

# GARSWOOD SURGERY

## **NEW PATIENT REGISTRATION**

### **1. PERSONAL DETAILS**

Surname.....

First Names(s).....

Date of Birth.....

Place of Birth.....

Address:.....

Home Telephone.....

.....

Mobile.....

Postcode .....

Email Address.....

Please tick

Gender: Male (including trans men)

Female (including trans women)

Non-binary

In Another Way (Please Specify)  .....

Is this the gender you were assigned at birth? Yes  No

Sexual Orientation:

Lesbian or Gay

Straight or Heterosexual

Bisexual

Other (please specify).....

Marital Status .....

Occupation..... First Language.....

Ethnicity .....

**Please state your preferred method of contact (please tick) Home  Mobile  Email  Or any of the above**

We want to get better at communicating with our patients. We would like to ensure you can read and understand the information we send you. If you find it hard to read our letters or if you need someone to support you at appointments, please let us know if you have any Special Communication Needs? E.g. BSL interpreter for hearing impairment or large print/braille or you lip read or use a hearing aid or communication tool.

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### **2. PLEASE HELP US TO TRACE YOUR MEDICAL RECORDS BY PROVIDING THE FOLLOWING INFORMATION:**

YOUR PREVIOUS ADDRESS IN UK

NAME OF PREVIOUS GP SURGERY  
(WHILST AT THIS ADDRESS)

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### **If you from abroad**

Your first UK address where registered with a GP

If previously resident in UK, date of leaving

.....

.....

.....

Date you first came to UK .....

*PLEASE TURN OVER*

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### **3. IF YOU ARE RETURNING FROM THE ARMED FORCES**

Please indicate if you have ever served in the UK Armed Forces and/or been registered with a Ministry of Defence GP in the UK or overseas:

REGULAR                      RESERVIST                      FAMILY MEMBER

#### ADDRESS BEFORE ENLISTING

.....  
.....  
..... Postcode .....

Service or Personnel Number..... Enlistment Date .....

Are you a military veteran? Yes  No

Are you related to a military veteran? Yes  NO  If yes, how?.....

### **4. ORGAN DONATION**

The law around organ donation is changing in England. This means that from Spring 2020, all adults in England will be considered an organ donor when they die unless they had recorded a decision not to donate or are in one of the excluded groups. This is commonly referred to as an 'opt out' system. If you do not wish to donate or require further information on this please visit

<https://www.organdonation.nhs.uk/>

Patient Signature ..... Signature on behalf of Patient .....

Date: ...../...../.....

**Please note - to complete your registration we will need proof of your current address such as a utility or council tax bill, driving licence or passport.**

**ONCE YOUR REGISTRATION HAS BEEN PROCESSED A LETTER WILL BE SENT TO YOU CONFIRMING YOUR REGISTRATION AND INVITING YOU TO MAKE AN APPOINTMENT FOR A HEALTH CHECK WITH THE HEALTH CARE ASSISTANT**

#### **OFFICE USE ONLY**

**STAFF INITIALS:**

**DATE RECEIVED:**

**ID COPIED: YES/NO**