

## 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: \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Service or Personnel number: \_\_\_\_\_ Enlistment date: DD MM YY Discharge date: DD MM YY (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\*

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Not all doctors are authorised to dispense medicines

## 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