

# GPR

NHS IN SCOTLAND



## APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

Please use **BLOCK CAPITALS** to complete the form and tick all relevant boxes

### PERSONAL DETAILS (ALL FIELDS MARKED \* ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE)

Eligibility to use the NHS services depends mainly on residence in the UK, and on other qualifying provisions set out in the Regulations. By completing this section fully, you will assist us in processing your application and locating any existing medical records promptly.

WILL YOU BE IN THE AREA FOR MORE THAN THREE MONTHS? YES  NO

IS THIS YOUR FIRST REGISTRATION WITH A GP PRACTICE? YES  NO

SURNAME \*  TITLE #  MALE \*  FEMALE \*

FORENAME \*  MIDDLE NAME \*

PREVIOUS SURNAME \*  DATE OF BIRTH \*

ADDRESS \*  POSTCODE \*

TOWN & COUNTRY OF BIRTH \*

MOTHER'S MAIDEN NAME \*  TELEPHONE NUMBER #

EMAIL ADDRESS #

PREVIOUS ADDRESS IN UK \*  POSTCODE

NAME AND ADDRESS OF PREVIOUS REGISTERED GP PRACTICE IN UK \*  POSTCODE \*

COMMUNITY HEALTH INDEX NUMBER  NHS NUMBER

NATIONAL INSURANCE NUMBER

# the data supplied in these fields will not be input to, or updated in, the Community Health index (CHI), but will be held on the GP Practice's system.





**FAMILY HISTORY**

Please list any serious illnesses or hereditary diseases affecting your family.

Hereditary Diseases or Serious Illnesses	Year

	Alive/Dead	Cause and Age at death
Mother		
Father		
Other .....		

**SCREENING**

	Month	Year
Last Cervical Smear (Woman 20-60)		
Breast Screening Women (Women 50-65)		

**OBSTETRIC HISTORY**

Number of Pregnancies	
Blood Group	

**LAST IMMUNISATIONS**

Polio	Date	Tetanus	Date
DTP	Date	MMR	Date
BCG	Date	Other	Date

**EMERGENCY CONTACT DETAILS** (Who to call, relationship to you, phone/mobile numbers)

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Other relevant information:-

<b>EXAMINATION (OFFICE USE ONLY)</b>	<b>Date:</b> _____	<b>Initials:</b> _____
Height.....	Weight.....	B.P.....
Urine: ALB.....	GLU.....	BLOOD.....