification	100	DD MM YYYY					
If you are visiting from a		Number							
country and do not hold a current 7: Identification number EHIC (or Provisional Replacement of the institution									
Certificate (PRC))/S1, you may be billed for the cost of any treatment received 8: Identification number									
outside of the GP practi		of the card							
at a hospital.	- -	9: Expiry Date	DD MM YYYY						
PRC validity period	(a) From:	DD MM YYYY	!		(b) To				
work or you live in the	e UK but work ii	ou are retiring to the UK or nanother EEA member state). Ple	ease giv	e your S1 for	n to the practi	ice staff.		
		sed? By using your EHIC or P red with NHS secondary care							
		ot be shared in the cost recor be shared with Business Sen	-	•		oose of recove	ring your NHS		