

Patient's details

Please complete in **BLOCK CAPITALS** and tick as appropriate

Mr Mrs Miss Ms Surname _____
 Date of birth: | | | | | | | | | | First names _____
 NHS No. | | | | | | | | | | Previous surname/s _____
 Male Female Town and country of birth _____
 Home address _____
 Postcode _____ Telephone number _____

Please help us trace your previous medical records by providing the following information
 Your previous address in UK _____ Name of previous GP practice while at that address _____

Address of previous GP practice _____

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 _____

Were you ever registered with an Armed Forces GP

Please indicate if you have served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas: Regular Reservist Veteran Family Member (Spouse, Civil Partner, Service Child)

Address before enlisting: _____

Service or Personnel number: _____ Enlistment date: _____ Discharge date: _____ (if applicable)

Footnote: These questions are optional and your answers will not affect your entitlement to register or receive services from the NHS but may improve access to some NHS priority and service charities services.

If you need your doctor to dispense medicines and appliances*

**Not all doctors are authorised to dispense medicines*

- I live more than 1.6km in a straight line from the nearest chemist
- I would have serious difficulty in getting them from a chemist

Signature of Patient Signature on behalf of patient

Date: ____/____/____

What is your ethnic group?

Please tick one box that best describes your ethnic group or background from the options below:

White: British Irish Irish Traveller Traveller Gypsy/Romany Polish

Any other white background (please write in): _____

Mixed: White and Black Caribbean White and Black African White and Asian

Any other Mixed background (please write in): _____

Asian or Asian British: Indian Pakistani Bangladeshi

Any other Asian background (please write in): _____

Black or Black British: Caribbean African Somali Nigerian

Any other Black background (please write in): _____

Other ethnic group: Chinese Filipino

Any other ethnic group (please write in): _____

Not stated:

Not Stated should be used where the PERSON has been given the opportunity to state their ETHNIC CATEGORY but chose not to.

NHS England use only Patient registered for GMS Dispensing